



SERIOUS “STAPH” INFECTIONS IN THE COMMUNITY

Staphylococcus aureus is a common bacteria found naturally on the skin. It is a common cause of skin infections, but may also cause more serious infections like pneumonia. Since the introduction of antibiotics in the early 1900s, these infections have been effectively treated with a number of different agents. However, bacteria frequently adapt to prevent the antibiotic from working effectively. Therefore, newer antibiotics must be developed to effectively kill these bacteria. One of the most serious Staph types is one that is resistant to most common antibiotics. It is called methicillin-resistant *Staphylococcus aureus*, or MRSA for short. There are only a handful of antibiotics that can kill this bacteria. Until recently, MRSA was primarily found in hospital patients.

In 1999, however, the first case of MRSA in a patient outside of a hospital setting was described. This bacteria is called community-associated MRSA or CA-MRSA to differentiate it from the variety seen in hospitals. These MRSA infections occurred in people who had no exposure to hospitals or other institutional settings. Today, if someone in the community has a “Staph” skin infection, it is more likely than not CA-MRSA. Fortunately, CA-MRSA bacteria are killed by a larger number of antibiotics than the hospital variety. Some of the useful antibiotics are common, older, oral antibiotics that can be taken at home. These antibiotics include trimethoprim/sulfamethoxazole (Bactrim®), clindamycin (Cleocin®), doxycycline (Vibramycin®) and minocycline (Minocin®).

Interestingly, for the less severe skin infections caused by CA-MRSA (by far the most common infections caused by CA-MRSA), there is some question whether antibiotics are needed at all. Because this is a relatively new cause of infection, future studies will need to be conducted to truly

answer this question.

Although questions remain regarding antibiotics, there are a few things we know now. First, for less severe skin infections, draining an abscess is very important. Following this drainage, antibiotics are probably helpful to completely treat the infection and prevent it from coming back. Older, oral antibiotics are probably good enough in this situation, and antibiotics should be taken for 10 days. For more serious infections caused by CA-MRSA, including pneumonia, more powerful antibiotics given directly into the veins are needed. People will generally need to be hospitalized to receive these antibiotics, and treatment should last for 10-14 days.

Children and adolescents can also become infected with CA-MRSA. However, even less is known about treating children with these infections. Recommended antibiotics include those used in adults, though doxycycline and minocycline should be avoided in young children. Again, for more serious infections, antibiotics given directly into the vein are needed.

CA-MRSA infections are becoming more common and are frequently reported in the media. Although antibiotics to treat these infections are limited, they are still available and are effective therapy. If you have a skin infection that is not adequately treated with first-line antibiotics, consider asking your doctor whether this could be MRSA. If so, alternative antibiotics may be necessary.

The Centers for Disease Control (CDC) has a wealth of resources for people interested in infectious diseases. The CDC website (www.cdc.gov) has the most up to date information on CA-MRSA. To directly access the web page on CA-MRSA go to www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html.

For more information, ask your pharmacist!

This information provided by the Michigan Pharmacists Association and:

