

One
Reader's
REAL-LIFE
Story

“MY BATTLE WITH THE SUPERBUG”

Here's what one woman, Erin Zammett Ruddy, learned from her MRSA nightmare—and the steps you can take to keep you and your family safe.

➔ My ordeal began three years ago, after giving birth to my son in a fancy New York City hospital. I'd heard stories about being sent home with designer gift bags. Well, I didn't get a bag. Instead, I left with a bug: a MRSA infection, to be exact. An acronym for methicillin-resistant staphylococcus aureus, **this type of staph (a bacteria we all have on our skin) has learned to outsmart standard antibiotics and cause sometimes fatal infections.** While it's common in hospitals, it also lurks in gyms, schools, and other public areas.

Of course, I didn't realize I had the superbug until nearly a month later, when I was suffering through my third bout of mastitis—a breast infection that some women get while nursing. When I called my obstetrician, rather than prescribe an antibiotic, she told me to get to the hospital. Apparently, there had been a MRSA outbreak in the nursery when I delivered. I needed to have a culture taken, and so did my son.

When our tests came back positive, I was worried for our health, but also outraged. As a chronic leukemia patient, I had to stop taking the medication that keeps me in remission when I became pregnant. Because of that, I took extra precautions—seeing



Erin with her son, Alex, and husband, Nick, at the hospital.

a high-risk obstetrician, having my cancer levels checked monthly, and even springing for a private hospital room. After risking my life to ensure a healthy pregnancy, I was then invaded by the germiest germ of all.

DOUBLE JEOPARDY

I first learned of MRSA a few years ago, when there was an outbreak in schools on the East Coast. After that media frenzy waned, I assumed these infections were under control. But MRSA is still a real threat: In fact, the Centers for Disease Control and

Prevention (CDC) estimates that **more than 90,000 people are afflicted with invasive MRSA infections every year.** What's even worse is that you don't have to be sick to contract it. The most common and dangerous type—health care-associated (HA-MRSA)—does occur in hospitals, where bacteria preys on compromised immune systems and open wounds. But there's also community-associated MRSA (CA-MRSA), a strain that runs rampant in workplaces, locker rooms, and more. Although this type is

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SURVIVORS
Erin and Alex, now 3, are MRSA-free but cautious. The infection is more common in warmer months.

more manageable, it can still be deadly if left untreated. In 2008, nearly 2,500 people died of this community-based infection, while 15,000 succumbed to HA-MRSA.

“The truth is about 30 percent of us are walking around with staph on our skin, and nearly 2 percent have MRSA,” says Rosa Herrera, a CDC spokeswoman. These infections take hold when they get into the body through cuts, scrapes, and other areas of damaged skin. In my case, my son was colonized (that’s superbug-speak for carrying bacteria on the skin) in the hospital, and he passed it to me through cracked skin during breast-feeding.

Does this mean we should all have our skin tested? Not so fast. “It’s more important to know what to look for if you do get an infection,” says Arjun Srinivasan, M.D., the CDC’s associate director for Healthcare Associated Infection Prevention Programs. CA-MRSA usually leads to a skin infection characterized by red, swollen boils. **So if your rash or wound seems unusual, hurts, or doesn’t get better, see your M.D. and raise the possibility of MRSA.**

After my own diagnosis, my obstetrician prescribed another useless antibiotic (hence the “R” for “resistant” in MRSA). Fortunately, I had also consulted a breast specialist who took a more proactive approach. She

inserted a large needle into my breast and removed as much fluid as she could (draining the site often eliminates the bacteria). I had no symptoms other than the nagging



THE OTHER SUPERBUG

● There’s another antibiotic-resistant bacteria on the rise: *Clostridium difficile* (C. diff), which attacks the gut and causes intestinal infections (diarrhea is a main symptom). **A study from Duke University shows that C. diff is 25 percent more common than MRSA in hospitals.** The bug usually occurs after a course of any antibiotic, which wipes out the good bacteria and wreaks digestive havoc. If you have C. diff, your doctor may prescribe a course of specific antibiotics. To protect yourself, wash your hands thoroughly when in a hospital.

“These infections get into the body through cuts.”

breast infections, but our newborn son kept erupting with boils. I was racking up co-pays by the hundreds. But little did I know, the pain and frustration was only just beginning.

TAKING CONTROL

One of the things that makes MRSA so relentless is that, unless you know what you’re dealing with, it’s hard to treat. Physicians often don’t diagnose it properly or they prescribe the wrong drug. **“MRSA requires a different antibiotic than most doctors were taught to use for similar infections,”** says Srinivasan. When patients complete a course of an antibiotic that doesn’t work, the infection is likely to get worse—which is exactly what happened in my case.

The ironic thing is that these drugs are the problem to begin with. The development of resistant bugs is complicated, says Srinivasan, “but it’s unquestionable that the overuse of antibiotics is contributing to the issue.” The more a bacteria sees an antibiotic, the more it learns to recognize and outsmart it. A key way to control MRSA, he says, is by taking antibiotics only when they’re absolutely necessary. So instead of expecting a prescription from your doctor when you have a cough, ask her if you really need that Rx.

Another factor contributing to MRSA’s power is that it’s spread easily—a doctor can transfer the bacteria from patient to patient by touching them with unwashed hands. Unfortunately, a study from the CDC reveals that less than half of health care personnel actually scrub up when they should. So don’t be shy about asking your doctor or nurse to hit the sink before examining you, even during a routine checkup. This move can have a big impact: Recent CDC data reveals

that HA-MRSA cases have dropped by 28 percent in the past three years—thanks, in part, to a “hand hygiene saves lives” campaign.

BOUNCING BACK

For some, draining the abscess can clear up an infection. If not—as in my case—treatment will include a MRSA-specific antibiotic. I was prescribed a drug that cost a staggering \$7,000 a month, while my son was given an antibiotic ointment. It took nearly six months, but the treatments worked. After our active infections were under control—I saw the surgeon two more times to drain my breasts of any infected fluid—my husband, son, and I did a decolonization, a regimen to rid the bacteria from the body. The three of us spent seven days gooping ointment up our noses (to combat bacteria); bathing in Hibiclens, a hard-core antiseptic skin cleanser; and scrubbing our hands like we had obsessive-compulsive disorder. We were told to wash our linens on the first and seventh days. **The expert said that if a year went by with no infections, we could assume that we were finally in the clear.**

Today my family and I are free of the deadly bacteria, as far as we know. I'm not going to lie and say that every time I get a blemish or a suspicious-looking bite, I don't wonder, “What if it's MRSA?” But as the marks gradually fade away, so does the worry and obsessing. I'll admit that when I delivered my second baby last January, I avoided going to the hospital for so long that I gave birth before I could even check into the maternity ward. And when the doctor released me and my newborn daughter after 24 hours, I bolted out of there as quickly as possible—without touching the door, of course.

“HA-MRSA cases have dropped by 28 percent in the past three years.”

MRSA HOTSPOTS

Besides the hospital, the most common areas MRSA is contracted are those where people come in close contact with one another. Here are the top places to watch out for—and safety measures you can take.

NAIL SALONS

● At least 12 states have reported MRSA infections at nail salons. “If yours appears unclean, don't go there,” says Paul T. Smith, M.D., a clinical assistant professor of medicine and infectious diseases at Weill Medical College of Cornell University. “And ask if the equipment has been sterilized.” If you have an open cut, skip the manicure or pedicure altogether.

GYM EQUIPMENT

● Clean benches, bars, and mats with antibacterial wipes, and let the surface dry before using. Also consider wearing pants and long-sleeve tops instead of shorts and tanks, and cover any scrapes or cuts with bandages.

SAUNAS AND STEAM ROOMS

● MRSA thrives in warm, damp environments. To protect your skin from contaminated surfaces, wear flip-flops when walking around and sit on a towel.

LOCKER ROOM SHOWERS

● After your workout, take a shower as soon as possible to scrub away any bacteria lingering on your skin. “And don't share a towel, razor, or other personal items,” says Rosa Herrera, a spokeswoman for the Centers for Disease Control and Prevention. Avoid touching the walls or curtains, and if the stalls appear dirty or moldy, wait until you get home to shower.



NAIL TOOLS
Bring your own set to the salon.

FLIP-FLOPS
Stash a pair in your gym bag.



STEAM ROOM
Find out how often it's cleaned.



MOISTURIZER
Apply daily: It keeps skin from cracking.

