MRSA
SURVIVORS NETWORK
WHAT IS MRSA

• MRSA is an acronym for methicillin-resistant staphylococcus aureus.

• An antibiotic resistant strain of staph bacteria that is found in healthcare facilities and now in the community.
MRSA Cells
How MRSA Started

• Overuse of antibiotics in hospitals due to continued lapses in infection control.

• More patients infected which lead to more antibiotic use which lead to staph mutating to resistant strain.
WHEN MRSA BEGAN

- MRSA discovered in 1960 in the UK by microbiologist Patricia Jevens.

- It was in hospitals and patients became colonized & infected. It spread to nursing homes, etc. and then into the community. Spread globally.
Now at Epidemic Levels

• MRSA has spread globally some countries with highest rates are: United States, Canada, Japan & Indonesia.

• Northern European countries controlled it; the Netherlands, Scandinavia.

• Increase in antibiotic use (humans & animals) plus global travel.
TYPES OF MRSA

- HA-MRSA  Healthcare-acquired
- CA-MRSA  Community-acquired
- LA-MRSA  Livestock-acquired
Healthcare-acquired MRSA
Community-acquired MRSA
Livestock-acquired MRSA
WHO IS AT RISK

• Every human is at risk

• Our pets  - cats and dogs

• Livestock – cows, pigs, chickens, other wildlife and zoo animals.
High Risk Patients

- Those previously in a healthcare facility
- Patients previously infected or colonized
- Dialysis patients and patients with immuno-suppression
- Surgical patients - especially implants
- Prisoners
- ICU - intensive care patients
Colonization vs Infection

- Colonized with MRSA – vast majority of people colonized with MRSA (in nares & on skin) are asymptomatic and will have no infection.

- But are carriers and can spread MRSA cells by sneezing, shedding, coughing. MRSA spread by contact.
MRSA Infection

- HA-MRSA – surgical site, catheter, central line, pneumonia (lungs), bloodstream (sepsis).

In U.S. 90% of all HA-MRSA infections are surgical site. MRSA sepsis – high mortality rate 30-50%.
Surgical Site Infection
HA-MRSA Symptoms

• Skin can be red, swollen with pus coming out of wound or portals. Patients may not have a fever. Some nausea.

• Invasive MRSA infections can travel fast & destroy tissue. Patient should seek immediate medical care.
Community-Acquired MRSA
CA-MRSA Infection

• CA-MRSA infections can present as a boil, red pimple, rash, lesion on the skin.

• Should be cultured and watch carefully

• and seek medical provider. Keep clean, dry and covered to healed.
TREATMENT

• HA-MRSA – serious cases – patients put on IV antibiotics, isolated and standard contact precautions used. May require additional surgeries.

• CA-MRSA – possibly oral antibiotics, keep clean & covered till healed.
HOW IS MRSA SPREAD

• In Healthcare Facilities – lapses in infection control

• MRSA is spread by contact by HCW’s who do not wash their hands, contaminated surfaces & equipment.
Spread in the Community

• MRSA can be anywhere – but found mostly in gyms, school fitness centers, school sports equipment, locker rooms, daycare centers &
• correctional facilities.
• Download ‘Living with MRSA’ brochure at www.MRSAsurvivors.org
How to Prevent an Infection

• HA-MRSA – for surgical patients, ask to be screened for MRSA (nasal swab) & wash skin with chlorhexidine before surgery
• Insist all HCW’s wash their hands before donning gloves
• Disinfect your room with wipes – frequently touched surfaces
• Prudent use of antibiotics
NASAL SWAB
HAND WASHING
DISINFECT SURFACES
Prevent an Infection

- Community – wash hands frequently with soap & water or alcohol-based sanitizer. After leaving gym or sports practice – shower & wash clothes in hot water & bleach. Don’t share personal items.
In Gyms
MRSA SURVIVORS NETWORK

• Global leader in the fight against MRSA. Giving support to patients & families, raising awareness, educating and initiated groundbreaking legislation.

• Founded in 2003 by Jeanine Thomas, a survivor of MRSA sepsis and complicating C. difficile.
MSN ADVOCACY

- First infection reporting law in the U.S.
- Over 35 states now have reporting laws.
- MRSA was not a reportable disease.
- First patient advocate in U.S.
LEGISLATION

• 2006 – Initiated the MRSA Screening & Reporting Act – universal screening.
• 2007 - Bill passed mandating all ICU and at risk patients be screened upon admission.
U.S. Senate Resolution


• Working on 3 federal bills & now Presidential Proclamation.
World MRSA Day

October 2
WORLD MRSA DAY

‘THE MRSA EPIDEMIC
A CALL TO ACTION’

2013 GLOBAL THEME
GLOBAL CAMPAIGNS

• International MRSA Testing Week – April 1-7
• Raising awareness of screening for MRSA & decontamination surfaces
• World MRSA Day- Oct. 2 & World MRSA Awareness Month-October
How to Get Involved

Meet with local legislators & health officials
Share personal stories of MRSA patients to them and the media to raise awareness.
Conduct hand hygiene seminars & webinars. Hold town hall meetings.
Promotional Material

• WHO – excellent hand hygiene slides.
• MSN – downloadable brochure & posters for awareness campaigns.
• Plan an Int’l MRSA Testing Week or World MRSA Day/Month event in your community.
• [www.MRSAsurvivors.org](http://www.MRSAsurvivors.org) &
• [www.worldMRSAday.org](http://www.worldMRSAday.org)
WHAT WE NEED

• All countries to report MRSA colonization and infection rates (just like HIV/AIDS).
• Rates publically reported on a designated website.
• True magnitude of MRSA epidemic will be known.
WORLD MRSA AWARENESS MONTH
THANK YOU

and please help us
raise awareness, help
prevent infections and
save lives.

www.MRSAsurvivors.org