

Methicillin Resistant Staphylococcus Aureus (MRSA)

Dear Parent or Guardian,

You are being provided with this fact sheet:

- because you or your child may have been exposed to MRSA.** If you believe your child has developed MRSA, contact your medical provider. Notify your child care provider or preschool immediately after the diagnosis has been made.
 - for informational purposes only.**
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What is MRSA?

Different types of staphylococcus (also referred to as 'staph') bacteria are commonly found on skin and in nasal passages. MRSA (Methicillin Resistant *Staphylococcus Aureus*) is just one type of staphylococcus bacteria. MRSA is often resistant to antibiotics especially methicillin. About 25-30% of people are colonized with different types of staphylococcus bacteria but only about 1% are colonized with MRSA. Colonization means the bacteria live on the body but are not causing the person illness.

What are the symptoms of MRSA?

Staph infections of the skin, including MRSA, look like a boil or pimple. A MRSA infection can look like a bug or spider bite at first and then develop into a boil. Sores are often red, painful, swollen, or have pus or other drainage. Some people may have fever* and chills as well. While rare, more serious infections may occur, causing pneumonia, bloodstream infections, or surgical wound infections.

How is MRSA spread?

MRSA is most commonly transmitted by direct skin-to-skin contact or by sharing items or surfaces (e.g., towels, bedding) that were contaminated by the bacteria. The bacteria can enter an opening in the skin, such as a cut or scratch, and cause an infection. The wound drainage and pus from a MRSA infection are very infectious and should always be kept covered with clean and dry bandages.

Who is at risk for MRSA?

Staph infections, including MRSA, most commonly occur among individuals with weakened immune systems who are in group settings such as nursing homes or hospitals. MRSA can also occur in the community among individuals who are otherwise healthy.

How is MRSA diagnosed and treated?

If your child has a small wound that becomes larger and is not healing, take your child to see the doctor. The doctor will review symptoms and may swab the site and send it to a laboratory for testing. If necessary, an effective antibiotic will be chosen and prescribed by the health care provider.

* Fever is defined as: temperature of 101°F (38.3°C) or higher.

Child Care Health Program

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Adapted from the Snohomish Health District

How is the spread of MRSA reduced?

- Make sure that both children and adults follow good handwashing practices using warm water and soap.
- Keep all scrapes or cuts clean, dry, and covered with a bandage. Avoid contact with other people's wounds or bandages.
- Avoid sharing personal items, such as towels, clothing, etc.
- Clean and sanitize surfaces often. Use a sanitizer on tabletops, counters, and toys. Use a disinfectant on diapering surfaces, bathrooms, and surfaces that came in contact with an open or draining wound.

Exclude from group settings?

Children with MRSA generally do not need to be excluded from child care provided that:

1. the infected area can be kept covered so the drainage is contained,
2. they are fever free without the use of a fever-reducing medicine,
3. they are well enough to participate in regular activities and do not have any other symptoms that would require exclusion, such as fever with behavior change, and
4. they are being treated by a health care provider.

Reference:

American Academy of Pediatrics

- Managing Infectious Diseases in Child Care and Schools, 5th Edition. Pages 165-166

Centers for Disease Control & Prevention

- Methicillin-resistant Staphylococcus aureus (MRSA) website

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