

MRSA (methicillin-resistant Staphylococcus aureus)

Staphylococcus aureus (commonly called Staph, or Staph aureus) is a type of bacteria (germ).

Staph is usually harmless and doesn't cause any problems, but it can sometimes cause skin infections. Even when the infection has gone it's very likely to come back again. Staph can enter the body through skin wounds and cuts.

An infection caused by Staph can normally be easily treated with antibiotics.



Methicillin-resistant Staphylococcus aureus (MRSA) is a type of Staph that has become resistant to some commonly used antibiotics.

An infection caused by MRSA is more difficult to treat because there are fewer antibiotic options. MRSA is part of a group of bacteria known as multi-drug-resistant organisms (MDRO).

Many people carry MRSA on their skin, usually without knowing it, and without any health effects. If you carry MRSA, you can sometimes get an MRSA infection. You usually get the infection in a wound. For example, a sore, cut, bite or scratch. You can also get an MRSA infection by touching a person with an MRSA infection or touching something that they've touched such as surfaces and equipment.

You're more prone to this infection if you're in hospital or a long-term care facility. This is because illness, surgery, medications and medical procedures weaken the body's defence mechanisms. MRSA infection can easily spread in a hospital.

Diagnosing MRSA

Unless you have symptoms of an infection, it's unlikely that you'll know if you carry MRSA on your skin. If you have symptoms of an infection, you should go to see your GP.

If you've been in hospital or a care setting such as a rest home recently, you may be screened for MRSA. Screening involves hospital staff asking you questions to find out how likely it is that you're carrying MRSA. They may also take swabs to test for MRSA.



Treating MRSA

There are several things you should do if you have an MRSA infection, or you know you carry MRSA.

- Follow the advice given by your doctor. This may include taking antibiotics if you have an infection. Your doctor may recommend trying to remove the MRSA from your skin. This is called decolonisation treatment. They might recommend this if you're due to go into hospital, for example. For information about decolonisation treatment, go to www.healthinfo.org.nz and search for "decolonisation".
- Cover all wounds, cuts, or sores with a plaster.
- Before any examination or medical procedure, tell your doctor or any other healthcare provider so they can take protective measures to reduce the spread of the bacteria.
- If you get an infection, tell your doctor or other healthcare provider that you've had an MRSA infection. This is important because you may need different antibiotics to treat the infection.

Avoiding the spread of MRSA

The best way to prevent the spread of MRSA is to practise good hand hygiene. This includes washing your hands with soap and water. This is especially important if you know you carry MRSA, or if you're in contact with people in a hospital or rest home. Alcohol-based hand rubs are an excellent alternative to hand washing. They're available in all hospital wards and departments. If you carry MRSA and need to go into hospital, you may be placed in isolation to reduce the risk of spreading MRSA. This means you may be in your own room and have your own toilet.

Hospital staff caring for you may wear gloves and gowns or aprons to prevent them carrying the bacteria to other patients.

You may be given antibacterial wash and ointment to use while in hospital, but you may not need to have antibiotic treatment.

Any visitors must wash their hands or use alcohol-based hand rub when they leave your room.

MRSA won't affect your treatment or stop you going home from hospital. You'll be discharged as soon as your general condition allows.

Long-term effects of MRSA

If in the future, your health changes or your doctor prescribes antibiotics for you, tell them that you've had an MRSA infection in the past. This is because changes to your health or antibiotic use can make the MRSA come back.

Written by Infection Prevention and Control Service, Canterbury DHB. Adapted by HealthInfo clinical advisers. Last reviewed May 2022.