

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) are known as methicillin-resistant *staphylococcus aureus* (MRSA). When bacteria are resistant to an antibiotic it means that that antibiotic will not kill the bacteria. While MRSA was first identified in health care facilities, it is now being seen among young healthy people in the community; this is referred to as community-acquired MRSA.

CAUSE	<i>Staphylococcus aureus</i> 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 and 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, 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	Spread person-to-person by direct contact with skin drainage and pus or by contact with secretion from the nose of a person who is infected or colonized with MRSA. Less commonly spread by contact with contaminated objects or surfaces. Can be spread by using personal items of someone who has MRSA (e.g., towels, wash cloths, clothes, bar soap, or athletic equipment).
INCUBATION	Variable. A long delay may occur between colonization with MRSA and when the symptoms of infection begin.
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 only colonized.
EXCLUSION	<p><u>Childcare</u> and <u>School</u>: 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.</p> <p>Children who are only colonized do not need to be excluded.</p> <p><u>Activities</u>: Children with draining sores should not participate in any activities, including contact sports, where skin-to-skin contact is likely to occur until their sores are healed.</p>
TREATMENT	Many MRSA infections can be treated with drainage of pus. A health care provider will decide if antibiotics are needed. More serious infection can require hospitalization and treatment with intravenous (IV) antibiotics. Testing for colonization is typically not recommended.

PREVENTION/CONTROL

- 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. **Thorough handwashing is the best way to prevent the spread of communicable diseases.**
- Wear disposable medical gloves when touching any draining sores or changing bandages.
- 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 allow sharing of personal items such as towels, washcloths, bar soap, combs, razors, or clothing.
- Wash bedding (linens) separately from other laundry in hot water with detergent. Dry bedding in a hot dryer.
- Clean and disinfect contaminated surfaces or objects daily or when soiled (see Section 2).
- Food handlers with open sores should wear waterproof disposable gloves and wash hands between glove changes.

For more information, call Hennepin County HSPHD-Epidemiology at (612) 543-5230, call your local health department, or the Minnesota Department of Health at (651) 201-5414.

For more information, visit the MDH Website for MRSA in School Settings:
www.health.state.mn.us/divs/idepc/diseases/staph/schools.html