Fact Sheet

Methicillin Resistant *Staphylococcus aureus* (MRSA)
Information for Clinicians

General information

- Though once found almost exclusively in healthcare settings, strains of *Staphylococcus aureus* resistant to beta-lactam antibiotics (MRSA) are increasingly common as a cause of skin and soft tissue infections in patients who have no previous contact with healthcare. These strains are sometimes referred to as "community-associated MRSA".

Clinical Features

- MRSA infections often begin as skin or soft tissue lesions such as a boil or abscess and/or cellulitis.
- Patients frequently report a lesion that looks to them like a "spider bite."
- Other more severe manifestations such as bloodstream infections or pneumonia are less common.

Diagnosis

- Obtain material for culture from skin lesions such as swab of pus or drainage.
- Use microbiologic culture results to guide appropriate antibiotic selection.

Treatment

- **Mild (afebrile, looks healthy) to Moderate (febrile, appears ill) Skin Infections**
  - First-line treatment for mild abscesses is incision and drainage.
  - If antibiotic treatment is clinically indicated, it should be guided by the susceptibility profile of the organism.
    - If MRSA, avoid beta-lactam antibiotics (e.g., cephalexin).
    - Most MRSA in community settings have been susceptible to trimethoprim-sulfamethoxazole and doxycycline. Clindamycin is also an option, but some isolates that appear susceptible to clindamycin have inducible resistance. Clindamycin susceptibility should be confirmed with a "D-test".

- **Severe Infection (e.g., appears toxic, vital signs unstable, sepsis-syndrome)**
  - Intravenous therapy for MRSA is preferred in these cases. Vancomycin remains a first-line therapy for MRSA.
  - Final therapy based on results of culture and susceptibility testing.
  - Consult with infectious disease and critical care specialist.

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Infection Control Recommendations

- **Use standard precautions**
  - Perform hand hygiene (handwashing or using alcohol hand gel)
    - After touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn.
    - Between patients.
    - When moving from a contaminated body site to a clean site on the same patient.
  - Wear gloves when managing wounds/
  - Wear gown, and mask/eye protection or face shield for procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
  - Clean surfaces of exam rooms with commercial disinfectant or a 1:100 solution of diluted bleach (1 tablespoon bleach in 1 quart water).

Prevention Messages for Patients

- Keep wounds and lesions covered with clean, dry bandages.
- Wash hands or use alcohol hand gels after touching infected skin or bandages.
- Avoid sharing personal items (e.g., towels, washcloths, razors).
- Be on the lookout for similar infections in family members and/or close contacts.

For more information, visit www.bt.cdc.gov/disasters,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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