OLB15
2-hour Oral Session
Late breaker session: Refugee and migrant health

MRSA and ESBL prevalence in four Swiss refugee centres

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Background: The amount of refugees from unstable or economical very poor regions has increased dramatically in the last years. European countries are challenged with multiple problems including accommodation, refugee centres are often overcrowded, and privacy is absent. For the countries were most refugees come from at the moment, Syria, Afghanistan, Eritrea or Nigeria, data about MRSA or ESBL prevalence are not present. However, many of these persons will enter our health care system, and more data about colonisation of highly resistant pathogens are desired.

Methods: In four refugee centres in the local area of the Kantonsspital Olten, prevalence of MRSA and ESBL were measured. The province heath authorities agreed and partly financed the study. The study was performed at the centres. Persons were asked about skin problems, and the person was examined if complains were presented. For MRSA prevalence, we the performed pharyngeal, nasal and inguinal swabs, for ESBL, rectal swab and urine was analysed according to standard procedures. Regression analysis according to gender, origin and skin disease was performed.

Results: 261 persons were screened. We found an overall colonisation rate for MRSA of 42/261 persons (16.1%). No difference in country of origin was detected. Persons with skin problems had an odds ratio 2.6 ($p<0.01$) for MRSA colonisation. For ESBL, the colonisation rate was 57/241(23.7%), with significantly more persons colonised coming from the Middle East (35.1%, $p<0.001$ by χ^2).

Conclusion: The colonisation rate of the refugees tested was 10 times higher for MRSA and 5 times higher for ESBL compared with European population. Contact precaution is warranted for these persons if the enter medical care. For refugees with clinical infection, MRSA as well as ESBL should be included in the choice of antibiotic treatment.