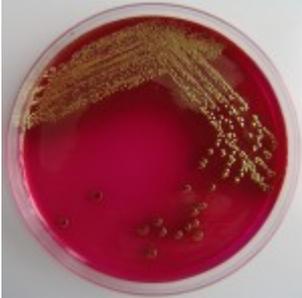


MRSA infections down nation-wide

By ACSH Staff — September 16, 2013



^[1]Antibiotic resistance is a serious and persistent national problem. For

example, *Staphylococcus aureus* bacteria that are resistant to the antibiotic methicillin (MRSA) have become common throughout the US, causing invasive infections of skin and soft tissues as well as bloodstream infections in patients in critical care settings. Efforts have been ongoing to try to stem the tide of such infections in both hospital and community care, and recent data suggest that they are having some success.

Led by Dr. Raymund Dantes of the CDC, a group of researchers from several institutions examined the occurrence of MRSA infections between 2005 and 2011 in nine US metropolitan areas, and used those data to estimate national rates of infections. The investigators assessed infections in hospitals as well as in community-associated health care settings and in other community-associated settings. The [report](#) ^[2] of their results was published in *JAMA Internal Medicine*.

The good news is that among all these settings, the incidence of MRSA decreased significantly between 2005 and 2011, according to adjusted national estimates. Community-associated infections in healthcare settings fell by 28 percent, hospital-acquired infections decreased by 54 percent, and other community-acquired infections decreased by five percent.

The bad news is that there were still an estimated 80,500 MRSA infections nationally in 2011, and the majority (over 48,000) were in community-associated health care settings.

The authors point out that the greatest decreases in MRSA infections between 2005 and 2011 occurred in healthcare settings. They add, Effective strategies for preventing infections outside acute care settings will have the greatest impact on further reducing invasive MRSA infections nationally.

ACSH's Dr. Gilbert Ross said, It's possible that the drumbeat of warning about the growing problems of multiple-resistant organisms, predominantly MRSA, has had some effect. Public health advisories, from both governmental and nonprofit groups, urging improvement in hygienic and sanitary behaviors by hospital staff (including MDs), may also have done some good. The toll is still way too high, and I believe it will take more investment in antibiotic R&D to get new effective

drugs to really make more of a dent in this problem.

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[2] <http://archinte.jamanetwork.com/issue.aspx>