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HEALTH CONNECTIONS



THE NEWSLETTER OF THE BUREAU OF HEALTH SERVICES • COUNSELING SERVICES UNIT • FDNY

MRSA SKIN INFECTIONS: Methicillin Resistant Staph Aureus

Spring has arrived with summer fast approaching. With these weather changes, we will have more exposed skin with more outdoor activities that can lead to cuts, bites, abrasions and changes in skin integrity. And we will see more MRSA infections.

MRSA stands for methicillin resistant staph aureus. This type of bacterial infection is seen at all times of the year but in the warm weather, we can expect to see it more often.

This bacteria is often the cause of severe skin infections. Although it was once associated with hospitalization, we now see community acquired MRSA infections with greater incidence each year. The MRSA infection was first noted in 1961 and its resistance to methicillin (an antibiotic) developed along with resistance to other antibiotics such as amoxicillin.

This bacteria is found worldwide and can be passed from objects to persons and person to person, usually through breaks in the skin or open wounds.

MRSA may look like a spider bite.

It can look like a red pustule or boil. Redness and streaking around a cut may be a sign that this wound is getting infected.

Infections can be diagnosed by doing a culture on the discharge from the wound / infected site.

HOW IS MRSA TREATED?

CDC (Centers for Disease Control and Prevention) advises that the first line treatment for mild abscesses is incision and drainage.

If antibiotics are needed, the selection of medicine should be done presuming that there is MRSA contamination while awaiting the culture results. Once the culture results are obtained, the physician can be guided by the sensitivities to continue the antibiotic or change the antibiotic to the more appropriate choice.

Currently there are several choices that this bacteria usually does respond to including Bactrim (sulfur), tetracycline and clindamycin. Sometimes intravenous antibiotics must be utilized for more severe infections.

If you are given medicine, you should finish it. Many times failure to

complete a course of prescribed medicine can lead to bacterial resistance with later flare up of this infection that was not completely resolved.

IF I HAVE MRSA, WHAT SHOULD MY FAMILY DO?

Again CDC provides guidelines to help minimize the spread of this infection within the household.

Caregivers should wash their hands with soap and water after physical contact with the infected or colonized person and before leaving the home.

Disposable towels should be used and thrown away after use. If using cloth towels do not share and wash after each use.

If there is contact with infected body fluids, use disposable gloves and wash hands well after removing the gloves.

Again, the wound should be covered. Gloves should be used to remove bandages and to clean the wound. These items should be immediately placed in the garbage for disposal.

Linens should be changed often. They must be changed immediately

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when soiling or fluids come in contact with their surface.

Surface areas should be kept clean. For surfaces that are not readily cleaned such as upholstery, keep an extra level of protection in place e.g. a sheet that can be cleaned easily. Use warm to hot water to clean with detergent.

Spread within households will be minimized using these recommendations.

HOW DO I PREVENT GETTING MRSA INFECTIONS?

Minimizing direct skin contact with others will help avoid MRSA infections. Minimizing direct skin contact with objects that are contaminated with MRSA is also helpful.

But that is not always possible. In many daily activities, such as shaking hands and sports e.g. wrestling, boxing, close skin to skin contact occurs. Studies suggest that 1 in 100 individuals are colonized for MRSA at a given time.

Washing your hands after every contact does reduce the bacterial count on your hands. Carry hand sanitizers with you as an extra precaution. Keep cuts and openings in the skin covered. The skin is an excellent barrier. Once the skin integrity is breached, there is an avenue for infections to enter the body. Keep a bandage over these areas to promote healing and protect the wound. This protects you and others.

In the gym, clean the surfaces before and after using machines. Wipe

down the surfaces using cleansers or bleach products that are approved. Attention to this detail has been shown to reduce infections in close quarters such as sports teams.

In common living areas, wipe down surfaces where people eat and congregate. When a surface area cannot be easily cleaned (upholstery) cover over these surfaces with sheets, and change them daily or each tour.

Attention to hygiene remains important. For showering, each person should have their own soap, and towels. They should not be shared. Liquid hand soap can be utilized for a group. When washing dishes, the dishwasher remains the best way to clean dishes. Use a clean towel for each meal. Use disposable towels after washing hands. Wash your hands or use hand sanitizer after every run. Do not share sheets. Change sheets for every group change and use hot water with detergent to clean sheets.

WHAT WILL BHS DO IF I HAVE BEEN DIAGNOSED WITH MRSA?

Members with MRSA are seen at BHS to evaluate how the member is doing and how their infection is responding to treatment. Sometimes cultures are done here at BHS when a member first presents with a potential MRSA infection. Other times members will come in to be seen with their results as cultures have already been done in their own doctor offices or in an ER/Hospital setting. When a mem-

ber has been identified as having MRSA, their bunker gear will be sent to be deconned. Members will not be returned to full duty until their wound is healed and a nasal culture has been done to check that the member is not colonized for MRSA.

I JUST GOT TO WORK TODAY AND SOMEONE TOLD ME MY CO WORKER IS ON MEDICAL LEAVE WITH MRSA. WHAT SHOULD I DO?

The infected member's bunker gear should be sent to be deconned. All other activities should be centered on continuing the safety and health precautions that have been outlined. This means continuing with the daily practice of minimizing skin to skin contact, keeping cuts and openings covered, attention to hygiene and following the recommended practices each and everyday.

MRSA has been around for many years. We need to work on prevention, early intervention and control of this infection.

Stay safe and keep covered.

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