

STAPH INFECTIONS

The most talked-about “super bug” is a subtype of the bacteria *Staphylococcus aureus* called MRSA (methicillin-resistant *Staphylococcus aureus*), a highly antibiotic resistant strain with the ability to produce toxins to weaken its host. This bacteria has killed more people this past year than the HIV virus, and estimates have reported that “staph infections” have cost hospitals alone 14.5 billion dollars in 2003. Aside from affecting skin, staph can also cause deeper tissue, bone, joint, heart valve, lung, and bloodstream infections which can be deadly in both ill and healthy people.

MRSA used to be mainly acquired from hospitals. In recent years, there has been an offshoot of hospital-associated MRSA called community-associated MRSA (ca-MRSA). Ca-MRSA, representing about 12% of MRSA infections, is often heartier due to rapid spread and adaptability, and may even have the ability to counter some of our bodies’ immune defenses.

Transmission is through direct skin to skin contact, sneezing, and touching objects already contaminated with the staph bacteria. 20-30% of the normal adult population has staph colonized in their noses, belly buttons and other body parts. This means that the bacteria are present without causing disease except in cases of skin breakdown or immune system compromise (such as with Diabetes, HIV, or Cancer/chemotherapy). Staph is more prevalent in situations of close contact as in daycares, adult homes, shelters, hospitals, military barracks, and certain sports. IV drug users and those with chronic indwelling catheters, recent surgical wounds or long hospitalizations have a higher incidence of staph infections, and of course, there are higher rates of spread within families.

What do staph infections look like on the skin? First, they can occur almost anywhere on the body. Patients often come to me with recurring “red hair bumps” or “pus-bumps” or deeper “boils” that either won’t go away or seemingly do resolve but then keep coming back. Other patients say that they have “spider bites” that do not itch but become filled w/ pus, hurt, become red and swollen. When asked, they often never actually see the “bugs” that bite them. Even if the rash did start off due to insect bites, that skin can get secondarily infected from scratching. If staph gets into deeper tissue, bones, lungs, heart, or the bloodstream, it can cause fevers, chills, body pain, tissue damage, and internal organ failure in the most severe form.

Treatment starts with first speaking with your healthcare provider. If Staph aureus is suspected, the provider should do a bacterial culture of the affected tissue and/or nose, lance and drain any abscess, and place the patient on antibiotics if the patient has symptoms such as pain, pus, fevers, or expansion of the infection. Systemic antibiotics should especially be given if the patient has other immune suppressing health issues as discussed above. If there is a high suspicion for MRSA, two appropriate antibiotics should be started at once and kept on it for the appropriate length of time. It is very important to take the full course of antibiotics that the doctor prescribes.

An ounce of soap is worth a pound of antibiotics. Hand washing, hand washing, and more hand washing is the key to prevent spread of staph. 30 seconds of plain soap and water or using the alcohol preparations until hands are dry are effective to eradicate the germs without causing resistance. Also, cover open wounds and do not share personal hygiene items. Avoid unnecessary antibiotic use (as when having viral illnesses), and if already on oral antibiotics, take them as instructed for the full time prescribed.

To find out more, go to the CDC website: www.cdc.gov. Please see your healthcare provider if you suspect you may have a staphylococcus infection.

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