

What are staphylococci?

Staphylococci are bacteria that are commonly found on people's skin or in the nose. Usually, staphylococci do not create infections in healthy people. They may sometimes cause skin infections, wound infections and, more rarely, pneumonia or blood infections. A staphylococcus infection can be treated with an antibiotic.

MULTIDRUG-RESISTANT BACTERIA

Source: Mesures de prévention et de contrôle des infections à *Staphylococcus aureus* résistant à la méthicilline (SARM) au Québec, CMCQ, (2006).

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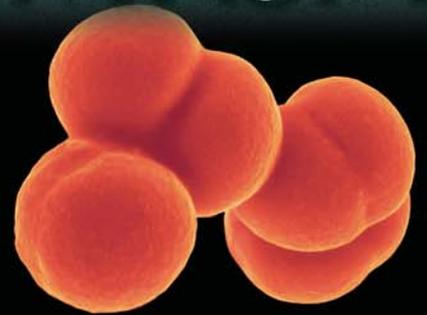
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INFORMATION ON METHICILLIN-RESISTANT
STAPHYLOCOCCUS AUREUS

FOR PATIENTS AND FAMILIES

MRSA



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What is MRSA (Methicillin-Resistant *Staphylococcus Aureus*)?

MRSA is a staphylococcus that has developed a resistance to several types of antibiotics, including methicillin. MRSA does not cause more infections than other staphylococci, but it may limit the choice of treatment (antibiotics).

How is MRSA detected?

Laboratory analyses of a specimen taken from a wound or nostrils indicate that the bacteria are present. Patients are said to be **carriers**, or **colonized**, when bacteria are present but there is no sign of infection. They are considered to be **infected** when there are signs of infection, for instance, when a wound discharges pus or is red at the edges.

How is MRSA transmitted?

MRSA is chiefly transmitted from a carrier patient to another patient through the contaminated hands of health care workers. Hence, the best protective strategy is handwashing by workers.

The risk that a carrier will transmit MRSA to family members – including pregnant women and children – is very slight.

How long does MRSA remain present in nostrils or in a wound?

MRSA may be present in nostrils or in a wound for several months or even years. Thus, people who have been colonized by MRSA may still be carriers when they are readmitted to the hospital.

What precautions will be taken when a MRSA-carrier patient goes to the hospital?

When a MRSA-carrier is admitted to a hospital or a residential and extended care centre (CHSLD), or when the patient goes to one of these facilities for a consultation, it is important to warn health care workers so that appropriate measures can be taken to limit transmission to other patients.

An MRSA-carrier may be given a single room with private toilet, and special precautions will be taken (workers will wear gloves, gowns). Also specimens will be taken from nostrils and wounds to determine if the person still carries the bacteria.

How can I prevent MRSA from spreading at home?

Regular handwashing by carriers and family members is the simplest and most effective way.

Bandages soiled with secretions must be thrown out in a closed plastic bag. No particular measures are required for dishes and utensils. Clothes belonging to a person who is an MRSA-colonized patient can be washed in the usual way with a standard commercial detergent in hot or warm water.

For healthy people, MRSA is no more dangerous than other bacteria normally found on the skin. If someone in the home is ill and has a weakened immune system, other measures may be necessary, and it is important to discuss this with a physician or nurse before the MRSA-carrier goes home.

What if MRSA-carrier is receiving home care?

Health care workers providing home care for patients with MRSA must take special precautions to avoid transmitting the bacteria to other patients. Gloves and gowns may be called for in some situations. These measures will no longer be necessary when lab test results indicate that the patient no longer carries the bacteria.

When should hands be washed in the presence of MRSA?

- Before and after providing care.

Remember that in general, you should also wash your hands:

- before preparing, handling, serving or eating food;
- after going to the bathroom;
- after blowing your nose, coughing or sneezing;
- after accidental contamination by blood or other biological liquids;
- when hands are visibly dirty.

For more information, call your CLSC's Info-Santé line or talk to your doctor.