What is MRSA?
MRSA stands for methicillin-resistant Staphylococcus aureus. MRSA is a type of staph that is difficult to treat due to its resistant to antibiotics called beta-lactams. Beta-lactam antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin.

How does MRSA affect people?
MRSA affects people in many different ways. People can carry it in the nose or on the skin without showing any illness. This is called colonization and these individuals are carriers of MRSA. MRSA can also infect tissues and cause symptoms, ranging from skin sores to deeper infections such as pneumonia; this is called infection.

Who is at risk for MRSA infections?
Anyone can get MRSA. The risk increases with activities or places that involve crowding, skin-to-skin contact, and shared equipment or supplies. Some of the people who carry MRSA can go on to get a MRSA infection. Non-intact skin, such as when there are abrasions or incisions, is often the site of an MRSA infection. Athletes, daycare and school students, military personnel in barracks, and those who receive inpatient medical care or have surgery or medical devices inserted in their body are at higher risk of MRSA infection.
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How is the MRSA spread?
The bacteria is spread from person to person by direct contact. This means if a person has MRSA on his skin (especially on the hands) and touches another individual, they may spread MRSA. A person may have MRSA on their hands as a result of being a carrier or from touching another person who is a carrier or infected with MRSA.

What is the most important measure to prevent the spread of MRSA?
Hand washing is the single most important measure to prevent the spread of MRSA. Soap and warm running water for 20 seconds should be used. Proper hand washing should be used after caring for sick people, after handling soiled bandages and clothing, and after wearing protective gloves.

Since MRSA can survive on some surfaces, like towels, razors, furniture, and athletic equipment for hours, days, or even weeks it is important to clean and disinfect contaminated surfaces to prevent spread.

Can a person with MRSA be denied admission to a nursing home?
There are no reasons to deny nursing home admission for a person colonized with MRSA. MRSA, along with other bacteria, may be present in any patient. A person with a
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MRSA infection can be placed in a nursing home provided the patient’s physician, family and the nursing home agree. If the colonized or infected person is transferred to another facility, the receiving facility should be told in advance.

**Does a person with MRSA have to be separated from healthy individuals?**
Living with a colonized patient presents little or no risk for members of the household who are not at high risk for MRSA infection. In a nursing home, a colonized patient can be placed with another colonized patient (if one has been identified) or with a patient who is not at high risk for MRSA infection. A person with MRSA infection, however, should be seen by a physician before being placed with other people in a household or nursing home setting.

**How is MRSA treated?**
Persons who are carrying MRSA but are not showing symptoms usually do not need to be treated. The antibiotic to treat persons with MRSA infections is vancomycin. The decision of whether to treat or not should be made by the patient’s physician.

**Are there MRSA guidelines available in Oklahoma?**
In 1990, the Oklahoma State MRSA Working Group (consisting of physicians and nurses) and the Oklahoma
State Department of Health wrote guidelines for the control of MRSA in Oklahoma. These guidelines can be obtained by calling the OSDH.

For further information, contact the Oklahoma City-County Health Department (405) 425-4437

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