

ASSESSING THE RISING CASES OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS: HOSPITAL AND COMMUNITY-ASSOCIATED CASES

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Methicillin-resistant *Staphylococcus aureus* (MRSA) has since become a major cause of illness and death in our healthcare setting. Risk factors for HA-MRSA include hospitalization, older age, invasive devices, and residence in long-term care facility, including exposure to antimicrobial agents. HA-MRSA isolates are often resistant to several antimicrobial drug classes in addition to beta-lactams. The CA-MRSA infections usually affects young, healthy persons and associated with sharing towels or athletic equipment, participating in contact sports, living in unsanitary and crowded areas, using illegal intravenous drugs.

Directions were given out for clinical microbiology laboratories to submit invasive isolates of MRSA to our unit, where we perform antimicrobial drug susceptibility tests on all isolates and characterize all isolates that were resistant to <3 non-beta-lactam antimicrobial drug classes. Most isolates were obtained from blood cultures.

The full model for predicting invasive infection with CA-MRSA compared with HA-MRSA included age, seasonality, and hospital exposure, plus specimen type. The only significant predictors of CA-MRSA infection compared with HA-MRSA were age <69 years, which was associated with increased risk ([OR] 5.1, 95% [CI] 2.06-12.64), and hospital exposure (OR 0.07, 95% CI 0.01-0.51), which was associated with decreased risk. Most patients were hospitalized for their infections and the proportion of patients admitted to intensive care units did not vary by strain. Patients infected by MRSA were younger than those infected by other strains.

The number of invasive MRSA infections reported and the number of invasive infections caused by CA-MRSA is on the increase. The increase of CA-MRSA poses a unique public health threat. It is now clear that CA-MRSA no longer causes only SSTIs but now causes an increased proportion of invasive infections in a rural state.