Medical News

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MRSA: Psychological Impact of Hospitalization and Isolation

Tarzi and colleagues from Watford General Hospital, London, United Kingdom, conducted a cross-sectional matched control study to investigate the impact of hospitalization and methicillin-resistant *Staphylococcus aureus* (MRSA) isolation on the psychological functioning of older adults undergoing rehabilitation. Twenty-two MRSA-positive and 20 MRSA-negative older adults completed standardized measures relating to depression, anxiety, and anger. Both groups had higher scores for anger than those estimated for older adults living in the community. The level of depressive and anxious symptoms among the isolated group was significantly higher than that found for the MRSA-negative group or estimates for older adults living in the community. There was no correlation between length of hospitalization or isolation and the outcome measures.

The results suggest that, among older adult inpatients, isolation has a negative impact on mood in addition to that resulting from hospitalization. Those involved in caring for hospitalized older adults should be made aware of the potential psychological distress of isolation, and alternative approaches (eg, hand hygiene, antibiotic restriction, or surveillance) should be used in the management of MRSA whenever possible. Future studies should examine the best ways of managing the detrimental effects of isolation.

FROM: Tarzi S, Kennedy P, Stone S, Evans M. Methicillin-resistant *Staphylococcus aureus:* psychological impact of hospitalization and isolation in an older adult population. *J Hosp Infect* 2001;49:250-254.

Survival of MRSA on Sterile Goods Packaging

One of the infection control strategies practiced in some hospitals that are attempting to minimize cross-contamination problems with methicillin-resistant *Staphylococcus aureus* (MRSA) is to dispose of unused, but potentially contaminated, single-use items. This practice is expensive. Another view is that storage may allow for significant die off of MRSA so that these items can be used. Dietze and colleagues from the Free University of Berlin, Germany, conducted a study to establish survival times of MRSA on sterile goods packaging. Paper and foil samples were contaminated with MRSA (approximately 10^8 to 10^9 colony-forming units/sample). The number of pathogens recoverable from the samples was measured at defined times. MRSA was demonstrated to survive on sterile goods packaging for more than 38 weeks. No MRSA was recoverable after 50 weeks.

The authors concluded that temporary storage of MRSA-contaminated single-use items for such a long period of time is not an appropriate or reliable means of decontamination.

FROM: Dietze B, Rath A, Wendt C, Martiny H. Survival of MRSA on sterile goods packaging. *J Hosp Infect* 2001;49:255-261.

VRE in Long-Term–Care Patients

Little is known about the persistence of colonization with vancomycin-resistant *Enterococcus faecium* (VRE) in the non-oncologic, non–intensive care unit patient. Baden and colleagues from Beth Israel Deaconess Medical Center, Boston, Massachusetts, studied all patients who had VRE isolated on 2 or more occasions of more than 1 year apart (study A) and those who had been "cleared" of VRE colonization after 3 stool cultures with negative results (study B). Twelve patients had stored VRE isolates recovered more than 1 year apart (study A), and 58% of paired isolates were genotypically related according to pulsed-field gel electrophoresis patterns. In study B, stool samples were obtained weekly from 21 "cleared" patients for 5 weeks, which revealed that 24% were positive for VRE. For these culture-positive patients, 72% of the cultures failed to detect VRE. Recent antibiotic use was significantly more common in the culture-positive patients than in the culture-negative patients ($P = .003$).

Colonization with VRE may persist for years, even if the results of intercurrent surveillance stool and index site cultures are negative. Cultures for detection of VRE in stool samples obtained from patients declared "cleared" are insensitive.

FROM: Baden LR, Thiemke W, Skolnik A, et al. Prolonged colonization with vancomycin-resistant *Enterococcus faecium* in long-term care patients and the significance of "clearance." *Clin Infect Dis* 2001;33:1654-1660.

Temperature Sensors: Potential Source of *Stenotrophomonas maltophilia*

Stenotrophomonas maltophilia is an important cause of nosocomial infections among ventilated and immunocompromised patients, and among patients receiving broad-spectrum antibiotics. Rogues and colleagues from France recently reported on a cluster of patients in a surgical intensive care unit who were colonized or infected with *S. maltophilia*. An epidemiologic investigation was initiated after surveillance data revealed that eight patients had positive results on culture from sputum for *S. maltophilia* in