

Staphylococcus aureus u.a., and others

http://de.wikipedia.org/wiki/Staphylococcus_aureus

https://en.wikipedia.org/wiki/Staphylococcus_aureus

http://vogtlandkreis.de/formulare/mre_netzwerk/gramneg_Erreger.pdf

MRSA = **M**ethicillin resistant(er) **S**taphylokokkus **aureus** (Nasen- plus Rachenabstrich, nose plus throat swab)

VISA = **V**ancomycin-intermediate **S**taphylococcus **aureus**

VRSA = **V**ancomycin-resistant(er) **S**taphylococcus **aureus**

VRE = **V**ancomycin-resistente **E**nterokokken

3MRGN = Multiresistente gramnegative Stäbchen mit Resistenz gegen 3 oder 4 Antibiotikagruppen, Multidrug-resistant gram-negative rods with resistance to 3 or 4 groups of antibiotics

4MRGN = Multiresistente gramnegative Stäbchen mit Resistenz gegen 4 oder 5 Antibiotikagruppen, Multidrug-resistant gram-negative rods with resistance to 4 or 5 groups of antibiotics

Leitsubstanzen 1 bis 4, Key substances 1 to 4:

1. Azyluredounopenicilline (Piperacillin),
2. 3./4. Generations-Cephalosporine (Cefotaxim und/oder Ceftazidim),
3. Carbapeneme (Meropenem), **C**arbapenemase **p**roduzierende **E**nterobakterien (**CPE**)
4. Fluorochinolones (Ciprofloxazin)
5. Clindamycin

Frühere Bezeichnung, former name:

ESBL = **E**xtended-spectrum **b**eta-lactamases **E**nterobacteriaceae (2010)

<https://en.wikipedia.org/wiki/Beta-lactamase>

http://www.rki.de/DE/Content/Infekt/Krankenhaushygiene/Erreger_ausgewaehlt/ESBL/ESBL_LIT_03.pdf;jsessionid=252F3FEDB6AA02C2782DB351BA40E734.2_cid248?_blob=publicationFile

http://symptomat.de/ESBL-Infektion#Typische_Symptome_bei_ESBL-Infektion

Krankenhaushygiene, Hospital hygiene:

http://rki.de/DE/Content/Infekt/Krankenhaushygiene/Kommission/kommission_node.html

z.B. Universitätsklinikum Heidelberg, University Heidelberg

<http://www.klinikum.uni-heidelberg.de/MRSA-Nase.110762.0.html>

Als eine **nosokomiale Infektion** gilt eine Infektion, die vier Tage nach Aufnahme eines Patienten in ein Krankenhaus symptomatisch wird (Robert Koch Institut, Deutschland).

A **nosocomial infection** is an infection that is symptomatic four days after admission of a patient to a hospital (Robert Koch Institute, Germany).

„Übergreifendes Konzept zur Ausbruchskontrolle von **Carbapenemase produzierenden Enterobakterien (CPE)** (Stuhlproben):

1. **systematisches CPR-basiertes Screening auf CPE bei der Klinikaufnahme**
2. wiederholtes **CPE**-Screening bei längerem Klinikaufenthalt (>14 Tage)
3. strikte Isolation und Kohortierung von CPE-positiven Pat. bzw. Kontaktpersonen ..
4. Optimierung des Gebrauchs von Breitband-Antibiotika, insbes. Carbapenemen ...
5. konsequent praktizierte und kontrollierte Barrieremaßnahmen
6. **lückenlose Compliance bei der Händehygiene (Desinfizieren statt Waschen)**

Transversal approach to outbreak control of **carbapenemase-producing Enterobacteriaceae (CPE)** (stool samples):

- 1. systematic CPR-based screening for CPE at the hospital admission**
2. Repeated CPE screening with prolonged hospital stay (> 14 days)
3. strict isolation and cohorting of CPE-positive Pat. or contact persons ..
4. optimizing the use of broad-spectrum antibiotics, especially. Carbapenems ...
5. consequently executed and controlled barrier measures
- 6. complete compliance in hand hygiene (disinfecting instead of washing)**

Therapie, therapy: **kombiniert** Tigecyclin + Colistin + Gentamycin in hohen Dosierungen, **combined** tigecycline + colistin + gentamicin in high doses ".

Quelle, Source: Lübbert Chr. (2013) Hochresistente Enterobakterien. Systematisches Screening ist notwendig. Deutsches Ärzteblatt 110(46)
<http://www.aerzteblatt.de/archiv/149135/Hochresistente-Enterobakterien-Systematisches-Screening-ist-notwendig> <http://data.aerzteblatt.de/pdf/110/46/a2206.pdf>
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Communication from the Commission for Hospital Hygiene and Infection Prevention at the RKI. (1999) Recommendations for prevention and control of **methicillin-resistant Staphylococcus aureus (MRSA)** in hospitals and other medical facilities. Bundesgesundheitsblatt - Health Research - Health 42, 954-958 © Springer-Verlag
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http://www.rki.de/DE/Content/Infekt/Krankenhaushygiene/Kommission/Downloads/MRSA_Rili.pdf?_blob=publicationFile

„In klinischen und Reha-Einrichtungen rechtssicher die Chance auf Identifikation, Isolierung und Dekolonisierung von resistenten Keimen nutzen. In clinical and rehabilitation facilities pretty sure use the chance of identification, isolation and decolonization of resistant germs“.

MCR-1 (2016) <https://en.wikipedia.org/wiki/MCR-1>

Antibiotika-Resistenzlage (2017)

1. **Besonders besorgniserregend:** *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, Enterobacteriaceae.
2. **Hohe Priorität für die Entwicklung neuer Antibiotika:** *Enterococcus faecium*, *Staphylococcus aureus*, *Helicobacter pylori*, *Campylobacter*, Salmonellen, *Neisseria gonorrhoeae*.
3. **Mittlere Priorität:** *Streptococcus pneumoniae*, *Haemophilus influenzae*, Shigellen.

Quelle: <https://www.aerzteblatt.de/n73373>

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„Für die Vermeidung und Bekämpfung von MRSA im Krankenhaus gibt es klar formulierte Ziele: die Vermeidung einer Kolonisation bisher nicht besiedelter Patienten und vor allem die Vermeidung von Infektionen durch MRSA, um potenzielle, infektionsassoziierte Risiken zu mindern. For the prevention and control of MRSA in the hospital, there are clearly defined goals: the prevention of colonization previously colonized patients and especially the prevention of infection by MRSA in order to reduce potential, infection associated risks “

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