

# INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY<sup>®</sup>

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Are You Doing All You Can  
to Stop Methicillin-Resistant

**BACTROBAN® NASAL (mupirocin calcium ointment), 2%**  
Brief summary. For complete prescribing information, see package insert.

**INDICATIONS AND USAGE**

*Bactroban* Nasal is indicated for eradication of nasal colonization with methicillin-resistant *Staphylococcus aureus* in adult patients and health care workers as part of a comprehensive infection control program to reduce the risk of infection among patients at high risk of methicillin-resistant *S. aureus* infection during institutional outbreaks of infections with this pathogen.

**NOTE:**

- (1) There are insufficient data at this time to establish that this product is safe and effective as part of an intervention program to prevent autoinfection of high-risk patients from their own nasal colonization with *S. aureus*.
- (2) There are insufficient data at this time to recommend use of *Bactroban* Nasal for general prophylaxis of any infection in any patient population.
- (3) Greater than 90% of subjects/patients in clinical trials had eradication of nasal colonization 2 to 4 days after therapy was completed. Approximately 30% recolonization was reported in one domestic study within 4 weeks after completion of therapy. These eradication rates were clinically and statistically superior to those reported in subjects/patients in the vehicle-treated arms of the adequate and well-controlled studies. Those treated with vehicle had eradication rates of 5% to 30% at 2 to 4 days post-therapy with 85% to 100% recolonization within 4 weeks.

**CONTRAINDICATIONS**

*Bactroban* Nasal is contraindicated in patients with known hypersensitivity to any of the constituents of the product.

**WARNINGS**

**AVOID CONTACT WITH THE EYES.** Application of *Bactroban* Nasal to the eye under testing conditions has caused severe symptoms such as burning and tearing. These symptoms resolved within days to weeks after discontinuation of the ointment.

In the event of a sensitization or severe local irritation from *Bactroban* Nasal, usage should be discontinued.

**PRECAUTIONS**

**General:** As with other antibacterial products, prolonged use may result in overgrowth of nonsusceptible microorganisms, including fungi. (See **DOSAGE AND ADMINISTRATION** in complete prescribing information.)

**Information for Patients:** Patients should: apply approximately one-half of the ointment from the single-use tube directly into one nostril and the other half into the other nostril; avoid contact of the medication with the eyes; discard the tube after using; press the sides of the nose together and gently massage after application to spread the ointment throughout the inside of the nostrils; and discontinue using *Bactroban* Nasal and call a health care practitioner if sensitization or severe local irritation occurs.

**Drug Interactions:** The effect of the concurrent application of intranasal mupirocin calcium and other intranasal products has not been studied. Do not apply mupirocin calcium ointment, 2% concurrently with any other intranasal products.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:**

Long-term studies in animals to evaluate carcinogenic potential of mupirocin calcium have not been conducted. Results of the following studies performed with mupirocin calcium or mupirocin sodium *in vitro* and *in vivo* did not indicate a potential for mutagenicity: rat primary hepatocyte unscheduled DNA synthesis, sediment analysis for DNA strand breaks, *Salmonella* reversion test (Ames), *Escherichia coli* mutation assay, metaphase analysis of human lymphocytes, mouse lymphoma assay, and bone marrow micronuclei assay in mice. Reproduction studies were performed in rats with mupirocin administered subcutaneously at doses up to 40 times the human intranasal dose (approximately 20 mg mupirocin per day) on a mg/m<sup>2</sup> basis and revealed no evidence of impaired fertility from mupirocin sodium.

**Pregnancy: Teratogenic Effects. Pregnancy Category B.**

Reproduction studies have been performed in rats and rabbits with mupirocin administered subcutaneously at doses up to 65 and 130 times, respectively, the human intranasal dose (approximately 20 mg mupirocin per day) on a mg/m<sup>2</sup> basis and revealed no evidence of harm to the fetus due to mupirocin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Nursing Mothers:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when *Bactroban* Nasal is administered to a nursing woman.

**Pediatric Use:** Safety in children under the age of 12 years has not been established. (See **CLINICAL PHARMACOLOGY** in complete prescribing information.)

**ADVERSE REACTIONS**

**Clinical Trials:** In clinical trials, 210 domestic and 2,130 foreign adult subjects/patients received *Bactroban* Nasal ointment. Less than 1% of domestic or foreign subjects and patients in clinical trials were withdrawn due to adverse events. In domestic clinical trials, 17% (36/210) of adults treated with *Bactroban* Nasal ointment reported adverse events thought to be at least possibly drug-related. The incidence of adverse events that were reported in at least 1% of adults enrolled in domestic clinical trials were as follows: headache, 9%; rhinitis, 6%; respiratory disorder, including upper respiratory tract congestion, 5%; pharyngitis, 4%; taste perversion, 3%; burning/stinging, 2%; cough, 2%; and pruritus, 1%.

The following events thought possibly drug-related were reported in less than 1% of adults enrolled in domestic clinical trials: blepharitis, diarrhea, dry mouth, ear pain, epistaxis, nausea and rash. All adequate and well-controlled clinical trials have been performed using *Bactroban* Nasal ointment, 2% in one arm and the vehicle ointment in the other arm of the study.

**OVERDOSAGE**

Following single or repeated intranasal applications of *Bactroban* Nasal to adults, no evidence for systemic absorption of mupirocin was obtained.

Manufactured by **DPT Laboratories**, San Antonio, TX 78215

Distributed by **SmithKline Beecham Pharmaceuticals**, Philadelphia, PA 19101

BRS-BN:L3

# INFECTIOUS DISEASES INFECTION CONTROL



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Indiana University Department of Medicine, Division of Infectious Diseases is recruiting for an Assistant/ Associate Professor. This position will focus on building an Infection

Control program in conjunction with the local VA and county hospitals, which are located on our campus. Successful candidates should be BC in internal medicine and BC/BE in infectious diseases and should demonstrate prior experience or training in hospital epidemiology. At least 75% of the applicant's time will be spent in Infection Control.

For consideration, send a CV, letter of interest, statement of research interest, and three letters of reference to: **Dr. Stanley M. Spinola, Director, Division of Infectious Diseases, Department of Medicine, 545 Barnhill Drive, EH 435, Indianapolis, IN 46202-5124.** Indiana University is an Affirmative Action/Equal Opportunity Employer M/F/D.



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and supervising personnel. Duties include management of the Unit's day-to-day activities, development of educational activities, consultation with other hospital departments, and performance of epidemiologic investigations and research.

Massachusetts licensure as a registered professional nurse, five or more years of experience as an Infection Control Practitioner, demonstrated knowledge of Infection Control with certification in Infection Control, and demonstrated leadership and management potential with strong interpersonal skills. Masters degree in Education (healthcare).

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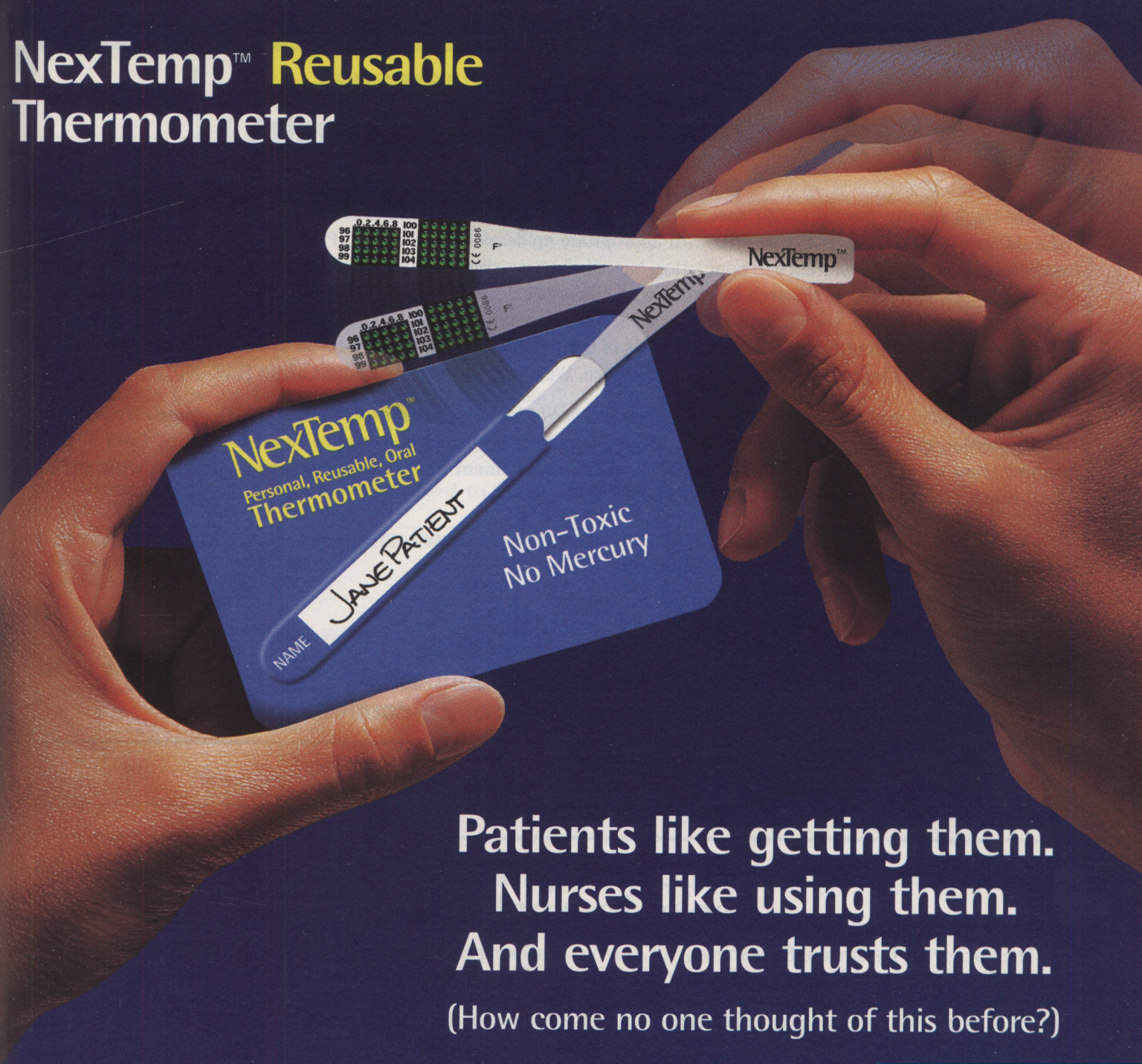
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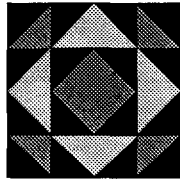
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*Curriculum vitae and the names of three references should be sent to James C. Torner, Ph.D., Head, Department of Epidemiology, College of Public Health, 2800 Steindler Building, University of Iowa, Iowa City, Iowa 52242. Information on the College of Public Health and the Department of Epidemiology can be seen at [www.public-healthmeh.uiowa.edu](http://www.public-healthmeh.uiowa.edu).*

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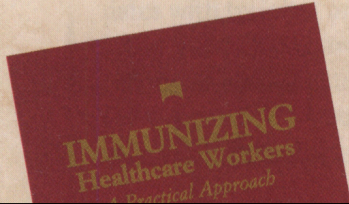
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