

## **MRSA: Should You Worry?**

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In the summer of 2007, the news was rife with reports of a “new superbug” infection: MRSA, or Methicillin Resistant Staphylococcus aureus. MRSA is a bacterium that typically causes skin infections consisting of one or a few large red skin sores. These sores are firm, tender and warm to the touch, and can occur on any area of the body. The center of the wound usually has a whitish “head”, like a pimple, which ruptures easily. Not to get too graphic about it, but once ruptured the sore spills out a thick whitish discharge.

When describing skin infections with this bacterium, the media unfortunately loves using words like “deadly” and “lethal” and “flesh-eating”. And they love printing these words in Big Bold Letters. Here’s a classic headline from that summer’s FoxNews.com:

### **Six States Report MRSA Infections, At Least Three Youths Have Died**

Medical offices and schools were saturated with calls from understandably worried parents and grandparents. Children were sent home from school for having bug bites. Parents were pulling their kids out of school to avoid “catching MRSA”.

### **Do Not Panic!**

Most states do not require MRSA infections to be reported. And what FoxNews didn’t tell you until paragraph six is that this bacterium is everywhere, and has been everywhere, for years. At least 100,000 children and adults get this infection every year, and death in children is very uncommon. In fact, during the week that FoxNews story came out, we saw 3 cases of MRSA in our own office. All three cases were treated outpatient with oral antibiotics, and all three resolved rapidly. At least three or four dozen of our own patients had MRSA infections that summer, many kids having it more than once, and none of them had anything worse than a few large sores that require oral antibiotics to clear up.

The article on FoxNews further stated: “The concern is due to the fact that MRSA doesn’t respond to penicillin and other antibiotics.” This makes it sound incurable! What the article should have said was: “MRSA doesn’t respond to penicillin and SOME other antibiotics.” Penicillin and its relatives are very old, very much over-used antibiotics. So it should surprise no one that these antibiotics are not useful for many infections these days. However, we can still treat MRSA with Septra or Rifampin by mouth, or Vancomycin by IV. And adults have even more choices, which are all perfectly effective for MRSA.

Now, I’m not saying MRSA isn’t a dangerous infection, because it is. It is rapidly growing, so if ignored, undiagnosed or untreated long enough, the skin infection can spread into deeper tissues or even get into the blood, causing a serious illness or even death. But what you, as parents, need to understand is that this “new superbug” is neither new, nor is it a superbug. It is a ubiquitous infection that we see every week during warmer months, and that our pediatrics office treats – successfully – every time we see it. The reason death from MRSA makes such big headlines is because death from MRSA is a very rare occurrence, especially in otherwise healthy kids.

So when you need medical advice, unplug yourself from this mass media hysteria. Listen to somebody who has actually had to treat this infection. If you have serious concerns, put down the remote, pick up the phone and give our office a call.

And remember: MRSA is not incurable. Even this “superbug” has its kryptonite.