

Community Associated Methicillin Resistant *Staphylococcus aureus* (CA MRSA) Infections

Disease Fact Sheet Series

What is MRSA?

MRSA is a type of *Staphylococcus*, or “staph” bacterium that has developed resistance to the antibiotics usually used to treat persons with staph infections. Antibiotics that work against some staph infections but do not work against MRSA include dicloxacillin and cephalexin.

Staphylococcus aureus can be found on the skin or mucous membranes of approximately 25 to 30 percent of the US population. Of those persons who carry *S. aureus*, only about 1 percent carries CA MRSA. Most people do not have symptoms of infection but simply carry staph or MRSA on their skin or in their noses.

Who usually gets infections from MRSA?

MRSA infections occur most often in hospital patients, nursing home residents, or dialysis patients. They usually have weakened immune systems, chronic diseases, or have indwelling devices such as IV lines or tracheotomies. This type of MRSA infection is caused by healthcare associated MRSA (HA MRSA), which usually causes surgical wound infections, bloodstream infections, and pneumonia.

What is Community Associated MRSA (CA MRSA)?

CA MRSA infections involve strains of MRSA that can cause infections in healthy persons who have not been patients in health care facilities. CA MRSA usually causes skin infections such as pimples and boils but occasionally causes more serious infections. Some patients may think they have spider bites in the early phase of these infections.

Anyone can acquire CA MRSA infections, but many cases have been found in athletes, military recruits, prisoners, Native Americans, Pacific Islanders, Alaskan Natives, and children. Factors that seem to increase the chances of acquiring an infection with CA MRSA are close skin-to-skin contact, cuts, cracks, or abrasions in the skin, crowded living conditions, and poor hygiene.

How is an infection with CA MRSA treated?

Treatment of CA MRSA infections depends on the severity of the infection. Many skin infections can be cured with simple drainage of abscesses or pimples **without the need for antibiotics**. More serious infections may need oral, or rarely, intravenous antibiotic treatment. Your health care provider will be able to determine the best course of treatment for your condition.

What should I do if I have been diagnosed with a CA MRSA infection?

It is very important to follow the instructions from your health care provider. Your cooperation in treating the infection will help you to get healthy as quickly as possible. Follow these steps:

1. Follow the wound care instructions given to you by your health care provider.
2. If you received antibiotics or other medicines, be sure to take them according to the instructions given. Take your antibiotics until they are gone, even after symptoms have improved, unless your provider tells you otherwise.
3. Let your provider know if your symptoms become worse or do not get better within a few days. Be sure to return for any scheduled follow-up visits so your provider can determine whether your treatment is working.

4. Help prevent the spread of infection to others in your household by practicing these precautions until the wound or lesions are healed:

- Wash your hands often with soap and warm water. It is especially important to wash hands before close contact with others, after touching infected areas, after handling soiled bandages and dressings, and after contact with infected body fluids. Alcohol hand sanitizer may be used if hands are not visibly soiled.
- Instruct others to wash their hands after close contact with you and after assisting with wound care or following contact with dressings, wound drainage, or other infected body fluids.
- Persons caring for you should consider use of clean, disposable gloves when touching wound drainage, changing dressings, or handling infected body fluids. Wash hands immediately after removing gloves. Gloves may be discarded into the regular trash unless heavily soiled, in which case they should be placed in a plastic bag, sealed, and then placed into the regular trash.
- Cover the areas of skin or wound infections with a bandage or clean, dry dressing unless instructed otherwise by your provider. If drainage cannot be contained by dressings, use disposable or cloth pads to provide a barrier between infected areas and environmental surfaces.
- Dispose of heavily soiled used bandages, dressings, and disposable barriers by placing in a plastic bag before discarding into the regular trash. If not heavily soiled, they may be placed directly into the trash.
- Consider showering, especially with an antibacterial soap, before close physical contact with others.
- If wound drainage or other infected body fluids cannot be contained, limit physical contact (e.g. hugging, hand shaking, sharing beds) with others until drainage or body fluids can be contained.
- Do not share personal items such as razors, towels, or clothing, with others. Towels, clothing, and linens heavily soiled with wound drainage should be laundered in hot water and detergent, or in warm water with chlorine bleach. Drying in a hot dryer (180°F) will also help sanitize laundry before use by others.

Clean and disinfect surfaces and objects in your immediate environment that may have become contaminated with wound drainage or infected body fluids. Wipe surfaces with a household disinfectant such as Lysol® or a bleach solution (1 cup bleach plus 9 cups water) and allow to air dry.