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New bugs, old fears

The Chronicle's recent headlines on "Lethal New Bacteria—S.F. An Epicenter" January 15, 2008, noted that in San Francisco methicillin-resistant staphylococcus aureus had become more resistant to antibiotics, was increasing in the general community and was more common in gay men and other men who have sex with men highlight an important issue of public health concern. The Chronicle articles described a study published in the Annals of Internal Medicine reporting on the distribution of a new strain of staphylococcus bacteria in San Francisco residents in 2005, in particular among gay men and other men who have sex with men. Staphylococcus aureus is a very common germ. It lives on the skin of about 1 out of 3 human beings, typically in the nose, armpits, and groin.

Persons with frequent exposure to other persons--professional athletes, medical workers, school children, inmates--have been well-known to spread similar germs through close personal contact. What was recently found was that in addition to those groups, a tightly knit community like residents of the Castro harbored an increased number of cases of those germs compared to other populations. While the rates in the Chronicle's map may appear frightening, those rates translate into about 100 new cases of this new strain in gay men and 100 new cases in non-gay male residents a year in San Francisco. Those numbers are well below the 5000 cases of chlamydia and gonorrhea, 1000 new cases of HIV infection or 400 cases of syphilis occurring each year not to mention the large number of other preventable conditions like heart disease, stroke, substance use and violence. Readers must put into context the study findings and the recent media attention around it.

We should be concerned about about the presence of drug-resistant staphylococcus aureus in our community and work hard to understand how common it is, how it's spread and to monitor our prevention efforts. There is little reason to be fearful, however, and simple everyday precautions well-documented to be effective more than a century ago can reduce the spread of germs like staphylococcus--handwashing, covering wounds or sores with bandages and not sharing towels or personal items. Furthermore, while many antibiotics cannot treat the new strain, one of the older antibiotics (Septra or combination sulfamethoxazole-trimethoprim) first introduced in 1968 remains highly effective. Persons who think they may have potentially serious infections---lesions that get larger or have red and painful areas of skin along with fever should see their doctor.

As the article published in the Chronicle on 1/15 stated, "Drug-resistant bacterial strains have been labeled "superbugs," but most infectious disease specialists recognize that these bacteria are not doing anything remarkable."

Staphylococcus is transmitted by skin-skin contact, and is unlikely to be transmitted via the act of sexual intercourse itself. There is no evidence that it is spread thru semen or vaginal secretions. We see a similarly large proportion of staphylococcal infections in non-gay male populations, including children in the areas of the body that some might think is associated with

sexual spread of infection.

When scientists recognize new strains of an old bug in a specific group of people, it is can be a challenge to balance the resultant fear with understanding, ignorance with new information and stigma with acceptance. Now is the opportunity to learn more and practice sensible measures in prevention using our learned experience to continue building healthy communities. For more information, please see the website: www.sfdph.org/cdcp.

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