

STEP study.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON28142

Source

NTR

Brief title

STEP study

Health condition

Nosocomial Staphylococcus aureus infection.

Sponsors and support

Primary sponsor: Primary sponsor:

Department of Medical Microbiology and Infectious Disease at Erasmus MC, University Medical Center, Rotterdam, the Netherlands.

Secondary sponsors:

Canisius Wilhelmina hospital, Nijmegen, the Netherlands

Amphia hospital, Breda, the Netherlands

University Medical Center Utrecht, Utrecht, the Netherlands

VU Medical Center, Amsterdam, the Netherlands

Source(s) of monetary or material Support: The Netherlands Organisation for Health Research and Development (ZonMw)

Intervention

Outcome measures

Primary outcome

Nosocomial *S. aureus* infection until 6 weeks after discharge according to CDC-criteria.

Secondary outcome

1. Duration of hospital stay;
2. In-hospital mortality;
3. Time to nosocomial *S. aureus* infection.

Study description

Background summary

To assess whether the treatment of *S. aureus* carriage with mupirocin nasal ointment in combination with skin disinfection (chlorhexidin) significantly reduces nosocomial *S. aureus* infections in *S. aureus* carriers, we will conduct a double-blinded placebo controlled multi-center trial. For 18 months patients will be screened for *S. aureus* nasal carriage at admission through nasal swabs by a rapid molecular technique. Carriers are randomly assigned to receive either mupirocin nasal ointment in combination with disinfecting soap (chlorhexidin) or placebo ointment in combination with placebo disinfecting soap for five consecutive days, starting within 24 hours after admission to the hospital.

Study objective

Nosocomial *Staphylococcus aureus* infections in *S. aureus* nasal carriers can be reduced by 50%, by application of mupirocin nasal ointment in combination with washing with chlorhexidin containing soap within 24 hours after admission.

Study design

N/A

Intervention

The comparison intervention consists of mupirocin 2% nasal ointment and chlorhexidindigluconate 4% body soap. The control intervention consists of placebo nasal ointment and placebo body soap. Patients are treated for 5 days: twice daily application of nasal ointment (with the size of a match's head) in both nares and once daily washing of the entire body with soap. Patients who are still admitted at 3 weeks and 6 weeks after admission will receive the same study medication again.

Contacts

Public

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Eligibility criteria

Inclusion criteria

1. Adult patients (≥ 18 years);
2. Rapid detection positive for *S. aureus* nasal carriage;
3. Expected admission of ≥ 4 days;
4. Treatment can be started ≤ 24 hours after admission;
5. Informed consent.

Exclusion criteria

1. *S. aureus* infection at enrollment;
2. Allergy to mupirocin;
3. Allergy to chlorhexidin;

4. Pregnancy or lactation;
5. Recent (< 4 weeks) mupirocin use;
6. Nasal corpus alienum.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-10-2005
Enrollment:	1800
Type:	Actual

Ethics review

Positive opinion	
Date:	21-09-2005
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL310
NTR-old	NTR348
Other	: N/A
ISRCTN	ISRCTN56186788

Study results

Summary results

CDC definitions for nosocomial infections. J.S. Garner et al. In: Olmsted RN, ed.: APIC Infection control and applied epidemiology: Principles and practice. St. Louis: Mosby; 1996:pp A-1--A-20.

Mupirocin prophylaxis against nosocomial *Staphylococcus aureus* infections in nonsurgical patients. A randomized study.

H.F.L. Wertheim et al. Ann Intern Med 2004;140:419-25.