

Community MRSA Infections

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Bottom Line at the Top: MRSA bacteria are bad. Try not to get infected or colonized, because getting rid of them is really tough.

The bad guys have come to town and are living among us. The “bad guys” are invisible, maybe sitting on your skin or in your nose right now. They are a type of bacteria, called MRSA, short for Multi-resistant Staphylococcus Aureus.

The bacterium Staphylococcus aureus causes horrible infections often requiring hospitalization and intravenous antibiotics. Thirty years ago, fifty percent of people with Staphylococcus blood infections died. We would slam the infected person with antibiotics to overcome those devastating odds.

All those antibiotics over the years induced the bacteria to develop antibiotic resistance. The resulting resistant bacterial strains, called MRSA, again cause life threatening infections. Thankfully, medical science has developed new antibiotics which effectively kill MRSA, but it might take two of them, given intravenously for a long time, to eradicate an infection.

MRSA resides on and in the top layers of skin and in the nose. Those who have MRSA on the skin but have no infection are called carriers. MRSA doesn't necessarily cause infection unless there is a break in the skin or some other portal of entry into unhealthy tissue. Whether or not it causes infection, it can move from one person to another by close skin-to-skin contact.

For most of its history MRSA was an infection of hospitalized and nursing home patients, because they were the ones getting antibiotics and being exposed to sick people. Or they acquired it from touching healthcare providers who picked it up from sick people.

All of those people eventually hug their loved ones or go home. They take their MRSA-colonized skin with them, passing the bacteria to close contacts. In this way MRSA has become a community acquired organism, rather than solely a denizen of healthcare facilities. It was just a matter of time.

Up to 30% of the U.S. population may have some type of Staphylococcus colonizing their skin, but estimates put colonization with MRSA at only 1%.

Most people's infections come from their own skin, after an insect bite, cut or other disruption of skin integrity. MRSA in non-hospitalized people most often presents as a boil, pimple, or abscess in an otherwise healthy person. The lesions are often red, swollen, and painful and may have pus or a discharge. They are commonly found in cuts and scrapes and in hairy areas of the body, such as the back of the neck, groin, buttocks, armpits, and the inner thigh. Sometimes Bactroban (mupirocin) ointment can clear the infection without oral antibiotics.

It might be nice to minimize the likelihood of our skin bacteria causing infection. Efforts to rid yourself of MRSA colonization usually work only transiently. But they are probably better than nothing. In addition to reducing the MRSA skin load, there is some data that this reduces severity of atopic dermatitis and recurrent skin abscesses.

If you are positive or have been exposed, swab your nose with mupirocin ointment twice a day for 5 days, to reduce nasal carriage. Bathe in a dilute bleach bath containing ½ cup of 6% bleach (like Chlorox), for 5-10 minutes twice a week. Or bathe with chlorhexidine (Hibiclens) soap. ¶