



## COMMUNITY-ASSOCIATED METHICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (CA-MRSA) Sports Teams/Athletes

### What is *Staphylococcus aureus* (Staph)?

*Staphylococcus aureus*, often referred to as "Staph," are bacteria commonly carried on the skin or in the nose of healthy people. About 33% of the population is colonized (when bacteria are present, but not causing an infection) in the nose with Staph bacteria. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics. However, Staph bacteria also can cause serious infections such as surgical wound infections, bloodstream infections, and pneumonia.

### What is Methicillin Resistant *Staphylococcus aureus* (MRSA)?

Most Staph bacteria are susceptible to antibiotics and are termed methicillin susceptible *Staphylococcus aureus* (MSSA). Some Staph bacteria are resistant to several antibiotics and are therefore more difficult to treat. MRSA is a type of Staph that is resistant to antibiotics called beta-lactams. Beta-lactam antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin, and amoxicillin. While about 33% of the population is colonized with Staph, only approximately 2% is colonized with MRSA.

### Who gets Staph or MRSA infections?

Anyone can get MRSA. Most people get infected from direct skin-to-skin contact with someone with an infection. Indirect contact with contaminated items, including equipment and supplies, may also result in an infection. Those at higher risk for MRSA infection include athletes, daycare and school students, military personnel in barracks, and those who receive inpatient medical care or have surgery or medical devices inserted in their body.

### What is community-associated MRSA (CA-MRSA)?

Staph and MRSA can also cause illness in persons outside of hospitals and health care facilities. CA-MRSA infections are acquired by persons who have not been hospitalized nor had a medical procedure within the past year. Staph or MRSA infections in the community usually manifest as skin infections, such as pimples and boils, and occur in otherwise healthy people.

### What does a Staph or MRSA infection look like?

Staph bacteria, including MRSA, can cause skin infections that may look like a pimple or boil. These skin infections can be red, swollen, painful, or have pus or other drainage. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.



## **How can a school and their athletes prevent Staph or MRSA skin infections?**

Follow these prevention steps:

1. Keep hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer before, during, and after sporting events and activities. Always wash or sanitize hands after sneezing, blowing or touching the nose, and after using the toilet.
2. Keep cuts, scrapes, and wounds clean and covered with a bandage until healed. If a wound cannot be covered adequately, exclude players with potentially infectious skin lesions from practice or competitions until the lesions are healed or can be covered adequately.
3. Avoid contact with other people's wounds or bandages.
4. Avoid sharing personal items such as towels (even on the sidelines at a game or match), clothing, equipment, and other personal items.
5. Encourage good hygiene, including showering and washing with soap after all practices and competitions. Always dry with a clean dry towel.
6. Establish routine cleaning schedules for the athletic area and equipment at least once weekly. Use an EPA-approved commercial disinfectant (which contains phenol) or a fresh (mixed daily) solution of one part bleach to 100 parts water (1 tablespoon of bleach in one quart of water).
7. Wash towels, uniforms, scrimmage shirts, and any other laundry in hot water and ordinary detergent and dry on the hottest cycle. Also, inform parents of these precautions if laundry is sent home. Laundry must be in an impervious container or plastic bag for transporting home.
8. Train athletes and coaches in first aid for wounds and recognition of wounds that are potentially infected.
9. Encourage athletes to report skin lesions to coaches and encourage coaches to assess athletes regularly for skin lesions.

**The Division of Public Health (DPH) recommends that facilities introduce a policy in which participants must inform the athletic director and/or coaching staff if they have a rash illness or skin lesion. Participants should be excluded from contact activities until evaluated by a health care professional or until the lesion is clear and dry.**



## **What should coaching staff do if an athlete presents with a possible Staph or MRSA infection?**

1. Treat any draining wound as a potential MRSA infection.
2. Separate the infected athlete from direct physical contact with other participants. This includes practicing or training using any shared equipment.
3. The participant with an active infection must be evaluated by a health care professional.
4. Inform the physician or clinician of the possibility of MRSA.
5. Treat uncultured wounds as MRSA.

## **Health care provider management of an athlete with a possible Staph or MRSA infection:**

The health care provider should perform a culture and susceptibility test to determine what bacteria the athlete has and what antibiotic will be the most effective with the fewest side effects. Start the athlete on an antibiotic that is appropriate for MRSA at the same time the culture is taken.

If the physician or clinician determines that the athlete does not have a bacterial infection, he or she will not receive an antibiotic. Antibiotics are not effective for nonbacterial infections.

If an antibiotic is prescribed, the athlete must take all medication even after the infection seems to have healed. If a topical ointment is prescribed, it should be applied as directed. The athlete should follow all other directions as instructed by the health care provider. The health care provider must be informed if the athlete does not respond to treatment.

## **Resources**

Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/mrsa/community/index.html>

<https://www.cdc.gov/hai/organisms/staph.html>

<https://www.cdc.gov/mrsa/community/posters/index.html>

<https://www.cdc.gov/niosh/topics/mrsa/default.html>

**Office of Infectious Disease Epidemiology  
24/7 Emergency Contact Number: 1-888-295-5156**

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