

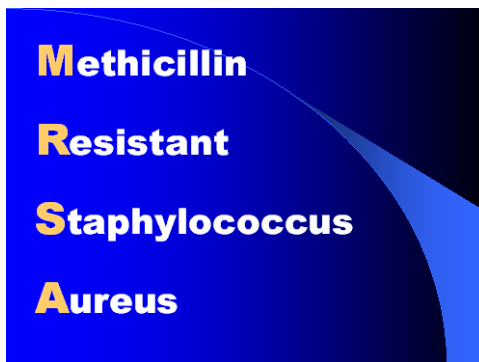
MRSA: Preventing Outbreaks in New Jersey Prisons **Transcript**

MRSA: Preventing Outbreaks in NJ's Prisons is brought to you through a collaborative effort between the NJ Department of Health and Senior Services, the NJ Department of Corrections, and Correctional Medical Services.

Narrative: Hello, I am Dr. Eddy Bresnitz, State Epidemiologist and Senior Assistant Commissioner for the NJ Department of Health and Senior Services. NJ's prisons, much like prisons across the country, have inmates living in close proximity to each other. With this type of living situation, it's no surprise that there are certain challenges to maintaining good health among the inmate population. Today you will hear about one health problem that is becoming a greater concern in U.S. prisons, an infection called Methicillin Resistant Staphylococcus Aureus, or MRSA for short. This video is designed to help you become aware of MRSA and to give you the information you need in order to prevent MRSA infections and outbreaks within the state's correctional facilities. Although this illness can be serious, it is important to know that it is preventable. You will hear information on what the disease is, how it is spread, what to do if you think you are infected, treatment, and practical tips on how you can protect yourself from infection.

SECTION ONE – What is MRSA?

What is MRSA? MRSA stands for Methicillin Resistant Staphylococcus Aureus.



MRSA is a type of bacteria called Staphylococcus aureus, or Staph aureus for short. These bacteria can cause a serious skin infection known as Methicillin resistant Staphylococcus aureus. You may have already heard of a similar condition called Staph infection.

Many people naturally have Staph aureus bacteria in their noses, or on their skin, and do not become sick from it. These people are called carriers. The problem begins when

these bacteria from carriers, or from a person with a MRSA infection, get into someone else's skin and cause a new infection. A person who is developing a MRSA infection may have a fever, and a wound with redness, pus, swelling or pain. MRSA infections can vary in severity from a minor skin infection to more serious complications such as a blood infection.

What makes MRSA such an important concern is that certain antibiotics commonly used to treat this infection, are no longer able to kill the bacteria. These bacteria have developed what is called "resistance" to these antibiotics.

SECTION TWO - How is MRSA Spread?

Although anyone can get an infection with MRSA, it is most commonly a problem in hospitals and other health care facilities. However, the presence of MRSA infections and outbreaks in correctional facilities is now a recognized problem.

Across the United States, there have been increasing numbers of prison inmates contracting MRSA skin infections. Outbreaks of MRSA in correctional facilities have been reported throughout the United States, not just New Jersey.

It is important to understand how the bacteria get from one person to another. There are various ways that MRSA is spread such as skin-to-skin contact, touching contaminated surfaces, sharing personal care items or clothing, and certain high-risk behaviors.

Lets talk about each of the ways MRSA is spread in greater detail.

People infected with MRSA skin infections can have some drainage from the wound. This drainage can get on the person's hands, personal items, clothing, or other surfaces and is then spread to others who touch these objects. Shaking hands, and close contact when playing sports such as basketball are examples of direct skin-to-skin contact. It is important to know that if you come in contact with someone who has a MRSA infection, the risk of you becoming infected is low as long as your skin is healthy and you do not have any cuts, scrapes, or other open wounds where the bacteria can enter. It is also difficult to get MRSA from an infected person who is receiving antibiotic treatment and keeps the wound covered with a bandage.

Touching contaminated surfaces is also a way to spread MRSA. Prisons typically have many shared community areas such as dayrooms, visit halls, dorms, showers and fitness rooms that can present opportunities for infection. People with unbandaged MRSA infections can spread the bacteria to the surfaces they touch such as shared gym equipment, furniture, toilets, and showers.

Another way MRSA can be spread is through sharing personal care items that touch the skin such as razors, towels, and soap. It is important that you do not share personal care

items. Clothing that is shared can also spread the infection if it is not properly laundered and it is important that you do not share clothing.

There are other activities that put people at higher risk of getting a MRSA infection such as homemade tattoos, homemade body piercing, and IV drug use because the needles and equipment used for these activities are shared and reused without being properly cleaned or sanitized. Additionally, these activities create openings in the skin which can allow bacterial to enter. Sexual activity is also considered a risk factor for MRSA infection because of the direct skin-to-skin contact that occurs.

Some people are at particularly high risk of getting MRSA infections. People that have serious health problems such as HIV, open wounds, burns, diabetes, skin disorders, or people receiving chemotherapy or radiation treatments for cancer should be especially cautious.

Let's summarize the ways that MRSA can be spread within the prison. Direct skin to skin contact with infected people, touching contaminated surfaces, sharing personal care items or clothing that have been used by an infected person, and engaging in certain high risk behaviors such as tattooing, piercing, and iv drug use are ways that MRSA can spread from person-to-person.

Summary Screen

REMEMBER – Ways MRSA is Spread:

- Skin-to-skin contact
- Contaminated surfaces
- Sharing personal care items or clothing
- High-risk behaviors

SECTION THREE – Inmate interview

Dr. Bresnitz: Today I am here with Michael who had a MRSA infection that was successfully treated.

Thank you for coming here today, Michael, we appreciate it.

Michael: You're welcome

DB: Tell me about when you first noticed you had some problem.

M: It started out like a bump, and I talked to my cellmate about it to be honest with you. I said it's kinda hard, and he was like man it's probably a pimple or something. And about a day or two, it grew. And from there, I asked him about it again and he was telling me it sounded like a boil or something. So from there I dropped a slip, and went down and found out...actually to be honest with you he was telling me how to treat it. He was saying it has to come to a head and once it comes to a head I would have to bust it. This is what I was doing and I was draining it myself.

DB – How long were you doing that before you sought medical attention?

M – Hmm, a day or two. I went down for medical attention because it started dripping. That was the only reason I went.

DB – I see. Where was it located?

M – On my buttocks.

DB – On your buttocks. So you had it for a couple of days?

M – Yes.

DB – You were trying to treat it on your own?

M – My cellmate told me he did it on his own. He was like, you don't have to go down for that...it's really nothing but a boil. But I didn't know that there was a disease behind the boil. And so I followed my own mind after that. And besides, I needed some wrappings because it drips.

DB – Was it painful?

M – Yes, very much so.

DB – did you feel like you had a fever or anything like that?

M – No, nothing other than the pain that was associated with the area that it was in. And I couldn't sit down, you know...

DB – It was painful to sit down?

M – Yes.

DB – How about sleeping?

M – Yes, that too.

DB – Did it disturb your sleep?

M – Yes. And also squeezing it...

DB – It's hard to do that on your backside...

M – Right, it was very painful, I used mirrors. And I let the CO (corrections officer) know, you know, and then once I went down to medical they addressed it right away. I had to go pick up KOPs which is a medication that you can keep on you. I mentioned it to the male nurse that was on and I was surprised he treated me right away. He told me to wait. And he would, uh, you know,

DB – And he saw you right away, he knew that this was a problem...

M – Right.

DB – So, what happened when you first went down to the infirmary?

M – That was when I first went down, right there, that particular day. They looked at it, they took a culture and they sent it to the lab. They called up the doctor who was not on premises at the time but they called him up and first they had gave me antibiotics for a skin disease, but it was the wrong one. Then they took it back and gave me something else to treat that particular problem.

DB – I see. How do you think you got this infection?

M – Well, I'm very athletic, I'm into sports, I lift a lot, I believe it had to do something with the benches not being sprayed down properly.

DB – You mean like with bench pressing...

M – Right.

DB – Lying down on your back...

M – Right, the equipment because that could be one way. I play basketball, there's a lot of contact with that. And the other way could be the institutional laundry because when you put your whites in, you're putting it in with the population.

DB – I see.

M – And the method that they use, the clothes sometimes come back dingy.

DB – I see.

M – And, you know, in here you can't wash your own laundry. You can, but you have nowhere to hang it because you're not allowed to have...

DB – Right.

M – You know, so you have to make do with the services that they have. I think that that could very well,,,

DB – Could have been a ...

M – Right.

DB – So the three possibilities were touching a contaminated surface...

M – Right.

DB – Through your sports...

M – Yes.

DB – Or perhaps the laundry that wasn't clean...

M – Right, right.

DB – did you come into contact with any other inmates who might have had an infection or, that they didn't tell you about?

M – On the unit that I am on, quite a few people have...

DB – They have had it...

M – Yes.

DB – I see. You knew before even then...

M – After...

DB – Oh, only after...

M – When I was telling people that I had it and they was telling me that's going around, quite a few people...

DB – I see...

M – In my situation I didn't put my laundry in once it got contaminated, I threw it out.

DB – Right, I see.

M – You know, some people might not do that, they might put theirs in anyway and it spreads that way.

DB – So, you hadn't really heard much about this kind of infection, a MRSA infection, prior to your actually having it diagnosed?

M – I really didn't know anything about the boils, I heard about it...

DB – Boils...

M – Right, right with Job in the Bible and I feel sorry for him if he had a lot of these from head to toe to be honest with you.

DB – Oh, yeah, sure. One of the plagues was boils..

M – Right, right.

DB – In those individuals it was boils all over peoples' bodies, not just on one area. You only had one boil.

M – Right, right.

DB – Although it can occur on any different part of the body...

M – Right, right. And it was very painful like I said. It's nothing that you want to go through.

DB – Did they cut it open at all?

M – No. I'm not even scarred.

DB – OK.

M – Thank God. I mean, once I got down there and they told me you know it was already at its head and dripping so all I had to do was wait for it to take its course and the antibiotics clear it right up. I don't even have a mark. I'm just hoping that the antibiotics did its job.

DB – Sure.

M – And from what I understand, it can reoccur.

DB – Well, it can but not necessarily in that location.

M – Right.

DB – And of course you could have gotten contaminated somewhere else as well.

M – Right that's what I'm trying to wait on and hope that it don't happen.

DB – Good. Question, you mentioned before that they did an initial test, they took some cultures, and they gave you something originally and then they called you back? Is that what happened?

M – Well, after they took (inaudible) they called me back to do this, that's how I found out.

DB – Oh, I see.

M – Alright, I found out, to be honest, yesterday. They told me that I had some disease and they wanted me to do an interview. And I'm like you go the wrong guy. I don't have any disease. I didn't know.

DB – That it was this particular infection...

M – Right, right and then they explained to me. And then after talking to you and reading the little handout, I became familiar with it.

DB – You mentioned that you received antibiotics. How long did you take those antibiotics?

M – Well they gave me a pack, 'til they were gone, it took maybe four or five days.

DB – Just four or five days?

M – Right. I was taking them three times a day, no four times a day, and at that rate, yeah.

DB – What other instructions did they give you in terms of caring for the boil?

M – To keep it wrapped, basically they gave me pads and everything to wrap it up with to change it with. They did an excellent job in treating me. I was really surprised.

DB – Right.

M – I'm gonna be honest with you because in here, you don't want, you know sometimes depending on what it is I guess. I guess they saw the need to deal with me right away and they did.

DB – Sure, right. And you said you took all the antibiotics and it began to clear up fairly quickly once you started the antibiotics?

M – Yes, it did.

DB – That’s great.

M – Yes.

DB – And you’ve had no problems since then?

M – No.

DB – Good.

M – I did go to the nurse today cause I have a little pimple down there and she looked at it and she said if it grows then come back just to make sure cause you know that’s the sensible thing to do. You know, maybe I’m a little paranoid, but so far so good..

DB – Were you given any instructions to prevent the development of other infections in the future?

M – Well, basically they gave me a handout on it and I read the handout. And I have a good idea, but to me it’s like trying to prevent the wind so to speak because if you can get it from a handshake, you know what I mean. All you can do is try to stay clean, you know what I mean, and take precaution, you know, wipe down the benches, you know what I mean, you’re playing basketball...don’t take your shirt off. Try to keep yourself covered at all times.

DB – right, right.

M – and the laundry, with that situation, handwashing is what the doctor told me in this situation here in an institution is the best wash. So you know I’m gonna try to do those things.

DB – That’s good. That’s great. And of course you’re probably going to talk to your buddies and make sure they do the same thing.

M – Of course.

DB – Alright, OK, great. Michael, do you have any questions for me or any other questions you would like to have answered?

M – Just one. I’m hoping the antibiotics treated me, alright most likely. But following the instructions I should have no problems or is there a chance that it may reoccur?

DB – If you took the antibiotics and you finished them as you said and maintained it and it healed up, you really shouldn’t have another infection in that location. But, certainly again, if you come into contact with other infected individuals or surfaces it is possible

you could develop another boil at some point in the future. And I think that emphasizes all the measures you outlined before that you need to take and others need to take to prevent that from happening.

M – OK.

DB – I want to thank you, Mike for coming back. It's really great that you could share your story with us.

SECTION FOUR – How is MRSA Treated?

If you are diagnosed with MRSA, you will be given an antibiotic medication. MRSA infections are more difficult to treat than regular staph infections, but usually treated successfully with proper skin care and antibiotics. It is very important that you take the medication **exactly** as instructed and finish all of the medicine even if it appears that the wound has healed.

Inmates who are considered to have a contagious MRSA infection will be housed in the infirmary until the wound is no longer contagious. Inmates who are no longer contagious will report to the infirmary daily to be examined by a health care professional and will receive their antibiotic medications from the nurse as prescribed.

In addition to medication, careful hygiene measures will be necessary until the infection is cured. Your infection site will be bandaged and you will be shown how to care for the wound and how to change the bandages safely. Make sure you keep the wound covered to prevent any pus from spreading to other people and other surfaces. It is a good practice to keep **all** wounds covered, even if they are not MRSA infections, in order to protect yourself and others.

It is important that you wash your hands very thoroughly after changing the bandages or touching the wound in order to prevent the infection from spreading to other parts of your body or to the people around you.

In the event that you are transferred to another correctional facility or hospital during your treatment, please report your treatment for MRSA to the new facility's medical services department. If your release date occurs while you are being treated for a MRSA

infection, the medical services department can assist you in making arrangements for continuing your treatment after your release.

It is important to realize that not every boil, pimple, or blemish is caused by MRSA. If you notice any **unusual** boils, wounds, or pimples, notify medical services immediately. Treating MRSA infections early can help prevent serious complications and prevent the infection from spreading to others.

Remember, MRSA is treatable, but it is up to you to seek medical care as soon as possible so that a proper diagnosis can be made and antibiotic medications can be started. Always take antibiotic medication exactly as prescribed, and keep your wound covered with clean bandages.

Summary Screen

REMEMBER – MRSA is Treatable:

- Rapid diagnosis
- Antibiotic medicines
- Take all medicine as instructed
- Bandages

SECTION FIVE – How can we prevent MRSA?

So, you may be wondering what you can do to protect yourself from MRSA.

One of the best ways to prevent MRSA is to wash your hands frequently throughout the day. Good hand washing will not only help protect you from MRSA, but will also help to protect you from other illnesses such as colds and flu. Wash your hands before and after using the bathroom, before and after meals, and whenever they are visibly dirty.

Many people do not wash their hands properly. Let's watch a demonstration of good hand washing. (Inmate hand washing demonstration) Using plenty of soap and warm water, get a good lather and then rub your hands vigorously for 20 seconds. 20 seconds is about the amount of time it takes to sing Happy Birthday. Remember to wash the fronts and backs of your hands as well as between your fingers and under your fingernails. Try not to use water that is too hot as this will cause your skin to become dry or cracked and increase your chances of infection. When you are done washing your hands, rinse with water and use a clean towel to dry your hands. Do not turn off the water until you have dried your hands. If you are using paper towels to dry your hands, after you are done drying, use the paper towel to turn off the water faucet so that you do not re-infect your hands by touching the dirty faucet handles. If you do not have paper towels, use your elbow to turn off the faucet.

Soap can be liquid or bar soap, however, if your facility uses bar soap, do not share it with others. You do not need any special soap in order to wash your hands properly. The friction from rubbing your hands together is the key to lifting germs off of your hands. The soap and water simply rinse the germs away.

Another way to help protect yourself from MRSA is by making it a point to shower after having close contact with others and after playing any contact sports. Once again, any type of soap is fine, just be sure to work up a lather and rinse well.

As mentioned earlier, personal care items that have contact with the skin can spread MRSA. It is recommended that inmates avoid sharing towels, clothing, and personal care items. Laundry including sheets, blankets, towels, and issued clothing should be washed regularly with a detergent using hot water, and then thoroughly dried in a hot dryer. Air drying of laundry should be avoided and laundry should be distributed only when thoroughly dry. Do not wash your own clothing by hand since this is not protective against MRSA infections.

Keeping your personal space clean can also help prevent the spread of MRSA. Proper sanitation in housing areas and recreational facilities is essential for preventing the spread of MRSA infections. Make sure that the sinks, toilets, and showers are clean. Inmate housing areas and bathroom facilities should be regularly cleaned and every effort should be taken to clean all washable surfaces in your living space.

Recreation equipment, such as weight benches, mats, and basketballs, should routinely be wiped clean after use with a clean dry towel. It is also helpful to place a towel on the equipment before use, or to cover bare skin with clean clothes while using exercise equipment.

Avoiding risky behaviors will also help prevent MRSA infections. As mentioned earlier, high risk behaviors such as homemade tattooing, homemade body piercing, and IV drug use are a problem because the needles and equipment used for these activities are not germ free and the needles create openings in the skin allowing bacteria to enter. Sexual activity is also considered a risk factor for MRSA infection due to the skin-to-skin contact that occurs and should be avoided.

Summary Screen

REMEMBER – You Can Prevent MRSA:

- Wash hands and shower frequently
- Do not share personal care items
- Keep clothes, towels, and bedding clean
- Keep housing, recreation, and bathroom areas clean
- Keep common areas and gyms clean
- Avoid high risk behaviors

SECTION SIX – Question and Answer Segment

The video you have just watched provided all the basic information about MRSA, how it is spread, how it is treated and most importantly, how you can protect yourself from this infection. During visits to some of the prisons in New Jersey, inmates had additional questions about MRSA.

Can MRSA be fatal?

In rare instances, if left untreated, MRSA infections can cause serious complications which can result in death. This is why it is extremely important to do your part in preventing MRSA infections and, if infected, take your medication as prescribed and keep infection sites well covered with bandages.

Can I pass it on to my children when they visit?

Proper hygiene before visits and making sure that an active MRSA infection site is well covered by bandages and clothing will help keep your visitors safe. Tell your visitors to wash their hands before they leave the facility.

If I get MRSA, will it delay my release or parole?

An active MRSA infection will not delay your release, but it is a good idea to contact medical services in order to ensure that your treatment continues once you are back in the community.

Can MRSA be spread through the prison air system?

The bacteria that cause MRSA infections are not airborne and cannot get into the ventilation system of the prison.

Can food service workers pass MRSA to others through our food?

Although uncommon, it is not impossible for MRSA to be spread through food preparation. Inmates who have responsibilities for food handling and preparation will be removed from their duties if they have active MRSA infections.

Can MRSA give me skin cancer?

There is no known link between MRSA infection and the development of skin cancer.

Is it safe to get my hair cut by the prison barber?

Yes, it is safe to get hair cuts from the barber. Combs and scissors are soaked in a disinfectant solution.

Why isn't everyone being tested for MRSA?

There currently is no screening test for MRSA infection. This is why it is very important that inmates report any suspicious wounds, cuts, boils, or pimples to medical services. Also, report any known exposure to a MRSA infected inmate.

Is this the flesh eating disease that I have heard about?

No, MRSA is not the flesh eating disease. But, if left untreated, MRSA can lead to serious skin damage and in severe cases can possibly enter the bloodstream and cause death.

We only get new sheets and clothes once a year. Is this a risk factor for MRSA?

No, it doesn't matter how often you receive new bed linens and clothing. The most important thing is to make sure that your bedding, towels and clothing are kept clean and that you do not share personal items with others.

The New Jersey Department of Health and Senior Services, the New Jersey Department of Corrections, and Correctional Medical Services thanks you for your attention to this video presentation. If at anytime you have any questions about MRSA or other health issues, please contact your health services department.