

FREQUENTLY ASKED QUESTIONS FOR PARENTS AND STUDENTS ABOUT Methicillin-resistant *Staphylococcus aureus* (MRSA)

What is MRSA?

Staphylococcus aureus (“staph”) are bacteria commonly carried on the skin or in the nose of healthy people. About 25-30% of the U.S. population carries staph on their bodies at any time. MRSA is a kind of staph that is resistant to some kinds of antibiotics.

How is MRSA spread?

Staph, including MRSA, are spread by direct skin-to-skin contact, such as shaking hands, wrestling, or other direct contact with the skin of another person. Staph are also spread by contact with items that have been touched by people with staph, like towels shared after bathing and drying off, or shared athletic equipment in the gym or on the field.

Most people who have staph or MRSA on their skin do not have infections or illness caused by staph. These people are “colonized” with staph. Staph infections start when staph get into a cut, scrape or other break in the skin. People who have skin infections should be very careful to avoid spreading their infection to others.

What are the symptoms of an infection caused by MRSA?

MRSA is a type of staph, so the symptoms of a MRSA infection and the symptoms of an infection due to other staph are the same. Pimples, rashes, pus-filled boils especially when warm, painful, red or swollen can indicate a staph skin infection. Impetigo is one example of a skin infection that can be caused by staph, including MRSA. Staph, including MRSA, can also cause more serious infection, such as severe skin infection, surgical wound infections, bloodstream infections and pneumonia. Symptoms could include high fever, swelling, heat and pain around a wound, headache, and fatigue.

How are MRSA infections treated?

Most MRSA infections are treated by good wound and skin care: keeping the area clean and dry, washing hands after caring for the area, carefully disposing of any bandages, and allowing the body to heal. Sometimes treatment requires the use of antibiotics. If antibiotics are needed, it is important to use the medication as directed unless a healthcare provider says to stop. If the infection has not improved within a few days after seeing the healthcare provider, the athlete should contact the provider again.

Why is MRSA a problem for school athletes?

In Massachusetts and elsewhere throughout the country, MRSA infections are becoming more common in community settings, including schools and among athletes. Since staph (including MRSA) are spread by direct contact (and on athletic teams), there are many opportunities for direct contact among athletes. Since 2002, school athletic teams in several states, including Massachusetts, have reported MRSA infections among wrestling, volleyball, and most frequently, football teams. Some colleges have reported MRSA infection cases in residential dormitories.

How can MRSA infection among school athletes be prevented?

Practicing good hygiene is the best way to prevent getting and spreading MRSA infections and many other infections. Encourage athletes to:

- Shower with soap and water as soon as possible after direct contact sports, and use a clean, dry towel.
- Keep hands clean by washing them frequently with soap and warm water or use an alcohol-based hand sanitizer gel.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Avoid contact with other people's wounds or bandages.
- Not share towels (even on the sidelines at a game), soap, razors, or other personal care items.
- Not share ointments or antibiotics.
- Wash towels, uniforms, scrimmage shirts, and any other laundry in hot water and ordinary detergent, and dry on the hottest cycle after each use. Inform parents of these precautions if laundry is sent home (laundry must be in an impervious container or plastic bag for transporting home).
- Avoid whirlpools or common hot tubs, especially when having open wounds, scrapes, or scratches.
- Inform their coach or athletic trainer if they think they have a skin infection.

Can students and staff with MRSA attend school?

Yes. Students and staff with a MRSA infection can attend school regularly as long as the wound is covered and they are receiving proper treatment. Students and staff do not need to be isolated or sent home in the middle of the day if a suspected staph or MRSA infection is noticed. Wash the area with soap and water and cover it lightly. Those who touch the wound should wash their hands immediately. The student should be encouraged to have the wound looked at by their healthcare provider as soon as possible to confirm a MRSA infection and determine the best course of treatment. The wound should be kept lightly covered until it has dried completely.

Should parents and staff be notified if a student has a MRSA infection?

Typically, it is not necessary to inform the entire school community about a MRSA infection. When MRSA occurs within the school population, the school nurse and school physician will determine, based on their medical judgment, whether some or all parents and staff should be notified.

Should schools be closed if students or staff have MRSA?

It is not necessary to close schools in response to cases of MRSA in students or staff. Almost all transmission of the bacteria from person to person is through skin to skin contact, such as occurs among sports teams, not among students in classrooms. Sanitizing shared exercise and other equipment with skin contact is a good practice, but other environmental surfaces in community settings do not need to be disinfected.

For more information about MRSA, visit the MDPH website at www.mass.gov/dph or call the Division of Epidemiology & Immunization at 617-983-6800 or your local health department.