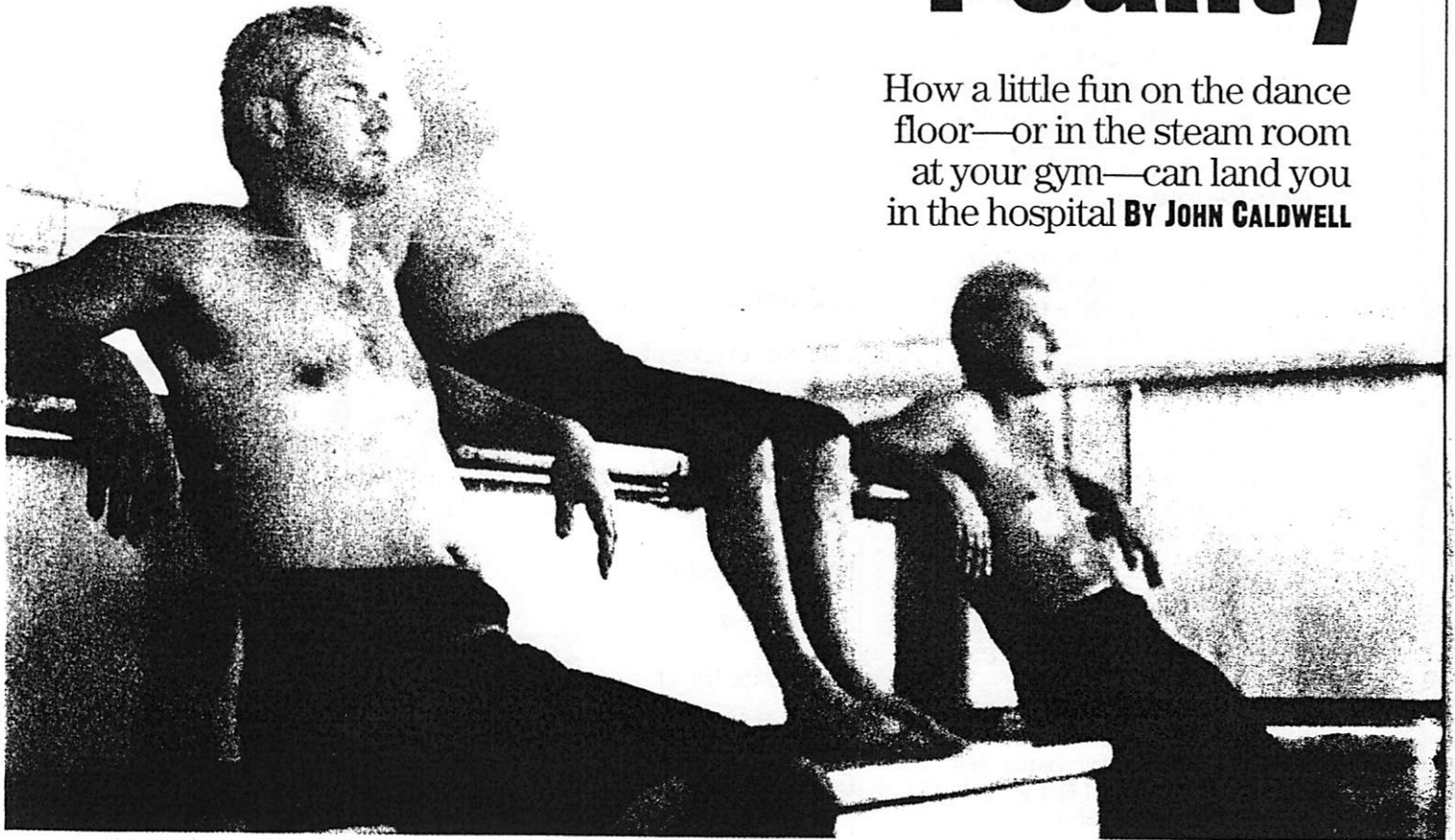


Staph's scary reality

How a little fun on the dance floor—or in the steam room at your gym—can land you in the hospital **BY JOHN CALDWELL**



The illness appearing among Mark Davis's friends can't begin to compare with what he saw at the beginning of the AIDS pandemic more than two decades ago.

But what is happening today has Davis so alarmed that he is compelled to draw a comparison anyway. "Suddenly, there is this new threat that is happening very rapidly," he says. "A lot of people have heard a little bit about this thing, but they know nothing about it."

The 39-year-old Los Angeles man wishes everyone could see the horrible sores, boils, and skin rashes that have afflicted five of his close friends, vic-

tims of an epidemic of drug-resistant staph that is spreading among gay men in large urban areas.

"The most disturbing thing is, each friend who has come down with it has reported that their doctors are shocked at how many people have been coming in," Davis says. From his perspective, the epidemic of the highly contagious methicillin-resistant *Staphylococcus aureus*, or MRSA, which spreads through skin-to-skin contact and manifests itself in painful, deep abscesses, promises to get much worse before it gets any better.

Since the outbreak of the typically nonfatal bacteria surfaced in Los Angeles last fall, it has spread to nearly every major city in the country. It has

been been thought to be spreading primarily through gay men with multiple sex partners. But with summer's gay pride season and the accompanying circuit parties quickly approaching, health experts warn that there will be a lot of gay men, mostly unaware of the epidemic, who will nonetheless be spreading the disease as they press their flesh against one another.

But bumping and grinding on a dance floor or in a bathhouse isn't the only way to catch MRSA. Jack, an HIV-positive gay man who asked to remain anonymous, says he doesn't go to circuit parties or sex clubs and that he doesn't know how he caught the staph infection. In fact, he didn't know any-

THE PEOPLE DEPICTED ARE MODELS AND USED FOR ILLUSTRATIVE PURPOSES ONLY.

thing was wrong until he went to his dermatologist for what he thought was an ingrown hair under his arm. "I was lucky that I have insurance," he says. "If I didn't, I probably wouldn't have gone in, and it would have gotten nasty." Jack says he also might have confused the infection with the rash he and other people with HIV sometimes get when they take steroids as part of their treatment.

Jack adds that like Davis, he has watched close friends suffer from MRSA. One who thought he was rid of an infection in the groin area "caught it again," he says. "He was doing everything [in addition to taking medication]. He was washing his clothes, using antibacterial soap."

Infection with the vigorous and persistent bacteria often leads to a laborious daily struggle to overcome it, says Gary Cohan, a Beverly Hills physician with many gay male patients. Insurance carriers won't pay for the strongest and newest forms of antibiotics until other, less expensive options have been tried, he says. Some people have to be hospitalized to receive intravenous medications, and most have to take one or more forms of oral medication while applying a topical ointment and washing themselves thoroughly several times a day. Some people have had to have surgery to remove dead skin, Cohan says.

And the situation is only compounded by the price tag on Zyvox, the drug of last resort to battle this strain of staph: about \$1,500 without insurance. "My greatest concern is that \$1,500 would be really financially devastating to me," Davis says.

As was the case with AIDS, a buzz is germinating among gay men just as the situation is heating up, Cohan says. "People are being much more careful about going into a steam room and sitting in someone else's puddle," he says.

And as when AIDS first became widespread, Davis says, the visibility of the illness might encourage more people to take steps to avoid infection. "Even the most irresponsible gay guy is not going to put himself in a situation where he can be seen [with a rash]," he says. "In a weird way, that's good news." ■

Caldwell also writes for Frontiers Newsmagazine.

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Staph skin infection spreading in LA County jail

Associated Press

LOS ANGELES -A drug-resistant bacteria continues to infect county jail inmates, spreading a non-deadly staphylococcus skin infection to 325 people so far this year, with 125 infections reported just last month.

A report was made Tuesday to county supervisors by public health staff.

The Sheriff's Department runs seven jail facilities countywide with more than 26,000 inmates, the majority of them men. The department needs to "more aggressively" follow guidelines recommended by the Department of Health Services to curtail methicillin-resistant staphylococcus aureus.

"The bottom line is that the situation since August is not getting better," said county public health director Jonathan Fielding. Last year, Fielding said, 920 county inmates were infected with the drug-resistant staph infection.

The staph bacteria commonly is found on human skin. Staph skin infections often begin with an injury to the skin, like a cut, and cause redness, swelling, boils or blisters. The bacteria grow in warm, moist places and are passed on through skin-to-skin contact or contact with shared items including towels, clothes, benches and sports equipment.

Minor infections include pimples and boils. Serious infections include pneumonia and surgical wounds that do not heal properly.

Staph infections are treated by antibiotics or draining the wounds.

The best way to prevent infection is frequent washing of the hands with soap and warm water, and cleaning shared items such as toilets. Shared sheets and clothing should be washed in hot water and bleach and dried in a hot dryer rather than through air drying so that bacteria are killed.

County Supervisor Mike Antonovich asked sheriff's Chief Charles Jackson on Tuesday if jails require inmates to take showers. It's the same question he asked when a report about the infection was made in February.

"We cannot force an inmate to take a shower," Jackson replied. "We can send them, we can turn the shower on. We cannot force them to shower."

Jackson said jails are screening new inmates for the infection and infected inmates change clothing daily and their bedding is changed weekly.

Public health officials also suggested the Sheriff's Department hire an epidemiologist and nurses to combat the infection. They could also use an anti-bacterial soap, Chlorhexidine, which costs about \$33 per gallon.

In a related development, an Antonovich aide said a deputy who works at the Men's Central Jail reported to Antonovich that his newborn was infected with staph bacteria and had to be hospitalized.

Dr. Elizabeth Bancroft, an epidemiologist with the county Department of Health Services' acute communicable disease control unit, said doctors will be instructed to report any hospitalizations of minors due to the drug-resistant staph infection as part of a May 5 to Nov. 7 epidemiological study.

"We want to see what the patterns of transmission are in the community, if there are connections to the jail outbreak," she said.

Bancroft added that there was no evidence showing a link between staph-infected hospitalized children under 18 and the jail outbreak.

On the Net: <http://lapublichealth.org/acd/MRSA.htm>

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