

October 31, 2007

<b>DIRECTIVE:</b> JOB CORPS INFORMATION NOTICE NO. 07-12
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**TO:**                    ALL JOB CORPS NATIONAL OFFICE STAFF  
                          ALL JOB CORPS REGIONAL OFFICE STAFF  
                          ALL JOB CORPS CENTER DIRECTORS  
                          ALL JOB CORPS CENTER OPERATORS  
                          ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS  
                          ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

**FROM:**               ESTHER R. JOHNSON, Ed.D.  
                          National Director  
                          Office of Job Corps

**SUBJECT:**            Methicillin-Resistant *Staphylococcus aureus* Infection

1.     Purpose. To inform Job Corps centers about methicillin-resistant *Staphylococcus aureus* (MRSA) infections and what can be done to prevent the spread of infection on center.

2.     Background. In recent weeks there have been numerous confirmed cases of MRSA infection among high school and college students. MRSA emerged in hospitals decades ago due to widespread use of antibiotics and ineffective hand hygiene practices by health care workers. MRSA began to appear outside of hospital settings in 1991 in places such as prisons, urban neighborhoods, dormitories, gyms, and locker rooms of professional sports teams. Following are questions frequently asked about *Staphylococcus aureus* and MRSA, and related information.

**What is a Staph skin infection?** *Staphylococcus aureus* (often abbreviated Staph) is a type of bacteria commonly found on the skin. Individuals who have Staph on the skin are said to be “colonized” with the bacteria. In most cases, Staph colonization does not cause any problems or causes minor skin infections such as cellulitis or boils. Occasionally it causes more serious infections, referred to as invasive infections, such as sepsis, pneumonia, or endocarditis.

Staph is a type of bacteria that can live harmlessly on skin surfaces around the nose, mouth, genitals, and anus. Healthy people can have Staph bacteria on their skin and not become ill. However, they can pass the bacteria to others through skin-to-skin contact. Infection occurs when the bacteria enters the body through a puncture or break in the skin. The infection starts out as small red bumps that look like spider bites, boils, or pimples. The affected area can quickly become deep, painful abscesses that require surgical draining. The bacteria often remains confined to the skin but it can also result in serious, sometimes life-threatening

infections in bones, joints, surgical wounds, the bloodstream, heart valves, and lungs. The infection is spread from person to person through skin-to-skin contact, as well as sharing of towels, clothing, or bed linen. Persons with active skin infections can also spread the infection through use of gym equipment, sports equipment, and uniforms.

**What is MRSA?** Methicillin-resistant *Staphylococcus aureus* (MRSA) is a strain of the bacteria that is resistant to methicillin and related antibiotics. MRSA infections do respond to other antibiotics but may take longer to treat. MRSA has increased as a cause of skin infections, and less frequently, invasive infections. In a recent study, 85% of invasive MRSA infection was associated with a health care setting. However, 14% occurred without obvious exposure to health care (i.e., community-acquired infection). Community rates of MRSA vary by geographic location.

**Who is at risk for MRSA?** In general, healthy people are at low risk of being infected with MRSA. Individual factors that can increase the risk of acquiring MRSA infection include recent hospitalization, serious illness, injecting drugs, recent antibiotic use, diabetes, and skin problems. The infection often begins with an injury to the skin that allows bacteria to enter. Initially, redness, warmth, and swelling occur. All medical staff should be able to identify these lesions. The lesion can look like a pimple, blister, or a spider bite. Pictures of these skin lesions can be found on the DermAtlas Web site, <http://www.dermatlas.org/derm/>.

**How can we prevent MRSA spread on campus?** Staph infections are spread through close, skin-to-skin contact with an infected person or through contact with shared clothing or objects used by an infected person. All students and staff should be reminded to practice good hygiene at all times, but especially if a MRSA outbreak is suspected on center. Educate students and staff:

- a. Do not share personal items, such as washcloths, towels, razors, or clothing.
- b. Wash hands regularly.
- c. Wash hands and shower as soon as possible after recreational activities.
- d. Avoid skin-to-skin contact with someone who has a skin infection.
- e. Make students aware of the importance of coming to the wellness center if they notice a skin lesion that does not heal.

3. **Resources.** For information about outbreaks of Staph infection, especially MRSA outbreaks in your area, contact your local health department. The following Web sites provide more detailed discussion about MRSA and Staph infection:

- a. Gorwitz, RJ, et al. Strategies for Clinical Management of MRSA in the Community: Summary of an Experts' Meeting Convened by the Centers for Disease Control and Prevention.  
[http://www.cdc.gov/ncidod/dhqp/pdf/ar/CAMRSA\\_ExpMtgStrategies.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/ar/CAMRSA_ExpMtgStrategies.pdf)

- b. Department of Health and Human Services, Centers for Disease Control and Prevention. [Healthcare-Associated Methicillin Resistant \*Staphylococcus aureus\* \(HA-MRSA\)](http://www.cdc.gov/ncidod/dhqp/ar_mrsa.html).  
[http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa.html)
- c. Department of Health and Human Services, Centers for Disease Control and Prevention. Community-Associated Methicillin Resistant *Staphylococcus aureus* (CA-MRSA).  
[http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_ca.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html)
- d. Klevens, R.M., et al. Invasive Methicillin-resistant *Staphylococcus aureus* infections in the United States. *JAMA* October 17, 2007; 298(15):1763-1771.  
<http://jama.ama-assn.org/>
- e. Mayo Clinic. MRSA infection.  
<http://www.mayoclinic.com/health/mrsa/DS00735>
- f. Texas Cooperative Extension, The Texas A&M University System. Health Hints, Antibiotic-Resistant “Staph” Infection in Our Communities: What is it? How do we prevent it?  
[http://fcs.tamu.edu/health/Health\\_Education\\_Rural\\_Outreach/Health\\_Hints/2006/october06/staph.php](http://fcs.tamu.edu/health/Health_Education_Rural_Outreach/Health_Hints/2006/october06/staph.php)

4. **Action.** **Job Corps centers** are strongly encouraged to take the following steps to prevent the onset of Staph infection, including MRSA, on center:

- a. Implement an aggressive hand hygiene campaign that includes education and demonstration of proper hand washing techniques, and encourages the use of hand sanitizers. This will also reduce the likelihood of transmission of respiratory infections such as influenza and gastrointestinal illness on center.
- b. Educate center students and staff about Staph infection, including signs and symptoms, when to seek medical attention, and how to prevent infection.
- c. Use hospital grade disinfectants to clean recreational equipment, exercise mats, and training areas that may have been in contact with students or staff with a case of MRSA or other Staph infection. Launder clothing, towels, and bed linen.
- d. Monitor students and staff who may have had contact with person(s) with confirmed cases of MRSA or other Staph infection.
- e. Report confirmed cases of MRSA to the local health department if required.

**Health and wellness staff** should do the following:

- a. Apply standard infection control precautions to all patients.

- b. If MRSA is suspected, culture the lesion, incise and drain the abscess if indicated, and begin treatment on center. Avoid beta-lactam antibiotics. Oral trimethoprim-sulfamethoxazole, doxycycline, or clindamycin can be considered.
- c. If the student presents with what is suspected to be a systemic infection, he or she should be sent to the emergency department.
- d. Students with localized MRSA skin infections do not need to be isolated or medically separated. They need to be instructed to keep wounds covered with a clean, dry bandage; wash hands frequently; not share personal items; and avoid skin-to-skin contact with others until the area is completely dry and healed.
- e. Close contacts should be asked about similar symptoms, and if a cluster of infections is identified, local public health authorities and the Regional health consultants should be contacted for assistance. MRSA is a reportable disease in some states.
- f. A Significant Incident Report should be completed.

Addressees are to ensure that this Information Notice is distributed to all appropriate staff.

5. Expiration Date. Until superseded.

6. Inquiries. Inquiries should be directed to Marsha Fitzhugh at (202) 693-3099 or [fitzhugh.marsha@dol.gov](mailto:fitzhugh.marsha@dol.gov), or Carol Abnathy at (202) 693-3283 or [abnathy.carol@dol.gov](mailto:abnathy.carol@dol.gov).