Questions and Answers Regarding MRSA and Schools
VDH and DOE, November 5, 2007

1. Why is more attention being focused on MRSA now?
   MRSA and staph infections are not new. Community-associated MRSA (CA-MRSA) has been around since the 1980's. However, CA-MRSA has increased over the past several decades. Multiple factors, including the overuse of antibiotics, may have contributed to this trend.

   There has been growing awareness in communities regarding MRSA, especially regarding sports teams. However, it was coincidence that the Centers for Disease Control and Prevention (CDC) had completed and reported its study on MRSA at the time of increased media attention on MRSA in Virginia (October, 2007).

2. How is MRSA (or normal staph infections) spread?
   The main way that MRSA is spread is through direct skin-to-skin contact. Contact with contaminated surfaces, such as athletic equipment, mats, and shared personal items (e.g., towels) may contribute a small amount to the spread of MRSA.

   In very rare situations (e.g., pneumonia caused by MRSA), MRSA could be spread as airborne droplets into the environment. The risk of infection to others would be very low for infection, but the droplets could contaminate surfaces. This is really an issue for hospitals, since a student with pneumonia would generally be too sick to be attending school.

3. Can MRSA infect the respiratory tract?
   MRSA can infect the respiratory tract and could be spread through coughing. This is very rare outside of the hospital setting. People who have MRSA respiratory illness are quite sick with other symptoms that indicate illness, such as fever, and they often have a preceding/co-existing illness such as influenza. Organisms other than MRSA are much more likely to be the cause of respiratory illness with cough.

4. How long does MRSA live on surfaces?
   Although staph can live on surfaces for days to weeks, it doesn't mean that it will make a person sick. Staph has to get off the surface and onto someone's skin, where the organism may or may not survive due to the presence of competing organisms. Even if it survives on someone's skin, it may simply live on the skin and not cause an infection. In order to cause an infection there has to be a break in the integrity of the skin. Also, staph may readily be removed from surfaces; routine cleaning with most commonly-available disinfectants is effective against staph, including MRSA.

5. Is it possible to determine the source of individual MRSA infections?
   Infections with MRSA occur for a wide variety of reasons (e.g., small wounds, poor hygiene, inadequate wound care) and can occur long after exposure to the source. Therefore, the source of an individual case usually cannot be determined.

   If a cluster of cases occurs within a defined group of persons who have a common exposure, such as a group activity, it may be safe to speculate that the source of the cluster is associated with the group activity. These clusters usually occur among groups who have a lot of skin to skin contact, have breaks in the skin, and have poor hygiene.

6. What constitutes a cluster?
   If you observe a number of cases with a common association, such as a single classroom or activity, or numbers that cause you concern, seek the advice of the local health department.

7. Is a carrier contagious?
   Yes. About 1% of the population carries MRSA on the skin – they are considered to be 'colonized' with MRSA and are generally asymptomatic. People who are exposed to the organism from a carrier generally do not get sick from it, or develop only mild illnesses (similar to normal staph infections). However, if a minor infection is not cared for, or if there are other factors (e.g., compromised immunity), then the infection may become more serious. Hand washing and proper wound care are the primary methods of decreasing the spread of disease.

8. If a student comes to the clinic with a potential infection (e.g., boil, pustule, folliculitis, abscess) can the school make the student see a physician?
   No, unless specified by written school policy. The appropriate response would be to cover the area and refer the student to a physician. If care is not received, make sure that the wound is covered while at school. Document all attempts to contact the parents. Follow current school policies for referring children with unattended medical needs. Many skin infections are caused by organisms other than MRSA.

9. What follow up should occur for MRSA infections?
   Follow up care would be between the health care provider and the patient.

10. Should schools recommend that cultures be taken?
    School personnel should recommend that the student seek medical care if a wound does not appear to be healing properly. It is the healthcare provider's decision whether or not to culture a wound. MRSA can be confirmed only by culture.

11. Do students need to be excluded from school if diagnosed with MRSA?
    No. Persons colonized with MRSA, i.e., the staph is living on the skin but not causing any problem, do not need to be excluded. If a student has a wound (whether or not it is known to be MRSA) it should be covered with a bandage and

taped on all four sides to contain any drainage. If the wound is severe enough that the bandage does not contain the drainage, then consideration should be given to exclusion until the drainage can be contained.

In some cases, athletes may need to be prohibited from participating in contact sports if wounds cannot be adequately covered.

12. Should school personnel require students with staph skin infections to be on antibiotics before they return to school?

    No. Not all skin infections need to be treated with antibiotics – most localized skin infections respond well to simple incision and drainage of pus and good wound care.

13. What do schools need to report to the local health department?
    It is not necessary to report individual cases of suspected infections. However, schools should notify the local health department of any suspected clusters of concern. When reporting clusters of concern, you may share identifying information according to the *Regulations for Disease Reporting and Control*, 12VAC5-90-90-D.

14. Can information about a case of MRSA be shared or released?
    Individual cases of MRSA infection brought to the attention of the school do not generally require parental notification. Parents should be assured that if the health department or schools are concerned about a health event that poses a threat to students, parents will be informed in a general manner. Student confidentiality must be protected.

    Specific treatment plans do not have to be shared with school personnel. The plan of care is between the healthcare provider and the patient. A letter from the patient's doctor is not necessary, unless there are particular instructions that the school should know about (e.g., medication needs during the day, restricted activity, etc.).

    Parents may feel that they need to know about every case – but the prevention messages (hygiene, wound care, etc.) do not change when sporadic cases are identified. However, clusters of cases may signal a breakdown in infection control – interventions to reduce risk may then need to be communicated to parents and staff.

15. Is hand sanitizer sufficient to protect against MRSA?
    Washing with soap and running water is the preferred method for cleaning hands. However, when hands are not visibly soiled, alcohol-based hand sanitizer is a convenient and effective option to protect against the spread of MRSA.

16. Are there areas of the school that require special cleaning?
    Special cleaning should be focused on surfaces that potentially come in contact with wounds or infected skin, e.g. wrestling mats and trainer's exam table, and any other areas that are seen or expected to be soiled by human contact, e.g., locker room benches. Routine cleaning with EPA-registered cleaners, or a bleach solution of 1 part bleach to 9 parts water, is sufficient to kill staph (including MRSA). If using a bleach solution it must be freshly mixed on a daily basis.

17. What cleaning measures should be employed for cleaning buses?
    Routine cleaning is generally adequate. The key is to prevent contact of open wounds with surfaces or skin. Wounds should be properly covered. If exposure is noted, seats should be cleaned with the above mentioned cleaners. Individuals should minimize bare skin contact with seats.