Hello Alice,

I was wondering if you could tell me about the specific effects MRSA has on infants seeing as they are more vulnerable. I also was hoping that you could tell me if there is any increased risk to infants in treating them with certain types of antibiotics that are used to treat MRSA?

Answer

Dear Reader,

Infants, with their shiny, new immune systems, are more susceptible to catching MRSA than are adults. An infant or young child who has caught MRSA may exhibit scalded skin syndrome, a skin condition that is usually accompanied by fever, rash, and blisters. When the blisters break, the skin flakes off leaving behind a raw surface that resembles a burn. Pay attention to any breaks of the skin an infant has, including pimples, insect bites, and scrapes. If they appear to be infected or are not healing, it is recommended that s/he be taken to see a health care provider.

MRSA stands for methicillin-resistant Staphylococcus aureus. It is more commonly known as "staph" but it is a specific strain of staph that's resistant to a large number of different antibiotics, including most antibiotics in the "cillin" family (penicillin, amoxicillin). In severe or untreated cases, it can be fatal. A health care provider typically tests for the bacteria by swabbing the nose or the affected area, or via blood test. Lab tests can take up to 48 hours, but more recently, tests are becoming available that can detect the bacteria DNA in as little as 5 hours and these will most likely be the tests of choice in the near future.

There are two main classifications of MRSA: Health care-associated (HA-MRSA) and community-associated (CA-MRSA). CA-MRSA is more recent and is found in otherwise healthy people who have no links to healthcare settings. HA-MSRA is more common and is contracted mostly by people with compromised immune systems who have been hospitalized or in other medical settings, as well the elderly and, as you noted, infants. Though hospitals go to great lengths to prevent MRSA, infants and newborns can catch it from healthcare settings, skin-to-skin contact with an infected person, and even sometimes via inanimate objects, on which the bacteria can survive for a long time. Hand washing, not sharing toothbrushes, razors, etc., and keeping wounds covered are some good prevention measures. MRSA is just one form of staph infection [2].
Since this form of staph is usually resistant to the cillins, two antibiotics often used instead include vancomycin and clindamycin and they can be administered to infants safely. Dosage depends on the weight of the infant. Vancomycin is usually injected and side effects can include redness or irritation at the injection site, diarrhea, and flushing of the neck and face. Nursing or pregnant mothers can generally take these antibiotics safely without harming the infant, though in cases of overdose, side effects can include hearing loss and kidney malfunction. Hope this clears things up for you!

Take care,

Alice!

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