
MRSA

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS

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FREQUENTLY ASKED QUESTIONS

What is *Staphylococcus aureus*?

Staphylococcus aureus, otherwise known as “Staph.,” is a very common type of bacteria (or germ). Up to half of all people carry Staph on their skin and in other areas of the body. In most of these people, Staph lives harmlessly on the body. But Staph sometimes does cause actual infections. Most of these Staph infections are minor skin infections. Less commonly, Staph may go inside the body and cause more serious infections.

What are MRSA, community-associated MRSA, and healthcare-associated MRSA?

In the 1960s some Staph gained resistance to an antibiotic — a type of medicine used to treat infections — called methicillin. “Resistance” means that an antibiotic no longer works against the bacteria. Resistant Staph are now called methicillin-resistant staphylococcus aureus, or “MRSA” (pronounced MER-SAH). As with ordinary Staph, some people carry MRSA on their skin without developing infections. Also, MRSA may also cause the same kinds of infection as ordinary Staph does. The main difference is that MRSA should be treated with different kinds of antibiotics than ordinary Staph. Until the late 1990’s, MRSA infections were mostly seen in people who had been in hospitals and other healthcare settings. That type of MRSA is called healthcare or hospital-associated-MRSA, or HA-MRSA. HA-MRSA is still an important problem. It is difficult to treat, often affects people who are ill with other diseases, and usually causes more serious infections.

Recently there have been more MRSA infections outside of hospitals or other healthcare settings. The type of MRSA that causes those infections is called community-associated MRSA, or CA-MRSA. CA-MRSA usually causes minor skin infections. But it can cause severe infections, even in healthy people. Plus, it must be treated with different antibiotics than ordinary Staph.

What’s new about MRSA recently?

Following a recently published study in a medical journal, the media have been focusing a lot on MRSA, particularly CA-MRSA. That study article reported about CA-MRSA in San Francisco. It found that MRSA infections were more common in gay men and other men who have sex with men in San Francisco. For this and other reasons, the article suggested that MRSA might be a sexually transmitted disease (STD). However, the study was not designed to answer the question of whether MRSA is in fact an STD.

How is MRSA spread?

Staph, including CA-MRSA, is primarily spread when someone’s skin comes in contact with the skin of someone who has Staph. That sort of skin-to-skin contact can happen when someone is playing sports, having sex, or doing other things.

Is MRSA a sexually transmitted disease (STD)?

Data do not exist to determine whether sex itself — anal, oral, or vaginal intercourse — spreads MRSA. But we do know that skin-to-skin contact, which occurs during sex, can spread MRSA.

Who is at risk of getting MRSA?

Everyone is at risk of getting MRSA. In general, the factors that make people more susceptible to MRSA infections are the 5 “Cs”:

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- Frequent skin-to-skin **contact**
 - **Compromised** skin (i.e., cuts or abrasions)
 - **Contaminated** items and surfaces
 - **Crowding**
 - Lack of **cleanliness**.

Are gay men or other men who have sex with men at higher risk of getting MRSA?

There is some evidence that gay men or other men who have sex with men are at higher risk of getting MRSA infections. The specific reason for this is not clearly understood. Data do not exist to answer the question of whether MRSA is transmitted through oral or anal sex. But we do know that skin-to-skin contact during sex, including oral or anal sex, can spread MRSA.

Are HIV-infected people at greater risk of getting MRSA?

There is some evidence that people with weakened immune systems, including those with HIV infection, might be at higher risk of getting MRSA. Plus, when people with weakened immune systems do get MRSA infections, the infections tend to be more serious.

What are the symptoms of a *S. aureus* or MRSA skin infection?

Signs of a skin infection include redness, warmth, swelling, and tenderness of the skin. Some people with MRSA might think they have a “spider bite.” People may develop boils, blisters, pustules or abscesses but for most people it does not cause serious problems. The infection can cause a fever and/or chills. People with fever and/or chills should see their health-care provider.

What should I do if I think I have an active MRSA infection?

If you notice any of the symptoms of a Staph infection, you should contact your health-care provider. You may need antibiotics or other treatment. Your healthcare provider will discuss treatment with you. Do not try to treat yourself. Whenever antibiotics are prescribed, take all of the medication even if you think the infection has gone away. This will help prevent the Staph germ from becoming more resistant to antibiotics.

How do I protect myself from getting and spreading MRSA?

- Practice good hygiene.
- Wash your hands frequently with soap and water. If soap is not available, use hand sanitizer instead.
- Keep wounds covered with clean, dry bandages.
- Do not share personal items such as towels, clothes, or anything else that makes contact with skin.
- Clean and disinfect items that are shared before and after every use (athletic/workout equipment) with disinfectant or detergent. A list of products approved by the Environmental Protection Agency that are effective against MRSA is available at http://epa.gov/oppad001/list_h_mrsa_vre.pdf. These products should be used only as directed.
- Use lotion to keep skin moist; damaged skin can provide an opening for infection.

Other useful websites and information:

- SFDPH Communicable Disease Control and Prevention Website: <http://www.sfdcp.org/index.cfm?id=100>
- SF City Clinic website: <http://dphwww.sfdph.org/sfcityclinic/providers/>
- Centers for Disease Control web site: www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html

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