

Infection Control

MRAB - Multi-Resistant Acinetobacter Baumannii

This information is for patients, relatives and carers. It explains what multi drug resistant Acinetobacter is, how it affects us, how it spreads and what we can do to stop it spreading.

What is Acinetobacter?

Acinetobacter is a type of bacterium (germ) that is commonly found in the environment such as; drinking water, soil, various foods and sewage. Approximately 25% of people may carry Acinetobacter on their skin or in their bowels without harm.

Acinetobacter baumannii (A baumannii) can be resistant to some antibiotics and is called Multi-resistant Acinetobacter Baumannii (MRAB). MRAB can cause infection or colonisation.

What is the difference between infection and colonisation?

MRAB can cause infection or colonisation. Infection means that bacteria are in, or on, the body and are making you sick. Colonisation means you carry the bacteria in, or on, your body but you are not sick because of it and your hospital stay should not be increased. Colonised patients are sometimes given treatment to prevent infection developing. Both colonised and infected people can spread the bacteria to others.

How can you prevent MRAB spreading?

Acinetobacter can be spread by person to person contact, contact with



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contaminated surfaces, or exposure in the environment (by colonised medical equipment).

Acinetobacter can enter the body through open wounds, catheters, breathing tubes and cannulas.

Regular and thorough hand washing is one of the most successful ways to help stop the spread of MRAB.

People with MRAB should wash their hands regularly, particularly after going to the toilet.

Health care workers treating you should decontaminate (clean) their hands each time they enter and leave your room. This will kill the bacteria and stop it spreading to other patients. You should not hesitate to discuss the importance of good hand decontamination with any of the staff caring for you.

Health care workers may also take further steps to help stop the spread of MRAB between patients by:

- Moving you to a single room in the hospital;
- Wearing a gown, or apron, and gloves if they are providing direct care;
- Cleaning by domestic staff removes many bacteria that live on surfaces in your hospital room.

How is Acinetobacter treated?

Not all patients with MRAB need antibiotics. Sometimes the bacteria live on skin or in wounds without causing an infection.

If you have an infection, it can be difficult to treat due to MRAB being resistant to some antibiotics. For this reason you will need to be monitored closely and may also need more testing to ensure the drugs you are prescribed will work for you.

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How can I protect my family and friends from infection?

The staff will give your visitors advice about strict hand decontamination when they enter and leave your room. It is also important that they do not have any contact with your wounds or soiled bandages. Exposure to someone with MRAB should not harm healthy people, including pregnant women, children and babies.

What happens when I get home?

Thorough hand washing is essential for you and everyone else in the home. Normal household cleaning practices are sufficient. Towels, clothes, bed sheets and other items that might have pus or MRAB on them can be washed in a domestic washing machine. No special washing temperature is recommended. All eating utensils and dishes can be washed as normal. When seeing new doctors or if you return to hospital, it is important to tell health care workers about any previous or current MRAB infections or colonisations.

Where can I get further information?

- Talk to your doctor or the nurses caring for you;
- The **Infection Prevention and Control team** can be contacted on 024 7696 4791 or extension 24791.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 4791 and we will do our best to meet your needs.

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