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DEPARTMENT OF HEALTH AND SENIOR SERVICES
AND
DEPARTMENT OF EDUCATION

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TO: Chief School Administrators
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SUBJECT: Methicillin-resistant *Staphylococcus aureus* (MRSA)

In light of recent concerns about methicillin-resistant *Staphylococcus aureus* infections (MRSA), the New Jersey Department of Education requested that school officials report all single cases of MRSA involving students and staff to their county superintendents in order to monitor how schools were responding. The Department of Education would like to thank all schools for their cooperation in this matter. Effective immediately, schools should no longer report cases of MRSA to the county office, however, suspected outbreaks (see below) must be reported to local public health officials. To promote a consistent understanding throughout the school community, the New Jersey Department of Health and Senior Services would like to take this opportunity to remind you about some key facts and reporting requirements regarding MRSA:

• **MRSA is not new.**
Methicillin-resistant *Staphylococcus aureus* infection, or MRSA, is not a new type of infection. MRSA cases have been identified in both hospitals and communities for decades. Although MRSA infections are more common in individuals who have a recent link to the healthcare system, MRSA infections have been increasing in the community in recent years.

• **MRSA is treatable.**
Up to 30% of the general population is colonized with *Staphylococcus aureus*, meaning

they can carry the bacteria on their skin or in the nose without being ill. Approximately 1% of the general population is colonized with the *Staphylococcus aureus* bacterium that is resistant to penicillin-related antibiotics (MRSA). Although MRSA infections do not respond to penicillin-related antibiotics, these infections can be treated with many other types of antibiotics. Often times, in the case of skin infections, antibiotics are not even needed if appropriate wound care (i.e., incision and drainage) is performed by a health care provider.

- **MRSA is rarely fatal.**

MRSA infections acquired in the community (meaning not associated with a recent hospitalization or surgery) usually appear as a skin or soft tissue infection, such as a pimple, boil or abscess (many people claim it looks like a spider bite). MRSA cases are rarely fatal; death occurs when an untreated wound becomes a more serious infection, such as a blood infection. Referral to a healthcare provider for prompt evaluation of suspicious skin lesions can prevent more severe infections.

- **MRSA is spread through direct contact.**

MRSA is primarily spread through direct person-to-person contact with draining lesions from an infected person. As such, keeping any wounds bandaged and covered and practicing prudent hygiene are important ways to prevent transmitting MRSA. MRSA can also be spread by touching objects that have been soiled with drainage from an infected wound, such as soiled bandages or contaminated athletic equipment, although this is less common than direct person-to-person spread. The risk of transmitting MRSA in the classroom is even smaller, where there is less physical contact with draining wounds and less frequent sharing of contaminated personal items.

- **Isolated cases of MRSA are not required to be reported to public health authorities.**

Doctors, schools, parents, faculty and employees are not required to report single or isolated cases of MRSA to public health authorities. MRSA is reportable only when a cluster or outbreak is suspected. The number of cases that may indicate a cluster or outbreak differs according to several factors, such as the length of time between confirmed cases, the number of people potentially exposed and the source of infection. As a general rule, if there are two or more non-household cases diagnosed within 14 days of each other, the local health department should be notified. After notification is made, the local health department will coordinate an investigation to determine if a cluster or outbreak might be occurring. The local health department can also provide education materials, infection control resources and environmental recommendations to assist with reinforcing MRSA prevention messages.

School staff who would like more information about MRSA and methods for preventing and controlling its spread are encouraged to contact their local health departments and review the many resources available through the following websites:

NJDHSS Antimicrobial Resistance Home Page, which has links to MRSA educational materials and resources for professionals, including a MRSA fact sheet, recommendations for preventing and controlling the spread of MRSA in schools, and the brochure, "Preventing Skin Infections in School and Athletic Settings"

http://www.state.nj.us/health/cd/mrsa/index.shtml

Centers for Disease Control and Prevention (CDC), "MRSA in Schools" feature
http://www.cdc.gov/Features/MRSAinSchools/

Tacoma-Pierce County (Washington) Health Department, MRSA Toolkit for Middle and High Schools
http://www.tpchd.org/page.php?id=364

Mecklenburg County (North Carolina) Health Department video, "Prevention of MRSA in the Athletic Setting"
http://www.charmeck.org/Departments/Health+Department/Top+News/MRSA.htm