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Executive Summary

S. AUREUS NICU PREVENTION AND CONTROL RECOMMENDATIONS
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Recommendations for Prevention and Control of Infections in NICU Patients: *S. aureus* (2020)

WHAT TO KNOW


This document is intended for use by infection prevention staff, healthcare epidemiologists, healthcare administrators, nurses, neonatologists, other healthcare providers, and persons responsible for developing, implementing, and evaluating infection prevention and control programs for NICUs. The guideline can also be used as a resource for societies or organizations that wish to develop more detailed implementation guidance for the prevention of infection in NICU patients.

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[Summary](#)


Summary

Recommendations for the Prevention and Control of Staphylococcus aureus in Neonatal Intensive Care Unit Patients provides new, evidence-based recommendations specific to the prevention and control of *Staphylococcus aureus* (*S. aureus*), including methicillin-resistant *S. aureus* (MRSA) and methicillin-sensitive *S. aureus* (MSSA), in neonatal intensive care unit (NICU) patients. This document is one section of the full *Guideline for Infection Prevention and Control in Neonatal Intensive Care Unit Patients*. This guideline will be published in a segmental manner as sections are completed. This section does not provide a comprehensive set of infection control recommendations for the prevention of *S. aureus* in NICU patients, but instead supplements other CDC guidelines. The term "*S. aureus*" includes both MSSA and MRSA. Core infection prevention and control recommendations for the prevention of *S. aureus* that apply across all healthcare settings are summarized in the Healthcare Infection Control Practices Advisory Committee (HICPAC) Core Practices document,^[1] and the original recommendations can be found in the respective Centers for Disease Control and Prevention (CDC) and HICPAC Guidelines.



The recommendations were based on a systematic review of the best available literature through August 2019. Subject matter experts supplemented the literature search results by recommending relevant references published since August 2019. In order to provide explicit links between the evidence and recommendations, an adapted GRADE approach was used to evaluate the strength and direction of the evidence and formulate recommendations. The Methods section of this guideline provides additional detail on the development of this document. Where evidence was insufficient to formulate evidence-based recommendations, interim guidance is available to inform the delivery of healthcare in NICUs. [SHEA neonatal intensive care unit \(NICU\) white paper series: Practical approaches to Staphylococcus aureus disease preventionexternal icon](#) .

The evidence review for *S. aureus* was guided by these Key Questions:

1. What are effective strategies for preventing *aureus* transmission from colonized or infected NICU patients to other patients, and do these strategies differ between MRSA and MSSA or in the setting of an outbreak?
2. If screening is conducted, which anatomic sampling sites and laboratory assays most effectively identify *aureus* colonization in NICU patients?
3. What are the risk factors and risk indicators for *aureus* infection in NICU patients, and do these factors differ between MRSA and MSSA or in the setting of an outbreak?
4. What are the risk factors and risk indicators for *aureus* colonization in NICU patients, and do these factors differ between MRSA and MSSA or in the setting of an outbreak?

Readers wishing to examine the primary evidence underlying the recommendations are referred to the Evidence Review in the body of this document and to the Tables in the [Appendix](#) . The Appendix contains clearly delineated search strategies, Evidence Tables containing study-

level data examined, and GRADE Tables which aggregate the overall strength and direction of the evidence.

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Summary of Recommendations



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APRIL 12, 2024

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National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

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