Screening for Methicillin-Resistant Staphylococcus Aureus (MRSA)
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Record Status
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Citation

Authors' objectives
To synthesize comparative studies that examined the benefits and harms of screening for methicillin-resistant Staphylococcus aureus (MRSA) carriage in the inpatient or outpatient setting.

Authors' conclusions
There is low strength of evidence that universal screening of hospital patients decreases MRSA infection. However, there is insufficient evidence on other outcomes of universal MRSA screening, including morbidity, mortality, harms, and resource utilization. There is also insufficient evidence to support or refute the effectiveness of MRSA screening on any outcomes in other settings. The available literature consisted mainly of observational studies with insufficient controls for secular trends and confounding to support causal inference, particularly because other interventions were inconsistently bundled together with MRSA screening. Future research on MRSA screening should use design features and analytic strategies addressing secular trends and confounding. Designs should also permit assessment of effects of specific bundles of screening and infection control interventions and address outcomes, including morbidity, mortality, harms, and resource utilization.

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