Requirements

Requirements for attending a community facility should include:

- » Educating staff about the transmission routes of infectious agents, especially MRSA, and standard hygiene measures
- » Instructing the affected child on hand hygiene (washing hands before shared meals or before group activities with frequent hand contact). If coughing, they should keep their distance from other children and stay at home if suffering from an acute cold

Note: Medical findings may not be shared with third parties, such as parents of other children, without the permission of the parent or legal guardian.



References:

- » FAQ of the Euregio Network (https://mrsa-net.nl/de/)
- » Staphylococcal diseases, especially MRSA infections, RKI Guide for doctors on infectious diseases, (www.rki.de)
- » KRINKO Recommendation on the prevention and control of MRSA 6/2014 (www.rki.de)
- » Nassauer, A.: Are there concerns about the visit of merely colonized MRSA carriers in community child care facilities? RKI Epidemiological Bulletin 2011: 2: 9-13
- » Simon, A. et al.: Managing haMRSA-colonized children and adolescents in the outpatient care setting. HygMed 2011: 36-1/2
- "Jones, T. F.: Family outbreaks of invasive communityassociated methicillin-resistant Staphylococcus aureus infection. Clin Infect Dis. 2006 May 1: 42(9): 76-8 Courtesy of the MRSA Network Berlin























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Information for parents and caregivers of children with MRSA





General Information

What does MRSA stand for?

MRSA stands for Methicillin-Resistant Staphylococcus aureus. Staphylococci are bacteria that are found in many people's noses and on their skin. MRSA is resistant to certain antibiotics.

How do you get MRSA?

MRSA can be transmitted through direct contact between people, for example, during personal hygiene. MRSA can also be spread through indirect contact via objects and surfaces. Medical facilities are a common place of transmission for MRSA.

Is MRSA dangerous?

The simple detection of MRSA on the skin or in the nose (colonization) generally isn't dangerous in itself. Healthy individuals are often only temporarily colonized and have a negligible risk of developing an MRSA infection. However, under certain conditions, such as damaged skin or a weakened immune system, the pathogen can enter the body and cause an infection. This infection is then more difficult to treat due to its resistance to certain medications.

Therefore, MRSA transmission to people with specialrisks (e.g. skin diseases, implants, catheters or weakened immune systems) should be prevented. In addition to conventional MRSA, which is usually acquired in medical facilities, there is also the so-called "community-acquired MRSA," (CA-MRSA). This CA-MRSA is currently rare in Germany and usually causes skin and soft tissue infections and ican be transmitted more easily between children.

Does MRSA need to be treated?

Detecting MRSA does not mean that you are infected. Only an infection with MRSA requires treatment. To prevent the risk of MRSA transmission and possible infection, attempts are usually made to eliminate MRSA in MRSA carriers ("decolonization"). This involves, for example, disinfectant washing of the entire body, treatment with nasal ointment, and a complete daily change of laundry and bedding over five consecutive days. In some cases, decolonization can only be sustained for a limited period of time, which can, however, significantly reduce the risk of infection during surgery for example. Your physician decides whether decolonization is necessary and considered appropriate at the given time.

What should family and friends pay attention to?

Good standard hygiene practices protect against MRSA transmission in most cases. **These includes:**

- » Washing hands
- » Not sharing towels or hygiene products
- » Maintaining physical distance when suffering from a cold
- " Following "cough etiquette"

Are children colonized with MRSA allowed to attend a community facility (e.g. a daycare center)?

Preliminary Remarks

Given the frequency of colonization with Staphylococcus aureus in the general population (between 15 and 40%), it can be assumed that there are always people in community facilities who unknowingly carry resistant Staphylococcus aureuson their skin. Nevertheless, MRSA outbreaks are rarely reported in children's community facilities. A general ban on visits by a child who is known to be a carrier of MRSA is therefore not justified.

However, the following two interests must be considered:

- » Health protection of the caregivers, other children and their relatives (German Infection Protection Act)
- » The child's right to attend a community facility as an element of social participation and development promotion

Risk Analysis

The decision can only be made within the framework of a risk analysis by the treating physician or the responsible health authority together with the parties involved (parents, management of the community facility) taking into account the following individual aspects:

- » What type of MRSA is involved and how dangerous is the individual pathogen?
- » What type of facility is it (e.g. a daycare center within a medical facility)?
- » Does the facility care for children with weakened immune systems (for this a medical history may be required by the health authority – according to German Infection Protection Act)?
- » How does the child behave? Can they follow hygiene rules? Can they try not to share personal belongings?



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