

ORSA/MRSA/Staph Infections

ORSA stands for Oxacillin resistant staph aureus. MRSA stands for Methicillin resistant staph aureus. These names are interchangeable for the same bacteria. Oxacillin and Methicillin are penicillin drug names.

Where are ORSA/MRSA/Staph found?

These bacteria are found everywhere. They are on all surfaces. They can be found on your skin, or commonly in your nose. Roughly 25% of all people carry staph in their nose, mouth, genitals, and anal area.

What causes the infection?

Whenever you have a break in the skin, there is an increased chance that you can have an infection from one of these bacteria.

Who is more prone to infection?

Children in diapers, people who have contact with others who have frequent infections, persons who are frequently hospitalized, health care workers, and athletes.

Is ORSA/MRSA more serious than Staph?

NO. It is important to tell medical providers if you have a history of ORSA/MRSA because it may change your physician's preference of medication.

How to avoid infection:

- **Good hygiene!!**
 - Use bug spray to avoid bug bites (if you get a bug bite, refrain from scratching it. This can introduce more bacteria into the opening in the skin or make the opening larger).
 - Wear sunscreen if you are going to be out in the sun for a long period of time
 - FREQUENT hand washing
 - DO NOT share towels
 - Wear sandals in public showers (this is the main cause of athletes receiving MRSA)
 - Avoid those who have open or draining sores, and if you have an open/draining sore, cover it up.
- MRSA/ORSA/Staph CAN NOT be prevented. There are no vaccines to keep this infection from forming.

How do I know if I have an infection?

Staph infections can be as simple as a boil or an abscess or it can be a very serious infection. All infections are treatable with antibiotics. If the infection is serious enough it may require IV (intra-venous) antibiotics instead of by mouth. Signs and symptoms of infection would include: fever, swollen, tender, red, sore skin. There may or may not be an obvious break in the skin. It may start out by forming what seems like a small pimple, but grows to a large state rapidly.

How are these infections treated?

If the infection is caught early enough antibiotics may be all that is necessary. In a lot of cases the abscess/boil must be opened in order for the pus (infection) to drain out. This requires your physician to make a small incision in the skin to allow the pus to drain out, and to then wash the formerly pus filled pocket out. Often the physician will place an antibiotic covered “wick” into the opening to allow the wound to heal from the inside out and allow all pus that forms a way to drain out. After drainage of the abscess/boil your physician will then start you on an antibiotic.

Resources

<http://www.cincinnatichildrens.org/health/info/infections/diagnose/orsa.htm>

<http://www.webmd.com/skin-problems-and-treatments/staph-infection-cellulitis>

http://www.medicinenet.com/staph_infection/article.htm

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