

MRSA Fact Sheet

MRSA has been around for a long time. The first case of MRSA was discovered in the UK in 1961. In 1968, the first case of MRSA was diagnosed in the USA.

There are 2 types of MRSA: Invasive vs. Non-invasive. Non-invasive MRSA infections are those found on the skin. MRSA infections cannot cross intact skin - in other words, MRSA can only infect skin that has a cut or wound of some sort. So, in order to protect yourself, cover any cuts, burns, etc with bandages.

MRSA infections are common in the health care settings and prey upon individuals with a weakened immune system. These are called hospital acquired MRSA infections. These usually are the infections that become invasive. There were 880 cases of invasive MRSA cases in Connecticut in 2006 the vast majority of which are hospital associated.

Community- acquired MRSA is easier to treat than hospital MRSA. MRSA skin infections account for 87% of community- acquired infections. Only 3% lead to blood poisoning and 2% lead to pneumonia.

MRSA does not respond to a certain class of antibiotics called methicillin; however, there are approximately 6 antibiotics that can treat MRSA at this point.

The following risk factors are associated with MRSA infections: crowding (as in jail and military settings), frequent skin contact, compromised skin, shared personal items, poor hygiene, using dirty needles for drug use or tatoos, and contact sports.

The best prevention is hand washing for 20 seconds with soap and warm water. If soap and water are not available, hand sanitizer with an alcohol component is equally effective.

Hand sanitizer dispensers have been installed at TCS and THS in central locations.

At BRS, teachers have sanitizer available to students in the classroom.

Symptoms of a skin infection include: redness, warmth, swelling, tenderness, a pimple that continues to grow and/or fever. Not all skin infections require antibiotics. Your healthcare provider can identify MRSA through a skin culture and treat appropriately. Students and/or staff should not be excluded from school for having a MRSA infection unless the wound cannot be covered or there is extreme drainage from the wound.

CT State guidelines do not recommend that schools close to disinfect if a case of MRSA is diagnosed. Cleaning should focus on areas likely to come in contact with poorly or uncovered skin infections. Daily disinfecting of nurses' cots and athletic mats is, however, advised.

MRSA is all around us – not just in school! The Connecticut State guidelines continue to focus on things that each one of us can do to protect ourselves.

Adapted from: CT Department of Public Health, MRSA: Facts and Myths, 11/07