



MRSA Infections In Child Care Programs

Recently, MRSA (Methicillin Resistant Staphylococcus Aureus) infections have become more common in community settings. These infections can spread to people of all ages who are otherwise healthy. A number of factors in child care settings make children in group-care more vulnerable. Frequent skin-to-skin contact, sharing equipment and toys, scrapes and cuts, unreliable habits of personal cleanliness and close physical contact with other children and adults can put children in group-care at risk for MRSA infections.

What is Staphylococcus Aureus?

Staphylococcus aureus (staph) is a kind of bacteria that is commonly found on the skin or in the noses of healthy people without causing infection. These bacteria occasionally get through the skin barrier and cause a skin or soft tissue infection. Although most of these infections are mild, such as impetigo, staph can cause more serious illness including blood, bone, or respiratory infections.

What is MRSA?

Methicillin Resistant Staph Aureus (MRSA) is a strain of staph bacteria that has a resistance to some commonly used antibiotics. Although some antibiotics will not work against these bacteria, there are other antibiotics that can effectively treat these infections.

MRSA has long been a serious problem in hospitals and health care facilities (such as nursing homes and dialysis centers) where it infects the wounds of patients weakened by disease or injury. This is called hospital acquired MRSA. If the infection appears in someone who has not been hospitalized in the last year it is considered to be community acquired. Community acquired MRSA, or CA-MRSA, infections tend to occur in otherwise healthy people and usually involve skin and soft tissue infections.

What do MRSA infections look like?

Symptoms of an MRSA infection vary depending on the part of the body that is infected. Skin infections are the most common site of staph infections. They often result in redness and warmth of the infected area with or without pus. The infections may look

like boils, pimples, bug bites or infected wounds. If the infection spreads, deeper tissues may become involved. Individuals with MRSA infections often complain of a sore that started as a spider bite.

How is MRSA spread?

MRSA is usually spread by skin-to-skin contact between individuals. It can also be spread by sharing personal items and equipment or from contact with any other surfaces soiled with secretions or drainage from infected wounds. Cases of CA-MRSA can spread easily in close contact environments including households, child care centers, athletic facilities, military establishments, hostels and camps. Factors that make it easier for MRSA to be spread, referred to as “the 5 C’s,” are as follows: Crowding, frequent skin-to-skin Contact, Compromised skin (i.e., cuts or scrapes), Contaminated items and surfaces, and lack of Cleanliness. MRSA bacteria can live on surfaces for days, weeks or months. Individuals who have draining infections are shedding more bacteria and are therefore more infectious than those who have the germs living harmlessly on their skin or in their noses.

How do you limit the spread?

- Hand washing is the most effective method of preventing the spread of staph.
- Cover infected wounds with clean bandages.
- Sanitize surfaces and items that may be soiled with body fluids or secretions.
- Don’t share personal items such as towels and bedding.
- Keep cuts and scrapes clean and covered until healed.
- Teach children that they should not touch other people’s wounds or bandages.
- Wear non-porous gloves when cleaning children’s wounds or changing bandages and wash your hands before and after using gloves.
- Wash hands before and after using gloves.
- Train child care staff and custodians about hand-washing, the spread of infectious disease, and sanitizing procedures. (See CCHP posters online

at <http://www.ucsfchildcarehealth.org/html/pandr/postersmain.htm>

Can you catch it again?

Yes, it is possible to have a staph or MRSA skin infection come back after it is cured.

What is the treatment for a MRSA infection?

Skin and soft tissue MRSA infections may be drained and cleaned by a health care provider and are often treated with antibiotics. Antibiotics should be taken as directed, making sure to take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

Does a caregiver need to report MRSA?

- Community-acquired MRSA infections resulting in death or admission to an intensive care unit of a hospital must be reported to your local Public Health Department. Also report any outbreaks of MRSA that occur in your program to your local Public Health Department. An outbreak is two or more cases.
- Notify parents or guardians of children who have close contact with the individual with an MRSA infection. This way parents can watch for signs and symptoms of infection and seek treatment if needed. Confidentiality of the child should be maintained. Do not report the name of the child with the infection. (See CCHP Notice of Exposure to Communicable Disease http://www.ucsfchildcarehealth.org/pdfs/forms/notice_of_exposure.pdf)

What is the role of the family of a child who has MRSA?

- Practice good hand washing.
- Seek medical attention if a child has a boil, red or inflamed skin, or other signs of infection that do not improve in a short time especially if more than one person in the family has the same symptoms.
- Share information about the child's medical treatment with caregivers.
- Cover draining wounds with clean dressings.
- Wash sheets, towels and clothes when soiled with drainage and dry in a hot dryer.

- Keep follow-up medical appointments to make sure no further treatment is needed.

Does a child with MRSA need to be excluded from a group-care setting?

- No, as long as the wound can be covered and the dressing kept dry and intact.
- Children with MRSA infections who have draining wounds that cannot be covered or have dressings that cannot contain the drainage and/ or be kept dry and intact should be excluded from child care.
- Ask parents of children with draining wounds or red, swollen and painful areas of skin to have their child evaluated by a health care provider.

Do child care programs need to be closed and sanitized if a child has MRSA?

No, clean and sanitize all surfaces and objects that may have had contact with infected wounds and continue to perform routine cleaning and sanitizing. This does not require closing the program.

A word about antibiotic resistance

Widespread use of antibiotics promotes the spread of antibiotic resistance. While antibiotics should be used to treat bacterial infections, they are not effective against viral infections like the common cold and the flu. Overuse of antibiotics reduces the usefulness of these drugs. Appropriate antibiotic use is the best way to control resistance. Always use antibiotics as directed by a health care professional.

References and Resources:

CDC, 2006, Strategies for Clinical Management of MRSA in the Community, www.cdc.gov/ncidod/dhqp/pdf/ar/CAMRSA_ExpMtgStrategies.pdf
AAP, Hot Topic Community- Acquired MRSA 07 at www.pedialink.org, site visited 10/23/07
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Skin Infections and MRSA Information for California Schools, 10/24/2007, www.cdph.ca.gov/healthinfo/discond/Documents/07MRSAschool.pdf

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