

Vancomycin-Intermediate/ Resistant *Staphylococcus aureus*

Information for health care settings

Staphylococcus aureus, or staph, is a bacterium found in the nose or on the skin. Staph bacteria are usually harmless, but they can sometimes cause serious infections. Most staph infections can be treated with antibiotics, but some strains have developed antibiotic resistance. **Vancomycin-intermediate *Staphylococcus aureus* (VISA)** and **Vancomycin-resistant *Staphylococcus aureus* (VRSA)** are less susceptible or fully resistant to the antibiotic vancomycin.

How is VISA/VRSA spread?

VISA/VRSA can spread through direct contact with patients or residents who are colonized or infected with VISA/VRSA or by the hands of health care personnel (HCP). VISA/VRSA can also spread through contaminated surfaces or items in the patient's or resident's environment.

A person who is **colonized** with VISA/VRSA carries the organism in or on their body, but it is not causing symptoms. People who are colonized can spread the organism to other people.

Who is at risk for VISA/VRSA?

Healthy people do not usually get VISA/VRSA infections. People who are at higher risk for VISA/VRSA infections include those:

- Who are on prolonged treatment with vancomycin.
- Who require medical devices such as ventilators or urinary catheters.
- With weakened immune systems or chronic health conditions.
- Who have had a previous methicillin-resistant *Staphylococcus aureus* (MRSA) infection.

How are VISA/VRSA infections treated?

VISA and VRSA are usually susceptible to other antibiotics, and infections caused by these organisms are typically treatable.

Why is VISA/VRSA infection prevention important?

VISA/VRSA infections can sometimes spread to the bloodstream and cause more serious infections such as sepsis, pneumonia, endocarditis (infection of the heart valves), or osteomyelitis (bone infection). These types of infection are serious and can lead to death. VISA/VRSA bacteria can also pass their resistance to other bacteria, which can lead to widespread antibiotic resistance.



What can HCP do to prevent the spread of VISA/VRSA?

Practice consistent hand hygiene with alcohol-based hand sanitizer (ABHS) or soap and water.

HCP should perform hand hygiene **before and after** changing dressings, providing patient or resident care (such as bathing, dressing, or changing linen), and accessing indwelling devices. Patients and residents should also be encouraged to perform hand hygiene often.

Increase the frequency of environmental cleaning and disinfection, especially for frequently touched surfaces.

Thoroughly clean and disinfect all shared patient and resident care equipment, such as lift slings and vital signs devices, after use. Be sure to follow the disinfectant's instructions for proper contact time. Whenever possible, use single-use, disposable, non-critical equipment or dedicate equipment to one patient or resident.

Follow appropriate precautions and ensure personal protective equipment (PPE) is used properly.

For non-nursing home settings:

Follow your facility's multidrug-resistant organism (MDRO) isolation policy. Contact precautions may be implemented for patients or residents colonized or infected with an MDRO. HCP should wear a gown and gloves when interacting with the patient or resident or their environment. Further considerations for implementing additional precautions, such as proper room placement, can be found in the DHS *Guidelines for Prevention and Control of MDROs in Health Care Settings* (www.dhs.wisconsin.gov/publications/p4/p42513.pdf).

For nursing homes only:

Enhanced barrier precautions (EBPs) may be implemented based on a local risk assessment. EBPs may be used for residents who are colonized or infected with an MDRO or those with wounds or indwelling medical devices, regardless of MDRO status, when contact precautions don't otherwise apply. With EBPs, HCP should wear a gown and gloves during high-contact resident care activities. Further consideration for implementing additional precautions, such as proper room placement, can be found in DHS *Recommendations for Prevention and Control of Targeted MDROs in Wisconsin Nursing Homes* (www.dhs.wisconsin.gov/publications/p03250.pdf).

Communicate MDRO status when patients or residents receive ancillary services or transfer to another health care facility.

When a person who is colonized or infected with an MDRO is transferred to another health care facility, leaves the facility for an outpatient clinic visit, or receives other ancillary services, the receiving facility must be informed of the person's MDRO status so that proper precautions can be taken in those settings.

For more information, visit the Wisconsin HAI Prevention Program VISA/VRSA webpage
(www.dhs.wisconsin.gov/disease/visa-vrsa.htm)

