

MRSA and Tacoma-Pierce County's Wound Care Kit

NASEC XVIII – May 3, 2008

I. Public Health perspective (Carol- TPCHD)

MRSA / “canary in the cage” as it brought attention to the issue of untreated skin and soft tissue infections among individuals who inject drugs in Pierce County.

a. Background – Tacoma-Pierce County Health Department (TPCHD)

- **2003-04.** First cases of individuals infected with a new, community-acquired, strain of “MRSA” (methicillin-resistant *Staphylococcus aureus*) identified in our area.
- **2004 (summer).** Two hospitals reported clusters of MRSA cases among injectors presenting to emergency departments.
- **2004 (August).** Health Dept. responded by conducting chart reviews of injectors seeking care in Pierce County emergency departments. Findings included:
 - Injectors experiencing homelessness and lack of insurance had even higher risk of having MRSA infections.
 - Persons with MRSA infections were 5.72 times more likely to be admitted to the hospital than persons with other infections (data controlled for chronic medical problems, $p=.071$)
- **2004 (late fall/winter)** Pierce County needle exchange sites assisted health dept to conduct two separate surveys.
 - Survey #1= Mobile van: During 3 week period, an average of 28% of participants each day had an abscess – and 45% of those abscesses were open, draining pus or fluid
 - Survey #2= TPCHD & mobile sites found 21% of participants had abscesses during period studied

b. Why was this identified as a significant public health problem?

- **Transmission -**
 - MRSA is transmitted mainly via skin to skin and skin to contaminated objects.
 - Injectors experiencing homelessness are particularly vulnerable due to frequent breaks in skin from injecting; crowded/unsanitary living conditions; poor hygiene; poor nutrition; sporadic use of antibiotics;
 - Injectors experiencing homelessness are highly mobile (increasing opportunities to transmit bacteria) & often wait a long time before seeking care (increasing time period they can transmit bacteria)
- **Limited Access to Health Care-**

- Limited financial means to pay for care/insurance
 - Difficulty keeping appointments
 - Distrust of medical system/health care providers
- c. **What were our public health goals/objectives/strategies?**
- **To reduce transmission** of MRSA from injectors to other injectors and non-injectors
 - Educate medical providers working with injectors on MRSA and importance of non-judgmental care
 - Surveys done with needle exchange participants to determine if/where they were experiencing care they felt they could trust (2005 & current)
 - Identify and address gaps in health care services to homeless, indigent injectors in need of Wound Care.
 - Developed programs/partnerships with local clinics serving individuals experiencing homelessness
 - Work with program staff interacting with current/former injectors to ensure staff are aware of community resources; risks/prevention techniques; and infection control policies/supplies in place
 - CDC grant-. Go to www.tpchd.org [enter MRSA under "SEARCH"] finalized 4/08
See "***MRSA Toolkit for Shelter Service Sites***"
** NOTE- Educational materials developed with the assistance of participants at shelter service and needle exchange sites
 - Educate injectors on transmission of MRSA
 - "***Preventing MRSA in Your Community-for people using shelter services***" DVD
 - **To reduce morbidity** from MRSA in the injector population -- reduce incidence of abscesses & achieve earlier diagnosis and treatment of abscesses.
 - TPCHD provided funding for additional Wound Clinic hours at local Health Care for the Homeless Clinic
 - Make referrals to safe, free/low-cost, walk-in medical care
 - ***Referral to Wound Clinic*** referral cards
 - Provide information about MRSA skin infections
 - "***Living with MRSA***" booklet
 - ***Skin Infection Alert*** poster
 - ***Defend Yourself against MRSA*** pamphlet
 - Provide education to injectors on safe injection practices; care & soaking of abscesses; identifying when medical care is crucial

- *Abscess Care and Prevention* pamphlet
- Provide injectors with wound care supplies and training on how to safely change dressings so that abscesses can be cared for and covered
 - *“How to Change a Bandage”* handout
 - **Wound kits**

II. Implementation of the Wound Kit Project

An ongoing collaboration between Tacoma-Pierce County Health Department (TPCHD) and Point Defiance AIDS Project (PDAP)

Kit development (Alisa- PDAP)

- Problem solving re: contents – what would be needed for those individuals with the least resources (homeless encampments). Collaboration of staff from TPCHD (technical assistance) and PDAP (real-life)
 - Remember large % of bandages will be changed by family or friend
- Determined need for two different types of kits / directions for use
 - Kit #1 = Coban wrap for covering abscesses on arms/legs
 - Kit #2 = 4 X 4's & tape for covering abscesses on abdomens/buttocks
 - ABD pads to reinforce heavily draining wounds
 - Kits also include items for:
 - Hand hygiene = gloves, hand sanitizer, towelettes,
 - Cleaning/caring for wound = Triple antibiotic ointment, alcohol prep pads, towelettes
 - Safe & appropriate disposal of used/contaminated supplies
- Getting costs lowered
- Contracting assembly of kits

Distribution @ needle exchange sites (Dave & Jan- PDAP / Crystal-TPCHD)

- Two different models:
 - PDAP mobile van
 - TPCHD main building
- Harm Reduction opportunities
 - Referrals
 - Providing educational materials
 - Other...
- Distribution Patterns
 - Seasons (i.e. need increases in summer months)
 - Numbers distributed (2 dressing changes /kit)
 - 2005 = 2,500 kits distributed
 - 2006 = 3,175 kits “
 - 2007 = 4,500 kits “

- Barriers/Concerns/Successes

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