

From the Seattle-King County Health Care for the Homeless Network
December 2007

BUGS IN THE NEWS: Understanding & Preventing MRSA

Recent news stories about outbreaks of the skin infection MRSA in schools and other community settings have raised fears about this serious skin infection. Is MRSA a problem for programs working with homeless people? Yes, it certainly is, as some of you know from first-hand experience with MRSA in your programs. It is important that homeless-serving programs know the facts about MRSA and how to prevent the spread of MRSA in your organization.

What is MRSA? Methicillin-resistant Staphylococcus aureus or MRSA is a bacteria that is resistant to a specific group of antibiotics, the Methicillin family of antibiotics.



Wash your hands.

The bacteria is not resistant to all antibiotics. MRSA usually appears as a skin infection.

Common Symptoms MRSA infections are often mistaken for spider bites. They may begin with a break in the skin (such as a cut or injection) that becomes infected. MRSA can cause skin infections or sores that may look like a pimple, boil, or abscess. It can be red, swollen, painful, or have pus or drainage.

Who is at Risk? People with weakened immune systems may be most at risk for serious illness if they become infected with MRSA. Those who live in crowded settings, have long-term illness, are needle drug users, or have been in hospital within the past year are at greater risk for MRSA. (continued on page 2)

Norovirus Outbreak at a Local Shelter: How a Speedy Response Helped Contain the Spread of Disease

We've all been there. It starts with a bit of nausea, queasiness, that sense of impending doom. "Maybe its just heartburn," we think, or "Maybe that taco salad didn't agree with me." Finally, after holding off as long as we can, we speed off to the nearest restroom with racking vomiting and diarrhea. Often mistakenly called "the stomach flu," we have a cluster of symptoms known as "gastroenteritis."

On July 11, 2007 a resident of a local men's shelter began to have symptoms of gastroenteritis. He suffered in silence with nausea and vomiting. Within two days, 5 more residents were sick with the same symptoms. By July 26, 24 people had become sick. Two older men, who had underlying health problems that led to quick dehydration, required a trip to the ER for IV fluids. Most of the men had both diarrhea and vomiting, and most recovered within 72 hours. The probable diagnosis: Norovirus.

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Understanding & Preventing MRSA (continued)

What to do if you suspect someone has MRSA Most staph and MRSA infections are treatable with antibiotics. Anyone who thinks they have an infection or who has symptoms should see a medical provider. Not every pimple or boil is MRSA. If it is painful, spreading, or lasts more than a week be sure to see a doctor.

TIPS For Preventing MRSA. *This is a good opportunity to shore up what should be standard communicable disease prevention practices in your program:*

1. Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
2. Encourage clients and residents to keep cuts and scrapes clean and covered with a bandage until healed. Keep a supply of bandages on hand. It's okay to dispose of used bandages in the regular trash. (We always recommend that your trash cans be lined with plastic bags, and that staff use gloves when emptying the trash.)
3. Remind clients not to share personal items such as towels, razors, or clothing.
4. Make sure that you dry clothes and towels in a dryer on high heat. Don't overload the dryer.
5. For staff responsible for handling client laundry, equip them with aprons and gloves. Don't "hug" the laundry.
6. Staff and clients should see a health care provider if they have a skin infection.
7. Invite a Health Care for the Homeless Network public health nurse to come to your site to talk with your staff about ways you can reduce the risk of MRSA and other communicable diseases in your program. Call us at (206) 296-5091.

Check out Public Health's web site for fact sheets on MRSA!

<http://www.metrokc.gov/health/prevcont/mrsa-facts.htm>

MRSA Myth: *I heard this staph infection is resistant to antibiotics and so nothing will work against it!*

Response: Not true. This staph infection is resistant to *certain kinds* of antibiotics—those in the Methicillin family — but there ARE antibiotics that are effective against it. That's why it is so important to see a health care provider if you or your clients have a skin infection.

MRSA Myth: *Isn't this that "flesh-eating" disease we've been hearing about?*

Response. No. Don't confuse MRSA with "Necrotizing Fasciitis," which is a rapidly progressing skin and deep infection caused by one of several bacteria, the most common being Group A Streptococcus.

FREE POSTERS & BROCHURES

- Posters on hand washing
- Posters reminding clients not to share personal items
- Brochures and posters about both MRSA and spider bites

Contact Heather Barr: heather.barr@kingcounty.gov or (206) 263-8347 for assistance.

Recent Norovirus Outbreak (continued)

What is Norovirus? Norovirus is the name of a group of viruses that cause gastroenteritis outbreaks. Symptoms may include stomach cramps, watery diarrhea, vomiting, fever, chills, headache and muscle aches. These symptoms begin suddenly within 12-48 hours after exposure to the virus. Most people feel quite sick for several days, but the illness is seldom serious. Those who are more profoundly affected are the elderly, people who have concurrent chronic diseases and people who cannot maintain adequate hydration. These are the folks that may require hospitalization for IV fluid replacement. The only treatment for Norovirus is rest and re-hydration; there are no antibiotics that treat it.

How is Norovirus Spread? Norovirus is found in the feces and vomit of infected people. It is very contagious, and people can become infected by three routes: (1) Touching the ill person's hands, sharing their utensils, food or cigarettes; (2) touching surfaces contaminated with Norovirus, then touching hands to their mouth; and (3) eating food or drinking liquids contaminated with Norovirus. Norovirus can also spread through small droplets when an infected person vomits. As a germ, Norovirus is very effective at being spread. It can be shed for days even after the sick person is over the symptoms of the illness. For this reason, it is important to continue to practice good hand washing and hygiene even after the vomiting and diarrhea has stopped.

Homeless programs — with shared table tops, phones, sink faucets, door knobs, common rooms, and kitchens—offer a perfect setting for Norovirus to take hold. Without quick intervention, everyone at the shelter could become ill and could spread it beyond the shelter. In the recent outbreak, the agency implemented Public Health's recommendations to stop the spread.

- Immediately **educate** all staff and clients about the symptoms of Norovirus and how to avoid it. Spell out the importance of hand washing and toilet hygiene.
- **Forbid** anyone with vomiting or diarrhea from working in any food handling area.
- Instruct any symptomatic person to notify their case manager or supervisor. Assure that ill clients have access to **clear fluids** (one example is Gatorade) to avoid dehydration.
- Immediately ramp up all **janitorial efforts**: Begin hourly cleaning of common surfaces (door knobs, all bathroom surfaces, elevator buttons, and public phones). Pay special attention to common areas such as TV rooms, libraries, and computer rooms.
- **Bleach** is the recommended sanitizing agent, mixed in a 1/3 cup to a gallon of cool water ratio. (The ratio of bleach to water is usually 1 tablespoon to a gallon, but Norovirus is very hardy, and therefore requires a stronger concentration of bleach.)
- **Flush or discard any vomit and stool down the toilet.** Clean and disinfect the surrounding area as necessary. Place rags, towels, etc, used to clean up vomit or feces in a plastic bag and put it in the garbage.
- **Immediately remove and wash clothing or linens** contaminated with Norovirus after an episode of diarrhea or vomiting. Use hot water and soap to launder. In the outbreak, the shelter made sure that every symptomatic client had his personal laundry—towels, bedding and underwear — washed, bleached and dried in individual loads.

This outbreak was contained in a relatively short period of time, thanks to the cooperation and diligent efforts of the impacted agency. The staff, clients, and administrators involved all contributed to containing the outbreak swiftly and preventing its spread to the larger community.

Notify the Health Department Communicable Disease Section at (206) 296-4774 if you suspect an outbreak of Norovirus or an unusual number of people have diarrhea and or vomiting. For other technical assistance & training needs, contact Health Care for the Homeless Network at (206) 296-5091.

CHECK OUT OUR
BEST PRACTICE
HEALTH & SAFETY
GUIDELINES

At
[www.metrokc.gov/
health/hchn](http://www.metrokc.gov/health/hchn)

Click on
"Publications"



Cold and Flu Season is Here

FREE FLU SHOTS

December 9

First come, first served

Get a Flu Shot. This is the time of year for staff and clients of homeless programs to get vaccinated against the flu. On-site flu shots may be available in selected higher risk homeless sites. Otherwise, visit your health care provider, or a local community or public health clinic.

In addition, Public Health-Seattle & King County is offering **free flu shots** for children and adults on **Sunday, December 9** in two locations. 10:00 a.m. to 2:00 p.m.

- **Delridge Community Center** in West Seattle
4501 Delridge Way SW (Metro bus routes 120 & 125)
- **Renton Community Center** in Renton
1715 SE Maple Valley Highway (Metro bus routes 105 & 240)

For details and brochures in multiple languages, visit: <http://www.metrokc.gov/health/immunization/fluseason.htm>

Simple Questions at Intake Help You Stop the Spread of Disease

SIX QUESTIONS: Ask or Observe for . . .

1. Cough that won't quit?
2. Runny nose, sneezing, sore throat?
3. Weight loss, fevers, night sweats, chronic cough?
4. Any wounds, sores, abscesses?
5. Rash or itchy skin?
6. Diarrhea, vomiting, stomach cramps?



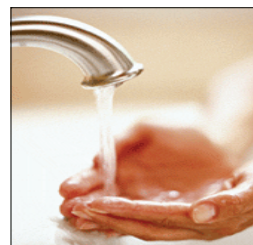
THEN DEVELOP PLAN OF ACTION . . .

1. *Cough:* show client how to cover cough, offer tissues, hand sanitizer, monitor
2. *Cold symptoms:* hand hygiene, tissues, offer fluids
3. *TB symptoms:* try to separate from others, offer mask, refer for evaluation (You can call Marcia Stone, Health Care for the Homeless TB Liaison at 206-263-8340 for help)
4. *Skin infection symptoms:* Offer clean bandages to cover wounds, monitor, refer to health care, educate, encourage frequent hand washing.
5. *Rash/itching:* inquire, refer to health care if needed, separate if needed
6. *Vomiting/diarrhea/food borne illness symptoms:* Location (can client be near restroom?), separate, hand sanitizer, no kitchen jobs, monitor, refer to health care

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www.metrokc.gov/health/hchn



Wash your hands again.