Table 1 Differences between CA-MRSA and HA-MRSA

HA-MRSA	DIFFERENCES	CA-MRSA
Various Staphylococcal cassette chromosome (most common—USA100, USA200)	Genetic traits	Panton Valentine gene, Staphylococcal Cassette chromosome IV (most common—USA300, USA400)
Blood stream Surgical site Site of implant	Area affected	Skin (appearing as "spider bite," pimple, boil, and/or red, swollen, painful area) Lungs
Immunocompromised Residency in long term care facilities Recent hospitalizations Dialysis patients Recent surgery	Who is affected	Young, otherwise healthy patients (most common) No recent hospitalizations Anyone
Skin-to-skin contact with someone who has a staph infection Contact with surfaces that have staph on them Compromised immune system Contaminated equipment Poor hand hygiene (healthcare workers not washing their hands or using alcohol-based hands sanitizer between patients)	How it is transmitted	Skin-to-skin contact with someone who has a staph infection Contact with surfaces that have staph on them Skin openings (cuts or scrapes) Crowded or close contact living conditions (correctional facilities, athletic teams, military recruits, urban regions) Poor hygiene
Surgical débridement, blood stream infections, pneumonia, surgical site infections require hospitalization (usually a number of antibiotics are administered) First-line antibiotics used include Vancomycin. Additional newer antimicrobial agents, Daptomycin, Linezolid and Tigecycline. Others used: Trimethoprim/ Sulfamethoxazole Gentamicin, or Rifampin for synergy Infectious disease specialist consult Educating the patient	Recommended treatment and management	Incision and drainage Patient may be prescribed antibiotics (not always required) Doxycylcline, Clindamycin and Bactrim often used Educating patient on hygiene and wound care Follow up plan with patient
Practicing good hand hygiene by washing your hands often or using alcohol-based sanitizer Adhering to infection control guidelines produced by CDC and Healthcare Infection Control and Prevention Advisory Committee(HICPAC) Educating staff and patient Careful use of antimicrobial agents Patient surveillance and post-op follow-up	Prevention	Practicing good hand hygiene by washing your hands often or using alcohol-based sanitizer Keeping open wounds, cuts, and scrapes dry and covered Not touching other people's cuts or bandages Not sharing personal items Patient education
Testing not required, but several tests available Skin or nasal swab Polymerase Chain Reaction (PCR) rapid testing Consider screening high-risk patients Clinical and Laboratory Standards Institute (CLSI) recommends the cefoxitin disk screen test, the latex agglutination test for PBP2a, or a plate containing 6 µg/ml of oxacillin in Mueller-Hinton agar supplemented with NaCl (4% w/v; 0.68 mol/L)	Screening and diagnosis	Testing not required, but several tests available Testing of wound drainage Colonization cultures of infected or exposed persons in the community setting are not recommended