

CORRESPONDENCE

The Epidemiology of Methicillin-Resistant *Staphylococcus aureus* (MRSA) in Germany

by Dr. med. Robin Köck, PD Dr. med. Alexander Mellmann, Dr. med. Frieder Schaumburg, Prof. Dr. med. Alexander W. Friedrich, Dr. med. Dr. PH Frank Kipp, Prof. Dr. med. Karsten Becker in volume 45/2011

Prevention of CA-MRSA

Community-acquired/associated-methicillin-resistant *Staphylococcus aureus* (CA-MRSA) poses a special challenge, since the disease is still unknown to many physicians, and since it is often acquired by traveling in CA-MRSA “hot spots” and is frequently transferred to other family members. Thus, relying on public health services for its prevention would make sense.

Unfortunately, this approach is currently not feasible in Germany because of data protection. According to § 7 (2) of the Protection Against Infection Act (Infektionsschutzgesetzes), CA-MRSA can only be reported if the investigating laboratory finds indications for multiple infections that are clearly interconnected. However, establishing such a chain of infection is already made difficult by the fact that samples (if these even undergo microbiological analysis) would have to be sent to the same laboratory. A further problem emerges from the fact that infections often occur either abroad or aboard the plane. Moreover, the current discussion about reporting extended-spectrum β -lactamase (ESBL) in neonates shows that defining “spatial and temporal clustering” leaves much room for interpretation.

The argument for data protection is difficult to understand, since MRSA in cerebrospinal fluid and blood is specifically reported in order to obtain a marker for hygiene management. However, since this evaluation can only be performed based on the patients' place of residence, it does not reflect hygiene management for high-performance medicine in the major urban centers. Additionally, data protection does not appear to play a decisive role for other, normally self-limiting diseases, such as for norovirus or, recently, influenza A (H1N1) virus.

I would highly welcome it if the spread of CA-MRSA could be contained through rational prevention—and this includes specific reporting of CA-MRSA and having the health department take the necessary measures.

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REFERENCES

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In Reply:

Dr. Orth points out that in the German Protection Against Infection Act (*Infektionsschutzgesetz*, IfSG), the term “CA-MRSA” is not explicitly listed. That is correct. However, the definition of this term is still controversial. Often, an epidemiological definition is used, in which “CA-MRSA” reflects all MRSA cases found in patients without a “history of risk for nosocomial acquisition of the pathogen”. The question of whether MRSA should be classified as “CA-MRSA” can therefore not be answered in a laboratory. Laboratory indicators of “CA-MRSA” (for example, PVL genes) are usually not routinely determined and do not necessarily define “CA-MRSA.” Thus, the practical implementation of a reporting requirement for individual cases of “CA-MRSA” by laboratories (similar to the existing reporting requirements for detecting MRSA from blood cultures according to the “regulation for adapting the reporting requirements of § 7 IfSG to an epidemiological situation”) is difficult, in our opinion.

However, it is already required that attending physicians report any “threatening illness” that presents “a serious danger for the general public” (§ 6[1]5 IfSG) to the health department. This definition does not exclude “CA-MRSA.”

In any case, we agree with Dr. Orth that involving public health services in preventing CA-MRSA would be useful, as this would permit for example therapies to be monitored and evaluation of relatives, colleagues, school children, and so forth, to be organized.

It should also be noted that, due to the decentralized organizational structure of the German infectious disease reporting system, data on MRSA bacteria is reported for the place of residence of the patient, rather than for the location of the hospital in which the infection occurred. The data therefore could support a global or, in the best case, a regional surveillance of MRSA infections rates, but would not be usable for an evaluation of the hygiene management of individual hospitals.

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists.