Staph Infections

You can get them at the gym

his isn't the sexiest column I'll ever write, but the subject matter is extremely important. There is an endemic disease called MRSA (Methicillin-Resistant Staphylococcus Aureus) that previously only occurred in institutions such as hospitals. This strain of Staph infection was referred to as HA-MRSA (Healthcare-Associated MRSA) and was most commonly seen in patients whose health was compromised.

Otherwise healthy populations are now reporting MRSA Staph infections. Athletes, gym exercisers, team sport participants and people in institutions where the general population might not have access to adequate medical care are considered at risk. These newer types of infection are called CAMRSA (Community-Acquired MRSA). And as you will read below, the endemic is affecting the sexual minorities community.

CA-MRSAs began to emerge in otherwise healthy populations in the 1980s, but the beginning of penicillin resistance initially began just a few years after the introduction of penicillin in the 1940s. The medical community is now again prescribing the older, organically derived antibiotics such as Vancomycin in an effort to combat the superbacteria.

Staph bacteria are present on skin and are considered to be a normal part of a person's flora. But an MRSA infection, simply put, is a Staph infection whose growth cannot be stopped with com-



monly prescribed Methicillin antibiotics, because the bacteria have mutated and become resistant to this type of medication. MRSA bacteria are never considered normal.

If a doctor treats an abscess or other Cellulitis with the wrong type of medicine, the abscess might look completely healed, but the patient can remain asymptomatic and still "colonize" the MRSA bacteria. Oral antibiotics used to treat non-MRSA skin infections are not effective against MRSA, and the reverse is also true.

If a wound doesn't show improvement quickly, request a wound culture and sensitivity from your doctor, to identify the correct pathogen causing the infection. If an MRSA infection is not identified and treated correctly, I.V. antibiotics might be required, and there is a risk of systemic infection or

even death. Tell your doctor if you have a history of team sports, exercise in a public facility or have a partner who has been treated for a similar condition recently. Ask your doctor if he or she has any experience with MRSA infections. Many do not.

Here are a couple of examples of how the bacteria can mutate, spread and become more virulent.

You get a small (or large) abscess, you go to the doctor, and he or she gives you an oral antibiotic.

1. You don't finish the round of antibiotics, and the infection doesn't completely heal. According to an infectious disease doctor I spoke with, the 10-day supply of medication supplied assumes that 10 percent of the bacteria will be killed each day. If you take eight days worth of antibiotics and forget days nine and 10, you might still have a contagious Staph infection.

2. Your doctor lances the abscess but doesn't culture it. He or she prescribes you an antibiotic based solely on how the abscess presents. You are left with an unusual bump or a scab that doesn't "look right." You might still have a contagious Staph infection.

3. Your partner doesn't tell you he or she has a Staph infection, or your partner don't realize it, and you have intimate contact. MRSA is highly contagious, and safer-sex precautions are not any guarantee. You might be at an even greater risk for a Staph infection than you would be for an STI, because you can have an infection anywhere on your body.

I've heard many people say that hand sanitizer

and surface wipes are part of the problem, but this isn't so, according to the doctor I spoke with. Nonporous environmental surfaces can also contain non-MRSA and MRSA Staph, though it isn't as common. Rotting vegetables, especially mushrooms, often contain Staphylococcus Aureus, and Staph can also cause food poisoning!

Prevention

If you get a Staph infection, insist on a culture and sensitivity, so you can get the proper antibiotics the first time. Labs must grow the bacteria (culture) then inhibit its growth (sensitivity).

Wash your hands often!

In the gym: Use surface wipes and hand sanitizer often. Buy your own yoga mat. Clean exercise equipment before you use it. Wear workout gloves.

There is a myth that once you've got an MRSA, you've got it for good. This is not true. Any Staph infection that isn't properly treated can resurface somewhere else: on you, your partner or other close contact.

Follow your doctor's orders completely.

For more information visit www.cdc.gov/nci-dod/dhqp/ar_mrsa_ca_public.html.

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