



MRSA Eradication Protocol

Rationale for Protocol

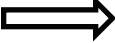
- Prevalence of MRSA in respiratory infections in patients with cystic fibrosis (CF) increased from 4% to 25% between 1999 and 2012
- Persistent MRSA is associated with an increased rate of decline in FEV₁, shortened survival, and failure to recover baseline lung function after a pulmonary exacerbation

Criteria for Inclusion

- Confirmed diagnosis of CF
- Age >12 years
- Highly recommended in patients with chronic colonization
 - ≥2 positive respiratory cultures growing MRSA within last 2 years and >50% of cultures in last 2 years positive for MRSA
- Patients newly diagnosed with MRSA colonization may be started on protocol at the discretion of the treating pulmonologist

Treatment Protocol

- Intranasal mupirocin 2% to each nare twice daily x 5 days
- 4% chlorhexidine gluconate skin cleanser once weekly x 4 weeks
- Inhaled vancomycin 250 mg/5 mL sterile water twice daily x 2 weeks
- Oral antibiotic regimen x 60 days

Weight	Rifampin	PLUS one of the following* 	Sulfamethoxazole-trimethoprim (SMX/TMP)	Doxycycline
>45 kg	600 mg PO once daily		2 DS tablets PO twice daily	100 mg PO twice daily
35-45 kg	450 mg PO daily		1 DS tablet PO twice daily	75 mg PO twice daily
25-34.5 kg	300 mg PO daily			N/A

**Depending on susceptibilities, drug interactions, and physician preference*

- Weekly washing of all linens and towels with hot water recommended
- Dispose of all old razor blades

Follow-up

- Repeat cultures should be collected following end of 60 day treatment period
- Treatment may be prolonged up to 6 months based on physician discretion

References:

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