In an effort to educate the public about the potential risks of community-acquired methicillin-resistant staphylococcus infection (CA-MRSA), the National Athletic Trainers’ Association (NATA) has issued an official statement recommending all health care personnel and physically active adults and children take appropriate precautions if suspicious skin infections appear, and immediately contact their physician.

NATA represents 30,000 members of the athletic training profession through public education and research. Certified athletic trainers (ATCs) are allied health care professionals who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that occur to athletes and the physically active. They can be found in sports settings, performing arts, corporations, the military, schools, clinics and hospitals, physician offices, and other health care facilities.

According to the Centers for Disease Control and Prevention (CDC), Staphylococcus aureus, often referred to as “staph,” are bacteria carried on the skin or in the nose of 25 to 35 percent of healthy people. This is known as colonization. It occurs when the staph bacteria are present or in the body without causing illness. Infection occurs when the staph bacteria causes disease in the person.

In the past, most serious staph bacterial infections were treated with an antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics, including the commonly used penicillin related antibiotics. These resistant bacteria are called methicillin resistant staphylococcus or MRSA. According to the CDC, one percent of the population is colonized with MRSA.

MRSA infections usually develop in hospitalized patients. However, MRSA rates have increased recently in persons outside of health care facilities, affecting athletes and the physically active.

“Staph or MRSA infections develop from person-to-person contact, shared towels, soaps, improperly cleaned whirlpools and sports equipment,” says Ron Courson, ATC, PT, NREMT-I, CSCS, head athletic trainer at the University of Georgia in Athens, Ga. “Such infections usually appear first as pimples, pustules and boils. Some can be red, swollen, painful and/or have pus or other drainage. The pustules may be confused with insect bites in early states. The infections may also be associated with previous existing turf burns or abrasions. Without proper referral and care, more serious infections may cause pneumonia, bloodstream infections or surgical wound infections.” Courson believes maintaining good hygiene and avoiding contact with drainage from skin lesions are the best methods for preventing MRSA infections.
NATA’s official statement recommends the following precautions be taken:

1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
2. Encourage immediate showering following activity.
3. Avoid whirlpools or common tubs. Individuals with open wounds, scrapes or scratches can easily infect others in this environment.
4. Avoid sharing towels, razors, and daily athletic gear.
5. Properly wash athletic gear and towels after each use.
6. Maintain clean facilities and equipment.
7. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
8. Administer or seek proper first aid.
9. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
10. Care and cover skin lesions appropriately before participation.

For more CA-MRSA information, from the CDC, visit http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html.

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