



Methicillin-Resistant *Staphylococcus aureus*

MRSA is often most threatening in the healthcare setting where about 85 percent of the infections occur. This is because there is more opportunity for the infection to be invasively introduced during surgery, or to infect patients with already compromised immunity. As a cause of pneumonia, it is difficult to treat effectively. 19,000 deaths annually occur from MRSA infections. Another 94,000 infections occur (that are documented) each year with recovery. About 14% of these infections are in the “community at large,” or not specifically associated with a nosocomial (healthcare-facility originated) infection. Of the 20% “at large” infections, many are passed by hand-to-hand, general skin-to-skin or surface-to-skin contact in high-population areas such as schools, universities, dormitories, sororities and fraternities, high-population office buildings, correctional facilities, nursing facilities, day-care centers, auditoriums and other areas where many people use common areas. Laundry is another vector, particularly in assisted-living facilities and hospital settings. Shared towels and razors are vectors. Wrestling mats and other high-contact surfaces are also possible vectors.

People can carry MRSA pathogens, but not currently be infected. Open wounds and other “portals of entry” can bring the pathogens inside the body to create blood-stream and related internal infections. Deep wound infections are another MRSA threat.

MRSA is not a new disease. There are infections reported periodically in settings such as school districts, and they are reported nation-wide. Healthcare and nursing facilities fight this infection on a daily basis. Most of the deaths occur from healthcare-facility-related transmission, however as in the recent 17-year-old Virginia student death case, the infection was probably picked up in a school setting. The elderly and immuno-defense compromised individuals are most at risk. When the infection is introduced invasively, during surgery or ER room procedures for example, it can be extremely virulent and difficult to treat. The skin infection form may simply produce slow-healing pimples, pustules or boil-like areas. These sores need to be covered and non-draining through bandages for infected individuals to be considered non-contagious. The CDC says that students need not be excluded from school when their wounds are covered and are not draining through their bandages. Although local regulations should be consulted, the CDC advises with proper infection control procedures (which Pur-O-Zone can help with) schools not need to be closed. Good hygiene practice, elimination of vectors where possible (touch-free cleaning systems and automatically dispensed soap dispensers for example), and regularly treated common-use surfaces, results in prevention or reduction by breaking the cross-contamination cycle. Pur-O-Zone can assist you with a **Total Response Program** review.

