RECOMMENDATIONS

The present study revealed that most of the MRSA isolates in a hospital sector were found to be glycopeptide susceptible. Among five hundred and ninety seven isolates of MRSA 0.50% were found to be teicoplanin resistant and remaining all are found to be vancomycin sensitive. This has exposed the emergence of teicoplanin resistance Staphylococcus aureus in hospital sector.

There should be an immediate response from the concerned authorities to check further emergence and spreading of these notorious resistant strains. A strict regulation on irrational antibiotic usages might be an appropriate and effective approach to avoid glycopeptide resistance among MRSA. Moreover nationwide surveillance program should be carried out to map the glycopeptide susceptibility pattern. This will help to identify the potential areas which are already under the major threat of emergence of resistant pattern and therefore draw more focused attention of government for prompt tackling of this problem. It is recommended that continuous and effective sterilization treatment of operations theaters, intensive care units must be constantly monitored. Fumigation of Operation Theaters must be done with utmost care. Hand sanitization of hospital personnel must be done with sterillium. Sterility of Operation
Theater must be confirmed by picking swabs from various instruments and performing screening of MRSA periodically. *Staphylococcus aureus* with resistance to glycopeptide antibiotics has been considered to be a rare cause of clinically relevant infections. Infections caused by *Staphylococcus aureus* with intermediate resistance to glycopeptides (VISA), or heterogeneously expressed intermediate level glycopeptide resistance (hVISA), are more common. These infections are associated with clinical failure of glycopeptide therapy. While the biochemical and phenotypic features including a thickened cell wall of hVISA and VISA are well known, the genetic basis of these phenotypes remains unknown. However, as treatment failure is particularly common in infections with a high bacterial load, it may be necessary to resort to other antibiotics such as linezolid, often combined with surgical intervention, in order to successfully treat these infections. The planning and oversight of the system should be monitored by a multidisciplinary group composed of public health officials, consumers, health care provider and health care infection control professionals. Although molecular determinants of resistance are not completely determined, it is also clear that the sequential acquisition of point mutations can lead to resistance. Combination therapy of serious MRSA infections can be administered where vancomycin is being used.
may be appropriate in an attempt to avoid the selection of resistant mutants.

Finally we conclude that screening for MRSA, maintenance of hygienic habits among hospital personnel and isolation of immune compromised people with maintenance of aseptic conditions in the hospital environment and administration of right antibiotic matters a lot to prevent glycopeptide resistance in MRSA.