



CONSIDERATIONS FOR HANDLING MRSA CLAIMS

Methicillin Resistant Staphylococcus Aureus, or “MRSA”, are staph bacteria that have become resistant to certain antibiotics, including: penicillin, ampicillin, amoxicillin, methicillin and dicloxacillin. As of 1/1/09, claims made for MRSA infections by safety personnel and firefighters are presumed to be industrially caused. Because this is a rebuttable presumption, and it is expected there will be an increase in the number of these types of claims that are filed (whether or not the person actually has MRSA), a thorough investigation and accurate diagnosis are critical in these claims.

MRSA infections often appear as a mild skin or soft tissue infection that occurs without an obvious source. Those with MRSA often complain of an infected pimple, an insect or spider bite, or a sore. Many MRSA infections cause minor inflammation without pain and the infected person may not seek medical attention. Complicating factors include diabetes, HIV, chronic skin conditions, and post-surgical wounds. Even healthy people can develop serious MRSA infections such as cellulitis.

MRSA is transmitted through skin-to-skin contact or through contact with items contaminated by infected sites. MRSA may live in nasal passages and on skin without causing any problem. However, when MRSA enters the body through breaks in the skin it can cause infection, sometimes serious. MRSA is generally transmitted by contaminated hands. It can also be transmitted by sharing towels, personal hygiene items, athletic equipment, through close-contact sports and by sharing intravenous drug use equipment. MRSA pneumonia can be transmitted by coughing up infectious particles.

MRSA infections are diagnosed by routine bacterial cultures. The most diagnostically meaningful cultures are obtained from wound drainage. Wound surface cultures are of limited value in detecting a true infection. Blood cultures should also be obtained in certain situations.

Uncomplicated MRSA skin infections may resolve with warm soaks and compresses. More complicated MRSA infections may require hospitalization for antibiotic IV therapy or other types of treatment.

Delay and investigate all MRSA claims

- Obtain an immediate culture of the wound
- Investigation should attempt to identify potential sources of infection
 - Does the claimant have an active gym membership?
 - Is the claimant involved in any recreational sports activities?
 - Has the claimant had a recent infection? If so, can the cause be identified?
 - Was the claimant recently hospitalized?

- Does the claimant have a family member that had a recent infection or was recently hospitalized?
 - Does the claimant have a history of intravenous drug use?
 - Has the claimant been exposed to anyone with an infectious cough?
- Once the source is identified, confirm the source was accurately diagnosed with MRSA
- Obtain a complete medical history from the injured worker, including a history of hospitalizations, prior staph infections and prior skin infections
- Obtain copies of prior medical records
- Determine the need for a QME evaluation
 - If culture comes back positive and treatment recommendations are reasonable, AOE/COE QME may be unnecessary