



VANCOMYCIN-INTERMEDIATE *STAPHYLOCOCCUS AUREUS* (VISA) AND VANCOMYCIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (VRSA)

What are VISA and VRSA?

Staphylococcus aureus, often referred to as "Staph," is a common bacterium found on the skin 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. Most of the time, Staph does not cause any harm. These infections can look like pimples, boils, or other skin conditions, and most are able to be treated with antibiotics. Antibiotics are drugs used to treat infections caused by bacteria. Sometimes Staph bacteria can get into the bloodstream, causing serious infections (sepsis, bacteremia, osteomyelitis), surgical wound infections, and pneumonia. In the past, most serious Staph infections were treated with an antibiotic. Most Staph bacteria can be treated with an antibiotic known as vancomycin. Vancomycin intermediate *Staphylococcus aureus* (VISA) and Vancomycin-resistant *Staphylococcus aureus* (VRSA) are specific types of antibiotic resistant Staph.

Who can get VISA and VRSA?

People at risk for VISA and VRSA include those having underlying health conditions such as diabetes and kidney disease; previous infections with other drug-resistant organisms including Methicillin-Resistant *Staphylococcus Aureus* (MRSA); invasive procedures and devices including tubes going into their bodies such as catheters; recent hospitalizations; and recent exposure to Vancomycin and other antibiotics.

How are VISA and VRSA spread?

VISA and VRSA spread most often by direct person-to-person contact, including hands.

What are the symptoms of VISA and VRSA?

VISA and VRSA symptoms can vary in range, including:

- skin infection — pimples, boils, abscess
- bloodstream infection — osteomyelitis (bone infection), Endocarditis (heart valve infection)
- Sepsis (surgical wound)
- Pneumonia.

How soon do symptoms appear?

People who carry VISA and VRSA on their skin or in their nose may not have symptoms or get sick. However, there is no set incubation period for exposure-to-illness onset for people who become symptomatic.



Frequently Asked Questions

Should an infected person be excluded from work or school?

A person can attend work or school unless a health care provider tells them not to. However, they should not attend work or school if:

- There is wound drainage (“pus”) that cannot be covered and contained with a clean, dry bandage.
- They cannot maintain good personal hygiene.

Reinforce the need for hand hygiene by everyone as a part of general good health practice. Wash hands before eating, after touching potentially infected wounds or soiled bandages, and after using the bathroom.

If a teacher observes a child with open draining wounds or infections, take them to the school nurse. If a nurse is not available, call the child’s guardian and tell them to seek medical attention.

What is the treatment for VISA and VRSA?

All VISA and VRSA isolates have been susceptible to several Food and Drug Administration (FDA)-approved drugs as of October 2010.

What can a person or community do to prevent the spread of VISA and VRSA?

Health care personnel can reduce the spread of VISA and VRSA by following appropriate infection control practices such as wearing gloves before and after contact with infectious body substances and adhering to hand hygiene. Friends or family members visiting a hospitalized patient with VISA and VRSA should follow the hospital’s recommended precautions.

Outside of the health care setting, persons having close physical contact with someone infected with VRSA should wash their hands frequently with soap and water; and avoid contact with infected wounds, wound drainage, and contaminated materials such as bandages.

Resources

Centers for Disease Control and Prevention (CDC)

https://www.cdc.gov/hai/organisms/visa_vrsa/visa_vrsa.html

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