

METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA)

Staphylococcus aureus (staph) bacteria are commonly found in the nose and on the skin of healthy people. When staph is present on or in the body without causing illness, this is called colonization. Staph with resistance to some antibiotics (e.g., methicillin) is known as methicillin-resistant *Staphylococcus aureus* (MRSA). When bacteria are resistant to an antibiotic it means that particular antibiotic will not kill the bacteria. MRSA was first identified in healthcare facilities. MRSA is now being seen among young healthy people in the community; this is referred to as community-acquired MRSA.

CAUSE *Staphylococcus aureus* bacteria resistant to some antibiotics.

SYMPTOMS Most MRSA infections are skin infections that typically cause local redness and warmth of the infected area with or without pus/drainage. These infections commonly occur at sites of visible skin trauma, such as cuts and abrasions, and areas of the body covered by hair (e.g., back of neck, groin, buttock, and armpit). Localized infections include boils, impetigo, cellulitis, and wound infections. More serious infections, such as pneumonia, bloodstream infections, or bone infections, are very rare in healthy people who get MRSA skin infections.

SPREAD By contact with hands, skin drainage, pus, or secretions from the nose of a person who is infected or colonized with MRSA.

INCUBATION Variable. A long delay may occur between colonization with staph and the onset of infection.

CONTAGIOUS PERIOD

As long as infection or colonization lasts. Persons who have draining infections are shedding more bacteria and are more infectious than persons who are colonized only.

EXCLUSION Childcare and School: If draining sores are present which cannot be completely covered and contained with a clean, dry bandage or if the person cannot maintain good personal hygiene.

Children who are only colonized do not need to be excluded.

Activities: Children with draining sores should not participate in any activities where skin-to-skin contact is likely to occur until their sores are healed. This means no contact sports.

TREATMENT Children with skin infections need to be referred to a licensed health care provider for diagnosis and treatment. Childcare/school personnel should notify parents/guardians when possible skin infections are detected.

PREVENTION/CONTROL

- **Regular and thorough hand washing is the best way to prevent the spread of communicable diseases.** Wash hands thoroughly with soap and warm running water after touching secretions from the nose, tracheostomies, gastrostomies, or skin drainage of an infected or colonized person.
- Wear disposable medical gloves when touching any draining sores or changing bandages.

PREVENTION/CONTROL (CONTINUED)

- Dispose of bandages in a plastic bag immediately to prevent contamination of surfaces. Close the plastic bag and dispose in the trash.
- Keep wounds clean and dry and covered with a bandage.
- DO NOT share personal items such as towels, washcloths, bar soap, combs, razors, or clothing.
- Wash bedding separately from other laundry in hot water with detergent. Dry in a hot dryer.
- Clean and disinfect contaminated surfaces or objects daily or when soiled. (See pgs 35-41)
- Food handlers with open sores should wear waterproof disposable gloves.

More information about MRSA can be found at: <http://health.mo.gov/data/mrsavre/index.php>.