

PROVIDING SPLENDID FOUNDATION TO BATTLE AGAINST MRSA MENACE

IT is not revolutionary, it is not new, but the best way to prevent infection around patients is to wash your hands.

That lesson is one that human healthcare and the NHS learned at the expense of its once clean image, but since the onrush of information surrounding methicillin-resistant *Staphylococcus aureus* (MRSA) in companion animals, veterinary practices have learned it too.

Luckily, practice does not appear to be tarnished and that is, in part, due to the efforts of organisations such as the

ROBIN FEARON

Veterinary Times features editor

examines the efforts made by the Bella Moss Foundation and other charities in trying to combat the spread of this deadly infection

Bella Moss Foundation (BMF). Set up to tackle the thorny subject of MRSA transfer between people and pets, it coordinates academic research and veterinary CPD in the UK.

This year, the charity squeezed in four CPD dates, as well as talks in practices, a veterinary nurse

training website launch and a pet owner education stand at the Discover Dogs exhibition.

Amanda Boag is clinical director at emergency care providers Vets Now and a speaker at BMF CPD events. She says the medical and veterinary profession have entered a post-antibiotic

era, where many of the drugs used to combat bacterial infections are no longer as effective as before – therefore, recognising the issue is crucial.

"We need to go back to basics," she says. "When antibiotics were introduced, infections became controllable. Now we need to re-examine techniques that were used before drugs made our lives easier."

Hospital-acquired infections are a big problem in human healthcare. Six to eight per cent of all patients get infections in hospital, killing an esti-

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mated 5,000 people every year and costing the NHS around £1.0b per year. Without control measures, both numbers would be much higher.

There is no central system for reporting MRSA or other patient infections in UK veterinary medicine, though as former head of intensive care at the RVC's Queen Mother hospital, Ms Boag has seen a definite increase, which is supported by evidence from private practice.

"It is not just a phenomenon that we are reporting more," she says. "In northern Europe, infection rates in human healthcare are kept at a low level by aggressively screening healthcare staff and patients. That is achieved at a cost I don't think our system can support without a complete revamp of the NHS."

"I believe that, in the UK, it is practically impossible to prevent MRSA coming into practice, for the simple reason we all have clients who are doctors or nurses, or who have visited or been admitted to hospital."

Long survival

While pets act as carriers, there is no evidence they can be colonised. MRSA can survive for long periods in a hospital environment and evidence suggests that veterinary staff may be predisposed to carriage. The RVC conducted a one-day swabbing exercise of all clinical staff at its small animal hospital and 18 per cent of 78 staff were positive, while a Canadian study of equine practice found 14 per cent out of a sample of 125.

Scott Weese, a BMF advisor and leader of the Canadian study, says: "The ability of MRSA to move between people and their pets is of tremendous

concern and has implications for both the human and veterinary medical fields. While there is no realistic hope that MRSA will be eliminated, it is becoming clear that it can be controlled if adequate [amounts of] time, energy and resources are dedicated to the task."

Controlling it means effective barrier nursing and identifying potential animal carriers, says Ms Boag. "We need to identify these cases from the minute they come in, not just from diagnosis confirmation, but because carriers and really ill patients are more at risk from infection. If you look across all studies, it seems that prior exposure to cephalosporins and fluoroquinolones are risk factors for MRSA infection. We swabbed dogs coming into the RVC hospital and around nine per cent were positive on nasal swabs. A lot of those dogs were seen by referring vets and received antimicrobials."

S. intermedicus is most commonly found on dogs and cats, usually in the mucosae and skin. *S. aureus* principally colonises humans and is generally more resistant to antibiotics than *S. intermedicus*. How and if animals are colonised by *S. aureus* is a subject that needs urgent study.

"It is extremely unlikely that canine *S. aureus* has mutated," says Ms Boag. "Most infections in humans come from other people and early evidence in small animal patients suggests that these strains have come from people, too. We find a small number of strains that have been transferred many times."

Rates of MRSA in human healthcare rocketed in the mid to late 1990s, but the first published case of MRSA in small animal patients did not appear

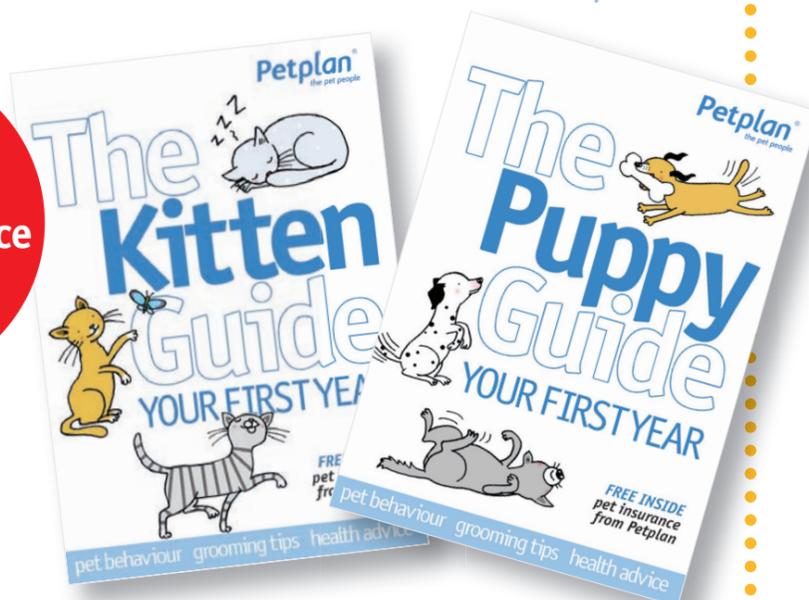
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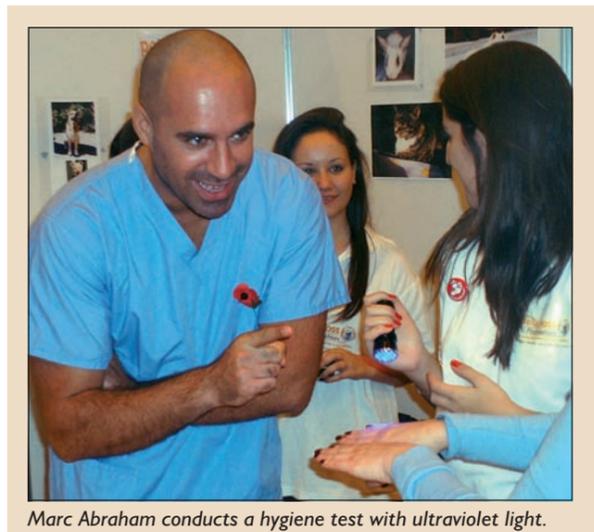
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