Official Statement from the National Athletic Trainers’ Association  
on Community-Acquired MRSA Infections (CA-MRSA)

In an effort to educate the public about the potential risks of the emergence of community-acquired methicillin-resistant staphylococcus infection (CA-MRSA), the National Athletic Trainers’ Association (NATA) recommends that health care personnel and physically active participants take appropriate precautions with suspicious lesions and talk with a physician.

According to the Centers for Disease Control and Prevention (CDC), approximately 25% to 30% of the population is colonized in the nose with Staphylococcus aureus, often referred to as “staph” and approximately 1% of the population is colonized with MRSA.

Cases have developed from person-to-person contact, shared towels, soaps, improperly treated whirlpools, and equipment (mats, pads, surfaces, etc). Staph or CA-MRSA infections usually manifest as skin infections, such as pimples, pustules and boils, which present as red, swollen, painful, or have pus or other drainage. Without proper referral and care, more serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

Maintaining good hygiene and avoiding contact with drainage from skin lesions are the best methods for prevention.

Proper prevention and management recommendations may include, but are not limited to:

1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
2. Encourage immediate showering following activity.
3. Avoid whirlpools or common tubs with open wounds, scrapes or scratches.
4. Avoid sharing towels, razors, and daily athletic gear.
5. Properly wash athletic gear and towels after each use.
6. Maintain clean facilities and equipment.
7. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
8. Administer or seek proper first aid.
9. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
10. Care and cover skin lesions appropriately before participation.


National Athletic Trainers’ Association  
March 1, 2005