

Methicillin Resistant *Staphylococcus aureus* (MRSA) Information for the General Public

What is *Staphylococcus aureus* (staph)?

Staphylococcus aureus or “Staph” is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin, but sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood. Antibiotics are given to kill Staph germs when they cause infections.

What is MRSA (methicillin-resistant *Staphylococcus aureus*)?

MRSA is methicillin-resistant *Staphylococcus aureus*, a type of staph bacteria that is resistant to several antibiotics. In the general community, MRSA most often causes skin infections. In some cases, it causes pneumonia (lung infection) and other issues. If left untreated, MRSA infections can become severe and cause sepsis. Sepsis is a life-threatening reaction to severe infection in the body.

Where are staph and MRSA found?

Staph and MRSA may be found on the skin or in the nose. About 1 out of every 3 people have it on their skin or in their nose without getting ill.

How common is MRSA?

Studies have shown that about 2 in 100 people carry MRSA. There are not data showing the total number of people who get MRSA skin infections in the community.

What does a staph or MRSA infection look like?

Sometimes, people with MRSA skin infections first think they have a spider bite. However, unless a spider is actually seen, the irritation is likely not a spider bite. Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that might be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by a fever

More serious infections may include pneumonia, bloodstream infections, surgical wound infections or other deep infections.

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Who is most at risk for staph infections?

Anyone can get MRSA on their body from contact with an infected wound or by sharing personal items, such as towels or razors, that have touched infected skin. MRSA infection risk can be increased when a person is in activities or places that involve crowding, skin-to-skin contact, and shared equipment or supplies. People including athletes, daycare and school students, military personnel in barracks, and those who recently received inpatient medical care are at higher risk.

What are the signs and symptoms?

- Carriers have no signs or symptoms.
- With an infection, the signs and symptoms depend on the site of infection.
- There may be red bumps that progress to pus-filled boils or abscesses.
- Boils may spontaneously drain pus.
- Sometimes, boils and abscesses can progress to cellulitis, an enlarging, painful, red area of the skin that extends beyond the boil. Cellulitis may be associated with fever.
- Rarely, the infection spreads from the skin into the deeper tissues, causing a rapidly spreading, dangerous, and very painful infection called fasciitis.
- Symptoms of staph infection in areas other than the skin included fever, tiredness, pain and swelling of the joints or bones, and cough when the infection is in the lungs.

How are staph and MRSA spread?

- Close skin-to-skin contact
- Crowded conditions
- Poor hygiene
- Contact with open sores or boils
- Contact with toys or surfaces that have been contaminated with bacteria; a carrier who picks his or her nose could easily contaminate a toy or surface

How can staph or MRSA skin infections be prevented?

- Maintain good hand and body hygiene. Wash hands often, and clean your body regularly, especially after exercise.
- Keep cuts, scrapes and wounds clean and covered until healed.
- Avoid sharing personal items such as towels and razors.
- Get care early if you think you might have an infection.

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Are staph and MRSA infections treatable?

Yes, staph infections are treatable. Skin infections can usually be treated with oral antibiotics. There are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

Do children need to be excluded for a group setting?

Children do not need to be excluded unless-

- The child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
- The child meets other exclusion criteria such as; a severely ill appearance, lethargy, lack of responsiveness, fever, diarrhea, and or vomiting.
- The lesion cannot be covered so that contact with others and surfaces with drainage does not occur.

If I got treated for MRSA, will I have it for the rest of my life?

Most people who have this bacteria living in their noses, on their skin, and around the anus do not become infected; rather, they just carry the bacteria. These bacteria tend to be carried for months to years; almost half of children carry some type of staph.

How often do I need to be tested for MRSA to make sure I got rid of it?

Testing is not recommended to see if you have gotten rid of MRSA. Many individuals can be carriers of MRSA and or staph for months to years.

I have had MRSA in the past, can I get it again?

MRSA infection can reoccur. It is important to take proper measures to prevent infection.

Where can I get information about MRSA in schools and among athletes?

Additional MRSA information can be found at

http://www.dhhr.wv.gov/oeps/disease/IBD_VPD/IBD/Pages/MRSA.aspx

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