



## WHY MRSA MATTERS

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**Methicillin-resistant *Staphylococcus aureus* (MRSA) infections matter to all our hospitals and communities.** National data from the most recent National Health and Nutrition Exam Survey (NHANES) shows that 3 percent of all non-institutionalized adults over 60 are colonized with MRSA, and 1.5 percent of younger adults.<sup>1</sup> Nationally, invasive MRSA infections occur in approximately 94,000 persons each year, resulting in about 19,000 deaths each year. As much as 87 percent of MRSA infections are health care associated; 13 percent are community associated.<sup>2</sup>

Rates of hospitalizations associated with MRSA increased tenfold between 1995 and 2005, more than tripled between 2000 and 2005, and increased 30 percent between 2004 and 2005, according to a recent report by the Agency for Healthcare Research and Quality.<sup>3</sup> This report also states that in-hospital mortality for MRSA patients was more than twice that of non-MRSA patients (4.7 percent for MRSA stays compared to 2.1 percent for all other hospitalizations).

**MRSA infections matter to all our hospitals and communities.** Increasing rates of resistance mean that MRSA infections are more expensive to treat—\$30,000 to \$60,000 more per case than methicillin-susceptible *Staph aureus* (MSSA) and lengthier to treat—9.5 days average increased length of stay. Nationally, over \$2.5 billion in excess health care costs are attributable to MRSA infections.<sup>4</sup>

**MRSA infections matter to all our hospitals and communities.** National and local attention to MRSA and health care-acquired infections has created a rapidly changing legal, regulatory and reimbursement climate. The Centers for Medicare & Medicaid Services have included central line bloodstream infections and proposes to include *S. aureus* septicemia in fiscal year 2008 to its growing list of conditions that will not be reimbursed at a higher rate unless already present upon hospital admission. As of 2008, 16 states had pending legislation or enacted state laws related to MRSA reporting.

<sup>1</sup>Gorwitz et al. Changes in the prevalence of nasal colonization with *Staphylococcus aureus* in the United States. *J Infect Dis* 2008; 197:1226-34

<sup>2</sup>Klevens et al. *Journal of the American Medical Association* 2007;298(15):1763-1771.

<sup>3</sup>Elixhauser A, Steiner C. Infections with Methicillin-resistant *Staphylococcus Aureus* (MRSA) in US Hospitals 1993-2005. *HCUP Statistical Brief #35*. July 2007. Agency for Healthcare Research and Quality, Rockville, Md. Available at [www.hcup-us.ahrq.gov/reports/statbriefs/sb35.pdf](http://www.hcup-us.ahrq.gov/reports/statbriefs/sb35.pdf).

<sup>4</sup>Jarvis WR, et al. National prevalence of methicillin-resistant *Staphylococcus aureus* in inpatients at US health care facilities, 2006. *American Journal of Infection Control*, Volume 35, Issue 10, December 2007