A Parent's Guide to MRSA in California: What You Need To Know

What is Staphylococcus aureus?

Staphylococcus aureus (staph) are bacteria that many healthy people carry on their skin or in their nose. About 25 percent to 30 percent of people in the United States carry staph in their nose, but it does not make them sick. Staph can also be carried in the armpit, groin, rectum or genital area. Most staph infections are minor and can be treated without antibiotics. However, staph can sometimes cause serious infections like pneumonia, blood or joint infections, and deep skin infections.

What is MRSA?

Methicillin-resistant Staphylococcus aureus (MRSA) is a type of staph that is not killed by penicillin and similar antibiotics. About 1 out of every 100 people carries MRSA without making them sick. In California over half of all the staph infections are caused by MRSA. MRSA infections do not look any different than those caused by ordinary staph.

What do staph and MRSA infections look like?

Common skin conditions caused by staph and MRSA may look like any of the following:

- Sores that look and feel like spider bites (but are not spider bites)
- Red painful bumps under the skin, called boils or abscesses
- A cut that is swollen, hot, and filled with pus
- Blisters filled with fluid or red skin with a honey-colored crust (usually on the face)
- Red, warm, firm skin area that is painful and getting larger (usually on the legs)

How does a person get staph or MRSA?

Staph and MRSA can be spread when a person:

- Has direct skin-to-skin contact with an infected person,
- Touches surfaces that have staph on them from someone else's infection (e.g., towels, athletic equipment, used bandages).

Staph is not usually passed through the air.

How are staph and MRSA infections treated?

Some staph skin infections are treated by draining the sores and may not require antibiotics. Draining these sores should be done by a doctor. If the doctor gives you antibiotics, make sure you take all of the medicine, even if the infection is getting better. Do not share your medicine with anyone else or save it to use at another time. Call your doctor back if the infection does not get better after a few days. If other people you know or live with get the same infection, tell them to go to their doctor.

Is it possible to have another staph or MRSA skin infection after it is cured?

Yes. It is possible to have another staph or MRSA skin infection after it is treated. To keep this from happening, follow the doctor's orders while you have the infection, and follow the prevention steps in this pamphlet.

What should I do if I think my child has MRSA?

If you think your child has MRSA, call a doctor. Do not ignore the sore and hope it will go away.

Can a child with an MRSA infection go to school?

Unless the doctor advises not to attend school, children should be allowed to attend school as long as their infection is not draining and can be covered by a dry dressing. If the child is involved in a physical activity or sport that involves skin-to-skin contact with other students, return to those activities should be approved by a school official or doctor.

Do schools need to be closed and disinfected if a student has an MRSA infection?

No, it is not necessary to close schools to "disinfect" them because of MRSA infections. MRSA is spread mostly by direct skin to skin contact with an infected person or from touching surfaces that have staph on them from someone else's infection. If the student's infection has been covered, then no special cleaning is needed. Cleaning and disinfection should be done on surfaces that are likely to contact uncovered or poorly covered infections.

What is the easiest way to prevent MRSA and staph infections?

Hand washing is the easiest way to prevent MRSA and staph infections. If soap and running water are not available and hands do not have visible dirt on them, staph germs can be killed by using an alcohol-based hand rub.

When should hands be washed?

- Whenever the skin comes into contact with other people or with shared surfaces or equipment.
- Before and after athletic practice, games, or working out.
- After sneezing, coughing, blowing or touching the nose.
- Before and after touching the eyes, nose, or mouth, or skin that has open sores, boils and skin rashes.
- After using the toilet or urinal.
- After touching any item soiled with wound fluids, such as bandages, dressings or bedding.
- After cleaning the bathroom, changing your bedding, or doing laundry.
- Before preparing food, eating, or drinking.

What else can be done to help prevent MRSA and staph infections?

Bathe regularly.

- Take good care of the skin; avoid skin damage, and clean damaged skin promptly with soap and water.
- Keep cuts and scrapes clean and covered with a bandage until healed. Pus from infected wounds can contain staph and MRSA.
- Don't share personal items such as towels, clothing, or other items that touch skin. Use a barrier (for example, clothing or a towel) between your skin and shared equipment such as weight-training benches.
- Wash soiled clothes, sheets, and towels with water and laundry detergent, and dry them completely in a hot dryer.

For more information about MRSA and staph infections, contact your doctor, local health department or school nurse.

References:

California Department of Public Health.

MRSA for Athletes: What You Need to Know (in English)

http://www.cdph.ca.gov/healthinfo/discond/Documents/CAMRSAForAthletes.pdf

Centers for Disease Control and Prevention.

Questions and Answers about Methicillin-Resistant Staphylococcus Aureus (MRSA) in Schools (in English)

http://www.cdc.gov/Features/MRSAInfections/

[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAS): The California Department of Education (CDE) expresses appreciation to Claudia J. Erickson and the California Department of Public Health (CDPH) for their permission to translate the CDPH's "Parent's Guide to MRSA in California: What You Need to Know." As a form of assistance to LEAs, the CDE offers this translation free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.]