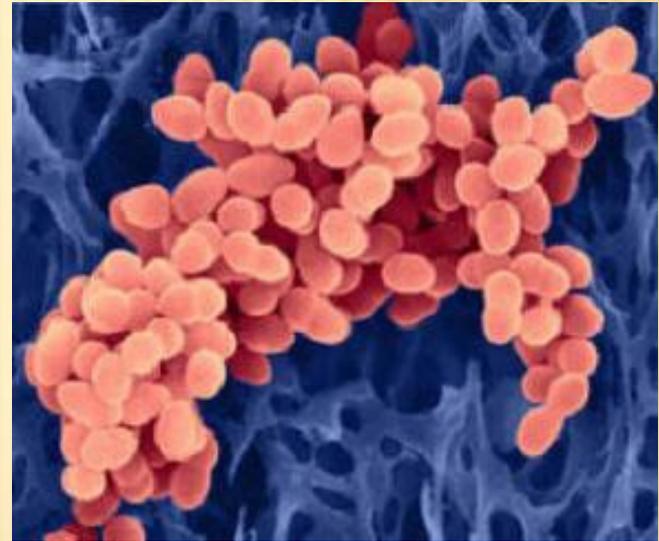


Methicillin-resistant *Staphylococcus aureus*

M R S A

WHAT IS MRSA

- ❖ MRSA is a type of bacterium that is resistant to certain antibiotics.
- ❖ These antibiotics include:
 - Methicillin;
 - Oxacillin;
 - Penicillin; and
 - Amoxicillin.
- ❖ Because of its ability to resist some antibiotics, it is sometimes called the “super bug.”



HISTORY

- ❖ MRSA was first noted in 1961, about two years after the antibiotic methicillin was initially used to treat *S. aureus* and other infectious bacteria.
- ❖ The resistant germ first emerged in hospitals where patients were taking antibiotics.
- ❖ Generally MRSA occurs in hospitals where people are ill and have weakened immune systems.

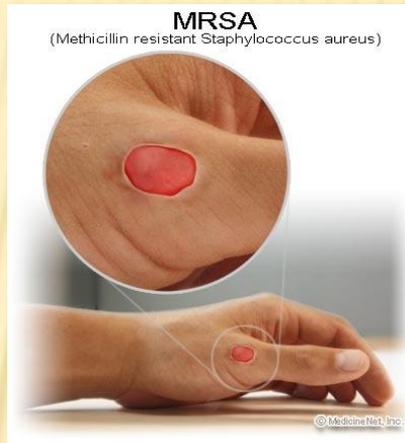
WHY SHOULD WE CARE?

- ❖ In the 1990s MRSA began showing up in the wider community.
- ❖ Recently, there have been some outbreaks of MRSA in schools, and among athletes.
- ❖ Unfortunately, there have been some deaths in cases that were untreated.

**But MRSA infections can be
treated and prevented!**

SYMPTOMS AND SIGNS

- ❖ Most MRSA infections are skin infections.
- ❖ The infection would look:
 - Swollen
 - Red
 - Painful
 - Pus filled
- ❖ Some specific conditions associated with MRSA follow: (Continued)



SYMPTOMS AND SIGNS (CONTINUED)

- ❖ **Cellulitis** – infection of the skin or the fat and tissues that lie immediately beneath the skin, usually starting as small red bumps in the skin,
- ❖ **Boils** – pus-filled infections of hair follicles,
- ❖ **Abscesses** – collections of pus in or under the skin,
- ❖ **Sty** – infection of eyelid gland,
- ❖ **Carbuncles** – infections larger than an abscess, usually with several openings to the skin, and
- ❖ **Impetigo** – a skin infection with pus-filled blisters.

TRANSMISSION

- ❖ MRSA is usually transmitted by direct skin-to-skin contact or contact with shared items or surfaces that have come into contact with someone else's infection (e.g., towels, used bandages).
- ❖ Risk factors (The 5 **C**'s):
 - Crowding,
 - Frequent skin-to-skin **C**ontact,
 - **C**ompromised skin (i.e., cuts or abrasions),
 - **C**ontaminated items and surfaces, and
 - Lack of **C**leanliness.

PREVENTION

- ❖ Practice good hygiene – keep your hands clean and shower immediately after participating in exercise.
- ❖ Cover cuts and abrasions with a clean dry bandage until healed.
- ❖ Avoid sharing personal items (such as towels, razors) that come into contact with your bare skin.
- ❖ Use a barrier (such as clothing or a towel) between your skin and shared equipment such as weight-training benches.



TREATMENT

- ❖ MRSA still responds to certain medications such as sulfa drugs, tetracyclines, clindamycin, and the antibiotic vancomycin.
- ❖ Doctors may drain abscesses caused by MRSA rather than treat the infection with drugs.
- ❖ If you suspect you have a skin infection, see a doctor for diagnosis and treatment.

