



MRSA or Methicillin Resistant *Staphylococcus aureus*

This information sheet is designed for use by family and community members who may come into contact with a person who is infected or colonised with methicillin-resistant *Staphylococcus aureus* (MRSA) which is often called “Staph” or “Golden Staph”.

What is MRSA?

- *Staphylococcus aureus* (*S. aureus*) is a type of bacteria commonly found on the skin and in the nose of healthy people. Occasionally *S. aureus* can enter the body and cause an infection. This infection may be minor (such as pimples, boils and other skin conditions) or serious (such as blood infections or pneumonia).
- Methicillin represents a type of antibiotic which has been used to treat *S. aureus* infections. Although these antibiotics are very effective in treating most *S. aureus* infections, some *S. aureus* bacteria have developed resistance and can no longer be killed by these antibiotics.
- These resistant bacteria are called methicillin-resistant *Staphylococcus aureus* or MRSA.

What are the risk factors for getting MRSA?

Patients who have been in a hospital for a long time, sick with a long term illness, are on dialysis, or those who use IV drugs are at risk of getting MRSA.

How do I know if I have MRSA?

Your doctor may order a test sample from your wound, blood, urine, nose, or sputum to be sent to the lab. This test is called a culture. If there is MRSA in the sample, the culture is positive. This means you have MRSA in your body.

What is the difference between colonisation and infection?

Colonisation means that MRSA is present on, or in, the body without causing illness.

Infection means that MRSA is making the person ill.



How common is MRSA infection/colonisation?

MRSA accounts for approximately 30-50% of *S. aureus* strains isolated in hospitals from normally sterile sites such as surgical wounds.

Is MRSA infection treatable?

Yes. Although MRSA is resistant to many antibiotics and often difficult to treat, a few antibiotics can still successfully cure MRSA infections. Patients who are only colonised with MRSA usually do not need treatment.

How is MRSA spread?

In hospitals, MRSA is usually spread to a person through contact with the hands of a person who already has it on their skin. It is not normally spread through the air. You may have acquired MRSA before you came into hospital, or you may have acquired it in hospital.

How can the spread of MRSA in hospitals be prevented?

All hospitals have infection control policies in place to address this. Stopping MRSA spreading between patients in hospital depends on staff, visitors and patients all cleaning their hands well, before and after touching other people.

What happens when a patient with MRSA is isolated?

If a patient in hospital is known to have MRSA either on their skin or causing an infection, special soaps, ointments or antibiotics are sometimes given to try and get rid of the MRSA. The patient may also have a room by themselves, and hospital staff may wear gloves and aprons to reduce the chance of them spreading the MRSA to other patients.

How long does a patient with MRSA have to be isolated?

Hospital staff will determine when it is appropriate for a person with MRSA infection or colonisation to come out of isolation. Because MRSA infection or colonisation is difficult to treat, this period of isolation may last from a few days to a few weeks or longer.



When a person with MRSA is being cared for at home, should the same precautions be followed?

Prior to the patient leaving the hospital you should ask the staff (nurse or doctor) about the precautions, if any, you should take at home.

You may also wish to check with your general practitioner for additional advice.

Generally speaking the following precautions are recommended for the care of a person with MRSA infection at home:

- All persons should practice normal hygiene and should wash their hands if in contact with any of the patient's secretions.
- Wear gloves if you handle body substances (blood, urine, wound drainage) and wash your hands after removing your gloves.

Is it safe to be in the same room as a person with MRSA?

Yes. Healthy people are at very little risk of becoming infected or colonised with MRSA. If family members and other visitors are healthy then it is okay for them to be in the same room with a person with MRSA. Casual contact, for example, touching or hugging, is also okay. However, you may wish to wash your hands before you leave the patient's room or home.

However, people who are very ill or who have weak immune systems (for example, on chemotherapy) should avoid handling the body substances of a person with MRSA. They should also limit their physical contact to no more than casual touching. They should also wash their hands after physical contact with a person with MRSA.

Can my children get MRSA by being around a person with MRSA?

Healthy people including children are at very little risk of becoming infected with MRSA.

When may a person colonised with MRSA return to community activities?

When well enough. You should ask your doctor for advice on returning to general community activities. Once you have recovered from a severe infection you are able to return to any appropriate activities. Your doctor will be able to advise you on appropriate activities. Those persons with a MRSA infected wound may continue to take part in community activities provided the wound (for example, leg ulcer) is completely covered with a dressing.



What precautions should I take to protect others?

No special precautions are necessary apart from the following:

- Everyone should practice good personal hygiene as described above.
- For example:
 - Washing your hands
 - After using the toilet
 - Before and after preparing food
 - After cleaning
 - Housekeeping: Damp dust to prevent airborne dust particles
 - Crockery, cutlery and cooking utensils should be washed in hot water and detergent, or through the dishwasher.
 - Linen may be washed in the washing machine using hot water and detergent.

Where do I get more information?

Whilst in hospital, ask your doctor or the infection control staff about any of your concerns regarding MRSA. Your General Practitioner will also be able to give you advice.

References

VICNISS Patient Information Brochure: Multidrug Resistant Organisms
<http://www.vicniss.org.au/Consumer/FactsheetMRO.aspx>

VICNISS Patient Information Brochure: Hospital Acquired Infections
<http://www.vicniss.org.au/Consumer/FactsheetHAI.aspx>

National Health and Medical Research Council. Infection Control in the Health Care Setting. Canberra, April 1996.

Centres for Disease Control and Prevention. Hospital Infections Program, MRSA FAQ's for Patients. Date last modified: June 30, 2008
http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html