

MRSA: Handling an Outbreak Effectively

Notes from the online roundtable session held Wednesday, March 5, 2008 at 2:00 p.m. EST. Presenters: Debbie Beck, RRT, MPA, Ed.D. and Gil Potter, M.D., MPH.

How should Student Health Services coordinate with the Athletics Department in handling an MRSA outbreak? Who handles educating the campus community?

- It has to be a collaborative effort. Do it in a non-threatening way – get everyone together at the table and make sure administrators are involved too.
- Education efforts can include putting up signs in relevant places around campus such as gyms – make sure they're colorful and make sure there are different messages on each of them that you can rotate periodically.

What specific germicidals do you recommend for gym/work-out facilities?

- Just make sure it's labeled as a bactericidal. There are a lot out there and most of them are good. See how much you want to spend and look for an EPA recommendation.

Is there a particular soap recommended for showering?

- There is dispute over whether or not antibacterial soap should be used; however, the "friction" factor and dilution are probably most important. Although not a formal endorsement, CDC has at least on one occasion recommended Dial soap.

How do you obtain good cultures if the wound is not draining and how can you encourage providers to culture rather than just treat the wound?

- If the non-draining wound isn't deep then you don't have a problem, but if you have a deep wound, do I&D before getting a culture.
- It can be difficult to get providers to culture – it takes time to get the results back and it costs money – but one way to do it is to set up certain criteria within your health center: if a student presents with ABC, then take a culture.
- You can also look at it as a QI process. It would make an outstanding quality improvement study.

What is the best practice for students disposing of dressings from MRSA wounds on campus?

- Rather than use biohazard bags, which tend to cause panic among other students and the cleaning staff that have to dispose of them, it's probably better to use a ziplock bag and double bag it, and the student should wash their hands thoroughly afterwards.

Can you discuss cleaning a dorm room after a diagnosis of MRSA?

- The question is, how invasive do you get? If the student is washing their towels and cleaning their sheets, not sharing items and generally observing good hygiene standards, should the RA get involved at all? The answer may be that if there's only one person in the room, that's sufficient, but if there's more than one person, there may need to be more structured cleaning. The confidentiality issues have to be balanced here with the safety of the community.

How long do you treat a MRSA lesion before allowing the student to return to contact sports such as wrestling? What preventative measures need to be taken besides keeping the lesion covered?

- Lesions must have dried before returning to contact sports. They absolutely must not still be draining, and they must be covered. The guide is the same for all lesions.
- Wrestling associations have standards that relate to this that you might want to consult as well.

Is there a number of cases that you would consider a cluster needing to be reported to the health department?

- A cluster is considered to be two or more cases with common factors. You have to look at whether the two cases have any association, whether the source of the infection could have been the same, before you decide it's a cluster. It's possible to have two isolated infections.

What should be done about students that have recurring MRSA infections despite following the recommendations?

- This depends on whether the recurrence consists of small skin lesions or a more aggressive type of infection. If it's the more minor of the two, I wouldn't necessarily recommend treating with antibiotics – I would probably suggest you refer them to a specialist.

For athletic teams that are affected by MRSA, are there prophylactic measures for those athletes that have had contact with the patient diagnosed with MRSA?

- No. Education is key though. Make sure they are following good hygiene practices, showering, not sharing equipment and so forth.

Going back to epidemiology, why are we seeing so much of this now?

- There are two factors. First, the increased use of antibiotics has led to more resistant bacteria, and second, people are more aware of MRSA so they're diagnosing it where previously they may just have treated the wound, not taken a culture and assumed it was a spider bite, for example.

Do you have advice on dealing with the public relations implications of a MRSA outbreak?

- Most importantly, don't try to hide it.
- Be upfront. Get a press release together saying that yes, we have got individuals with MRSA on campus. Make it clear that it's happening throughout the community and it's not just something that's happening in your university. Explain that you know about it, are dealing with it and are looking at infection control practices.
- Use your Web site to distribute information. This can be particularly useful to inform parents, who will inevitably find out about an outbreak from students and be concerned.
- Put an infection control brochure on your Web site (see example in materials) and distribute around campus.