

Outside of medical care, however, the risk of transmission and the hazard are low. At home, the usual social contacts can continue as before. The same applies to using taxis, private visits, participation in community events, shopping and communal activities.

For healthy people, children and healthy pregnant women, there is no increased risk. Basically, this also applies to a shared apartment or in facilities for assisted living. Caution is advised in the case of physical contact with people with open wounds, tumours and leukaemias.

Maintaining a normal level of personal hygiene can reduce the possible risk of transmission to a minimum. This includes:

- thorough hand hygiene after using the toilet
- individual and personal use of towels, washcloths and toiletries
- disinfecting hands after treating contaminated wounds
- washing personal underwear by machine at a temperature of least 60 °C

Your local contact is your local
Health Authority



Additional information

Baden-Württemberg State Health Office
(Landesgesundheitsamt Baden-Württemberg)
Coordinating body: BW MRSA Network
mre-netzwerk@rps.bwl.de
www.mre-netzwerk-bw.de

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Landesgesundheitsamt Baden-Württemberg
im Regierungspräsidium Stuttgart
Nordbahnhofstr. 135 · 70191 Stuttgart
Tel. 0711 904-35000 · Fax 0711 904-35010
abteilung9@rps.bwl.de · www.rp-stuttgart.de
www.gesundheitsamt-bw.de



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Information on MRGN bacteria for outpatients and relatives



Dear Patient,

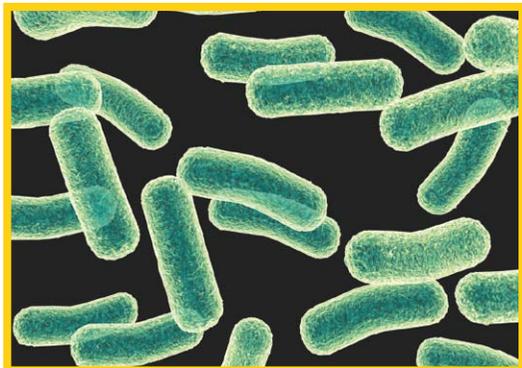
As part of your medical treatment, a microbiological test detected bacteria which, in the case of an infection, would be difficult to treat with the antibiotics we normally use. This leaflet contains important information about these germs and the hygiene measures you need to follow to avoid spreading them.

General Information

Every human being is home to a large number of different bacteria. Millions of them live on the skin and the mucous membranes; in the colon, there are even billions of such microbes. We have not only become accustomed to them in the course of evolution, we actually need them to stay healthy.

In the case of MRGN (multiresistant gram-negative) bacteria, we are talking about bacteria which can be stained by a specific procedure („Gram negative“) to make them more visible under the microscope. Many of them belong to normal intestinal flora such as *E. coli* or *Enterobacter*.

Germs of this kind are only regarded as pathogens when they occur outside their natural environment, as is the case with infections of the lungs, urinary tract or wounds.



The bacterium *Klebsiella* is also part of the normal intestinal flora but has been known for some time as a typical „hospital bug“ that can cause outbreaks in hospitals. *Pseudomonas* and *Acinetobacter* are often detected outside of humans in damp areas (sanitary facilities, drains, damp cloths, etc.).

An increase in resistance to antibiotics has been observed in many of these bacteria for many years. They are collectively called multiresistant gram-negative bacteria.

While there are drugs available to treat bacterial infections, they often work on the same principle because they contain chemically similar substances. This means that in the event of resistance to a particular mode of action, often a whole group of antibiotics can no longer be used.

Depending on the number of groups of ingredients that are no longer effective, we speak of 2, 3 or 4 MRGN strains.

The less effect the most commonly prescribed drugs have, the fewer antibiotics remain for use in treatment.

In most cases, populations of MRGN bacteria are not a problem outside medical facilities.

However, in direct contact with patients in hospitals or care home residents, there is a risk of transmission to other people and also a possibility of contracting a disease.



Protection against passing on germs

In a hospital, the risk of transmitting germs is considered to be high because here particularly vulnerable patients are housed, some with partly unhealed wounds, people recently operated, patients on mechanical ventilation and catheter users.

Here, precautions are in force to avoid germs proliferating and spreading. These include accommodation in a single room, a separate protective gown for staff and visitors, and – absolutely essential – disinfecting hands when leaving the room.

Separate accommodation of patients in the 3 MRGN group is only required in areas of special risk in hospitals (such as in Critical Care or in oncology), where patients with an increased risk of infection are treated.

In the case of patients in the 4 MRGN group, accommodation in a single room is recommended in all hospital wards. For the hospital staff, precautions may also include wearing mouth-nose protection in addition to wearing gloves and disposable gowns.

Also in the care of nursing home residents in the 4 MRGN group certain measures may be agreed which reduce the risk of transmission to other residents. The type and duration are agreed with the attending physician and the nursing home management and should have as little impact as possible on the social activities of the germ carrier. Especially for visitors, there are few constraints with the exception of thoroughly disinfecting hands at the end of the visit.

In the doctor's surgery, during home visits by the doctor or nursing service, when attending the patient they will also use separate disposable gowns, gloves and (depending on the type of care and the localization of these germs) also wear mouth and nose protection in individual cases.