



Your Health and Wellness: MRSA



About a year ago in the Urgent Care, we began noticing an increasing incidence of skin infections that didn't respond to the usual antibiotics that we use for this indication. After receiving culture results from some of the lesions, we realized that we were dealing with a bacteria that used to be isolated in hospitals among fairly sick people, but now was involving healthy people in our community. We did not realize the extent of the outbreak until several months ago when it hit the media and other parts of the country began reporting on all the cases. We now know that we have a new presentation of an old infection that we need to control—MRSA.

To date, we have seen probably between 50 and 100 cases, most of whom have done very well on the right antibiotic. CA-MRSA, or community associated methicillin resistant staphalococcus aureus, is a bacteria that can cause multiple infections, most prominently skin and soft tissue infection. It has been considered worrisome because it does not respond to the usual antibiotics in the penicillin and cephalosporin families that have been used for decades to treat skin infections. MRSA has been around for many years, but recently has changed its characteristics so that it can be passed from person to person on close contact, as with athletes involved with contact sports such as football and wrestling. Although it can occasionally cause serious and life threatening complications, most healthy individuals will respond to oral antibiotics.

There are certain risk factors that may increase susceptibility such as prior skin infection, competitive sports that involve close contact, cosmetic body shaving, physical contact with draining lesions or carriers of MRSA, or sharing equipment that has not been cleaned between users.

The appearance of the skin lesions usually includes a reddish rash with boils or pustules that are painful and can appear on any part of the body and are often on multiple sites. Treatment involves attempting to drain any areas that contain pus and sending cultures of the material to be analyzed by the laboratory. Antibiotics are usually chosen depending upon the presentation of the infection and the clinical probability of the rash being MRSA. Because culture results may take several days to process, close follow-up is mandatory to be certain that the infection is improving.

Occasionally, when the infection is severe or accompanied by chills, fever or associated with an elevated white blood cell county, intravenous antibiotics and sometimes hospitalization is necessary.



It is felt that many individuals, including health care workers, are colonized with MRSA. This means that they may harbor this bacteria on their bodies, especially in their nose, but have no sign of infection. These persons do not need to be treated unless their close contacts (family) continue to get unexplained infections.

Prevention is probably the key to controlling MRSA outbreaks. Individuals with an infection need to have wounds covered while they are healing, but do not need to be excluded from work or school. Keeping hands clean by washing them thoroughly with soap and water or alcohol-based sanitizers is essential. Wash towels, washcloths, uniforms and clothes with hot water and laundry detergent. Drying clothes in a hot dryer rather than air-drying them also helps kill bacteria.

We are still learning about this new presentation of this bacteria, but so far we have the upper hand. There still exists several antibiotics that work well with this infection and as long as no further resistance develops, the media stories of horrible outcomes with this infection do not reflect our experience.

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