



NSW  
Therapeutic  
Advisory  
Group Inc.

Advancing  
quality use  
of medicines  
in NSW

## Group Discussion\_ Eradication of MRSA pre-surgery

Date: July 2018

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### Question:

NSW TAG received an enquiry from a member about actions other hospitals are undertaking regarding eradication of MRSA in patients prior to surgery with the current prolonged outage of Bactroban nasal ointment?

### Background and further information:

1. NSW TAG also contacted the CEC Antimicrobial Stewardship Project Officer who responded that GlaxoSmithKline have made an arrangement with Apotex to provide APO Mupirocin 2% 15 g ointment through Symbion. Apotex have stated that they are able to completely support NSW Health's requirements until Bactroban® returns to normal supply, which is estimated to occur in early November 2018.
2. There was also a recent discussion in the SHPA nephrology discussion forum: what other hospitals are currently doing for Staph aureus decolonisation in patients having a central venous catheter (CVC) or femoral vein catheter for haemodialysis?

Enquirer's hospital normally uses 4% chlorhexidine gluconate skin wash & mupirocin 2% nasal ointment BD for 5 days. However, mupirocin 2% nasal ointment is currently out of stock from our suppliers (ETA Nov 2018) and I'm currently trying to scope other options.

Replies:

Hospital A: We have been using the Bactoban 2% 15g ointment tubes in place of the stock out nasal ointment.

Hospital B: For nasal use in for example cardiothoracic patients requiring it for S.Aureus eradication the larger 15g regular ointment was being packed down to smaller quantities enough for the eradication in case there became a flow on effect shortage to the regular ointment.

And as a side note and probably a separate issue, for renal patients requiring it for application to the HD exit site the nasal ointment that we had remaining was being packed down to smaller quantities and at one stage they were manufacturing possibly another antibacterial ointment (not sure what though) in pharmacy to use once this nasal ointment was exhausted.

- The non-nasal REGULAR bactroban ointment contains polyethylene glycol (PEG) and should not be placed on long-term polyurethane dialysis catheters. The PEG in the ointment may cause the polyurethane material to become opaque, swell and crack. PEG is a common constituent of most antimicrobial ointments including povidone-iodine and mupirocin.
- The following document explains it quite well on page 11:  
[https://www.health.qld.gov.au/data/assets/pdf\\_file/0025/444670/icare-haemodialysis-guideline.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0025/444670/icare-haemodialysis-guideline.pdf)

**Responses:**

7 responses were received from NSW hospitals:

Bankstown-Lidcombe Hospital

Last I heard, GSK is releasing stock of nasal mupirocin on a case-by-case basis. Liverpool Hospital Pharmacy obtained some stock by emailing them directly and telling them that it is for decolonization.

Concord Hospital

Senior pharmacist (Antimicrobial Stewardship)

Concord has limited supply and it is currently being used for Orthopaedic procedures, where we screen patients pre-operatively and decolonise where appropriate. This also feeds into appropriate peri-operative surgical antibiotic prophylaxis. The numbers are very low for MRSA colonised patients in this cohort.

Vascular surgery would like to implement a similar screening and decolonisation process for the insertion of prosthetic material, which we support. However the surgeons have decided to wait until ongoing supply of Bactroban nasal ointment is guaranteed before making this routine practice.

Other patients we've used it for include eradicating MRSA colonisation from patients with skin infections, and their household members that are have a positive MRSA screen.

Canterbury Hospital

You can write and request emergency supply from GSK. I contacted Mel @ Customersupport [Mel.Customersupport@gsk.com]

We received a small supply. You then can arrange a direct ship if they approve the request (e.g. orthopaedic surgery to decolonise patients identified pre-operatively). They do need to provide a clinical reason for use and a specific amount required. I had our ID Consultant write on our behalf.

Goulburn Base Hospital

Using Bactroban ointment (non-nasal) as substitute – have contacted company who advised it was ok and sent me some info. Have added “please see your GP if you experience burning, swelling, itching or pain in the area where the ointment has been applied” onto our usual patient info sheet we tuck into the box when we make up the starter packs just in case as excipients may be more irritating.

Liverpool

We have been able to contact GSK directly for the Bactroban nasal. They ask for the request in writing with the average monthly usage and indication. Then once they give you approval you can order it through the wholesalers as a direct ship from GSK.

Email: Mel.Customersupport.gsk.com

Nepean Hospital

We should only be using them for joint replacements in colonised patients.  
It is a fully restricted antibiotic and requires ID approval for use.

Northern Beaches Health Service (NBHS)

I rang GlaxoSmithKline today to get a definitive answer about switching between Mupirocin ointment vs Mupirocin nasal ointment.

They said the product information says not to be used intranasally or on mucous membranes  
HOWEVER they provided some further information:

- they mentioned a number of studies using non-nasal ointment intranasally
- they looked at the efficacy (eradication of nasal MRSA) and safety:
  - o studies ranged from 3-7 days use, up to four times/day
  - o rates of eradication ranged from 83%-100%
  - o no adverse events in 3 /4 studies. In one of the studies one patient got some local nasal irritation.

Therefore they appear comparable in terms of efficacy and safety. They cannot tell us to switch but recommend use of clinical judgement. I feel confident we are ok to interchange the two based on comparable efficacy and safety.

*Responses received as at 10<sup>th</sup> July 2018*

*Please note that all information and policies are only current at the time the response is sent and individual hospitals should be contacted to ascertain current policies and practices. The responses received are only representative of the hospitals participating in the discussion at the time and do not necessarily indicate a complete picture of current practices. Information sharing occurs on the understanding that due acknowledgement will be given to the original source and that the information will not be quoted or used out of the context of the discussion. Permission should be sought from the original source before any policy, protocol or guideline is used or applied in another setting.*