

Multi-Drug Resistant Organisms (MDROs)

Frequently Asked Questions

NH Department of Health and Human Services – 3-6-08

What is an MDRO infection?

An MDRO is a strain of bacteria that is resistant to common antibiotics used to treat infections. Infections can vary, depending on the organism. MDROs can cause skin infections (boils, abscesses), urinary tract infections, blood stream infections, and pneumonia, and they can infect wounds, the respiratory tract and surgical sites.

Who can get an MDRO infection?

Anyone is susceptible to contracting an MDRO. You are more likely to get an MDRO infection if you have:

- Non-intact skin and skin-to-skin contact with a person with an MDRO
- Shared personal items with a person with an MDRO
- Poor personal hygiene
- An underlying medical condition, or
- Invasive procedures, devices, or repeated contact with the healthcare system

How are MDRO infections spread and how long do MDROs live in the environment?

Most MDRO infections are spread from person to person via skin-to-skin contact with people diagnosed with an MDRO or by using a shared personal item or environment contaminated with an MDRO. MDROs can live in the environment anywhere from 24 hours to a week, depending on the organism.

How are MDROs treated?

Consult with your healthcare provider. Minor infections may not need antibiotics. If you are prescribed antibiotics, take the entire course of therapy as prescribed. Early treatment can prevent infections from getting worse.

What steps can I take to prevent getting an MDRO?

- Maintain good hand hygiene
- Frequently wash skin areas at risk for contamination
- Keep cuts and scrapes clean, and covered
- Avoid skin contact or sharing of personal items with a person with an MDRO

What cleaning methods are effective against MDROs?

Regular household detergents that will clean and disinfect are usually effective. Use cleaners in accordance with the manufacturer's directions (concentration, contact time, etc.). Wash clothes in the hottest temperature the fabric will allow and use the dryer if possible. Dishes are effectively cleaned in the dishwasher.

What can I do to keep others from getting infected with the same MDRO I have? What should I do if a family member has it—can I visit? I have a student/staff/co-worker diagnosed with an MDRO—what steps do I take?

- Follow the **Three C's**: A framework of prevention principles: Ensure that the individual/patient is **clean**, with drainage, secretions, and excretions **contained**, and is **cooperative** in any setting.
- Maintain good hand hygiene for yourself and encourage hand hygiene by those around you
- Keep the environment clean, especially frequently touched surfaces
- Keep lesions covered and avoid skin-to-skin contact if lesions are not covered
- Maintain respiratory hygiene and cough etiquette (e.g., cover your cough, good hand hygiene)
- Regularly clean personal items
- Wash clothes and linens when soiled
- There are usually no work or school restrictions when a person is diagnosed with an MDRO
- If you are diagnosed with an MDRO, tell any healthcare worker who treats you that you have an MDRO
- Healthy people are at low risk of getting infected with an MDRO, especially if these infection control measures are followed

What is the difference between colonization and infection?

Colonization means that the organism is present in or on the body but is not causing illness, and infection means that the organism is present and is causing illness/symptoms.

If I have been diagnosed with an MDRO will I always have it?

Studies have shown that patients diagnosed with MDROs may remain colonized for prolonged periods of time. This carriage may be persistent or intermittent.