What is Vancomycin-Resistant Staphylococcus Aureus (VRSA) disease?

*Staphylococcus aureus*, often referred to as “staph,” is a common bacterium that can be found on the skin, in the nose and in moist body areas. VRSA is a strain of *Staphylococcus aureus* that is resistant to the antibiotic called vancomycin. The acronym, VRSA, stands for vancomycin-resistant *Staphylococcus aureus*. VRSA can cause an illness from skin infections to severe invasive disease which can result in pneumonia and/or septicemia (bacteria gets in the blood) or even death.

Who is at risk for VRSA?

Most susceptible are persons with chronic health conditions and previous methicillin-resistant *Staphylococcus aureus* (MRSA) infections. In addition, people with open wounds, receive long term treatment and/or improper use of antibiotics, have invasive devices such as catheters or surgical drains, or have had prolonged or repeated hospital stays may also be at increased risk.

What are the symptoms of VRSA?

Symptoms can vary depending on the type of infection. If the VRSA is causing a skin infection, people may develop redness, swelling, drainage, etc. However, if the organism invades the bloodstream or lungs it can become very serious and even life threatening.

How is VRSA spread?

The main mode of transmission of VRSA is via hands. Transmission is also by direct contact with a person who has a draining skin lesion or wound. People can be carriers and infect others without having any symptoms themselves.

When and for how long is a person able to spread the disease?

A small percentage of people carry VRSA bacteria and don’t even know they have it. These people are called “carriers”, because they carry the bacteria around and usually never get sick. However, these VRSA carriers can transmit the bacteria to others who can then become infected.

How is a person diagnosed?

Diagnosis is made from a culture of a draining lesion, blood, or nasal swab or other screen.

What is the treatment?

VRSA can be treated with antibiotics, just not vancomycin. Skin infections should be washed with soap and water twice a day and covered with an antibiotic ointment and dressing, if they are draining.
Does past infection make a person immune?

No.

Should children or others be excluded from day care, school, work or other activities if they have VRSA

No. Infants, toddlers and school-age children should not be excluded unless the staff determines the child is unwilling or unable to participate in activities. They also should be excluded if the staff determines that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.

All others can attend work and other functions as long as they are well enough to do so. As always, good hand washing and covering any cutaneous wounds is recommended.

What can be done to prevent the spread of VRSA disease?

If you or someone in your household has VRSA, the following are some measures to prevent spreading it to others:

- Cover your wounds. Keep wounds covered with clean, dry bandages until healed. Follow your doctor’s instructions about proper care of the wound. Pus from infected wounds can contain MRSA so keeping the infection covered will help prevent the spread to others. Bandages and tape can be thrown away with the regular trash.
- Clean your hands often. You, your family, and others in close contact should wash their hands often with soap and water or use an alcohol-based hand rub, especially after changing the bandage or touching the infected wound.
- Do not share personal items. Personal items include towels, washcloths, razors, clothing, and uniforms.
- Wash used sheets, towels, and clothes with water and laundry detergent. Use a dryer to dry them completely.
- Wash clothes according to manufacturer’s instructions on the label.
- Be sure to tell any health-care providers that you have VRE so that they are aware of your infection.

Additional Information:

Additional information is available by calling the North Dakota Department of Health at 800.472.2180.

This disease is a reportable condition. As mandated by North Dakota law, any incidence of this disease shall be reported to the North Dakota Department of Health.

Resources: