

“Antibiotics are no substitute for good hygiene”

Methicillin-resistant *Staphylococcus aureus* and the importance of hospital cleanliness and practices

Dr Norman Alan Simmons CBE

Emeritus Consultant Microbiologist, Guy's and St. Thomas's Hospital Trust, London

Monday 6th March, 7.30 - 9.00 p.m.

The Wolfson Lecture Theatre, Churchill College, Cambridge

Chair:

Vote of Thanks:

Dr Simmons writes.....

“We are concerned that many people appear to believe that cleaning hospitals and more hand-washing will solve the problem of MRSA (Comment, February 19). Important though they are, they will, at best, have only a marginal effect on the MRSA infection rate.

Staphylococcus aureus spreads on millions of tiny skin particles, shed by carriers, drifting in the air, and MRSA are *Staphylococcus aureus*-resistant to the antibiotic methicillin.

To be truly effective, measures to contain MRSA must block airborne transmission. This can be achieved only by the physical separation of carriers and infected patients from uninfected patients. Every major hospital should urgently be given isolation units in which to treat MRSA-positive patients in single rooms.

However, the provision of isolation units will probably not be enough. Unsuspected carriers on open wards may infect other patients before they are detected.

Currently, to maximise bed use, patients are often moved several times during a hospital stay. Medical and surgical teams have to move around the hospital. Patients should stay in the ward to which they are admitted until they are discharged and a single medical or surgical team should have virtually all the patients under its care in one male and one female ward.

Even with these measures MRSA will probably be with us for a long time. Steps to control infection will become even more necessary in future because, in the long term, MRSA resistant to all the current antibiotics are likely to evolve.

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Effective infection control will be expensive. Managers will feel it limits their flexibility, and some doctors will have to change their ways of working, but it must be given priority if MRSA is to be contained.”

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“The truth is that it is going to be expensive to bring in proper, effective infection control,” said Dr Norman Simmons, emeritus consultant microbiologist at Guy's and St Thomas' Hospital in London. 'For doctors, it will mean a huge change in the way they work, but if the government really wants MRSA to be tackled, these are the kind of plans they need to be considering. Hand-washing and cleaner floors is good, but it is not going to be enough.”

(Reprinted from, and copyright of, The Guardian, May 2005)

The CSAR Organising Secretary adds.....

This flyer is less thorough than most, because Barry Thompson (who looks after all our administration, and does so very well) has undergone a spell in hospital. This means that this flyer has had to be prepared using material available off the Web, and not direct from the speaker themselves, as is our usual custom.

The topic is excellent, however, and, well.....**topical**.

Coffee and biscuits available, as usual, in the foyer outside the lecture theatre from ~7.00 p.m.

Once again, we shall be charging non-members a nominal sum for entry.

Richard Freeman
CSAR Organising Secretary