MEMO

Date: June 27, 2017

To: Leaders in neonatal and critical care units,(NICU-S, NICU-M, PICU-S, PICU-M, ICC, SCN, SCN Mercy, and CVCC)

From: Patsy Stinchfield, MS, CPNP, CIC and Wendy Berg, RN, CIC
Infection Prevention & Control

Subject: Discontinuation of MRSA Active Surveillance Testing

National guidelines\(^1\) on MRSA prevention state that in the context of low MRSA transmission and a robust MRSA prevention strategy, active surveillance for MRSA is not recommended. After thorough multi-disciplinary assessment, including lab, infectious disease, neonatology, intensivists, and infection prevention, we determined that Children’s does have a robust MRSA prevention strategy as well as low MRSA transmission; therefore we have concluded that Children’s can end our MRSA active surveillance program.

**Effective immediately, active surveillance testing for MRSA will be discontinued. Key points to know:**

- MRSA surveillance swabs no longer need to be collected on admissions to neonatal and critical care areas.

- Patients with a history of MRSA infection or colonization will continue to be cared for in contact precautions, per the Minnesota Department of Health Guidelines\(^2\).

- Additional MRSA testing may be ordered by the health care provider as clinically indicated.

- Additional screening for MRSA may be implemented by Infection Prevention and Control if epidemiologically indicated.

- MRSA screening prior to cardiac surgery will continue for CVICU patients.

- The informatics team is working to remove MRSA surveillance orders from admission order sets.

---