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Among 5,287 cases from six of the sentinel sites, just 134 were aged 17 and younger.

That small a number makes it difficult to extrapolate meaningfully from the overall epidemiologic data.

An elderly person with underlying chronic illness who dies of MRSA bacteremia is not as striking a story on the evening news as a sudden death in a previously healthy 16-year-old athlete. Death in a healthy child is unexpected these days and raises concern because parents can feel that they have no control, leading to a sense of panic.

And the media don't help matters by using words like "Superbug."

This term has been used at other recent times to refer to *Clostridium difficile*, *Streptococcus pneumoniae*, and a variety of other organisms that are either difficult to treat or that are associated with bad outcome. Will the real "Superbug" please stand up? On second thought, let's just stop using the word altogether.

Another overused phrase is "flesh-eating bacteria." In fact, most *S. aureus* can "eat

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flesh," using coagulase and other enzymes. That's what helps form boils or carbuncles in pockets within the subcutaneous tissues. A l a r m i n g "flesh-eating" strains which can be lethal in a day or 2 have been around for decades, al-

though they are more frequent these days; they can be either MRSA or MSSA.

But in fact, Group A streptococcus was the original bug to be labeled "flesh eating bacteria"—another case of bacterial identity theft.

We physicians can be the voices of reason. We can reassure our patients about MRSA while giving them practical advice on how to avoid it and the danger signs if they do become infected. This includes such common-sense measures as frequent hand washing, which of course helps prevent influenza and other infectious diseases that kill far more people than MRSA does.

Physicians who work with athletes or athletic teams can help by offering players practical advice that includes wiping the last person's sweat off equipment with antiseptic solutions such as diluted Clorox before using it themselves, not sharing towels, giving prompt attention to skin wounds, and practicing general good hygiene. The CDC has an excellent MRSA site that you can recommend to patients: www.cdc.gov/features/mrsainschools.

The newly reported CDC data provide us with important benchmark information about the prevalence of MRSA invasive disease in the United States, so that public health professionals can begin making recommendations about how best to minimize recurrent or serious disease using logical and practical tools.

Recognition of the early signs of sys-

temic infection and prompt intervention are the keys.

We have multiple antibiotics that still effectively treat even the scariest strains.

Other simple strategies of infection control and hygiene can reduce risks, too. Rarely if ever will these strategies include fumigating or shutting down schools.

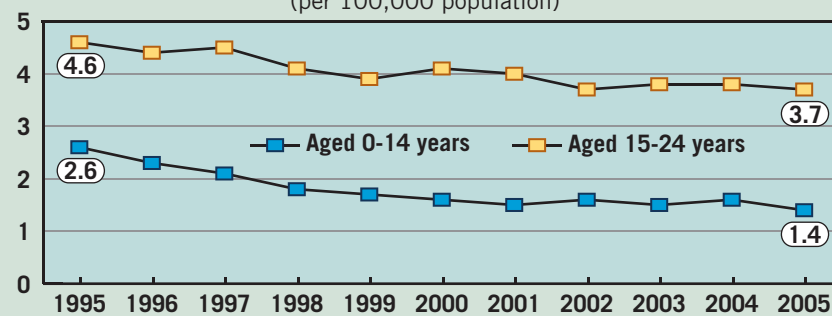
And let's keep in mind: Panic is not a practical tool. ■

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DATA WATCH

U.S. Tuberculosis Rates Declining in the Young

(per 100,000 population)



Source: Centers for Disease Control and Prevention

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Before administering ActHIB vaccine, please see brief summary of full Prescribing Information on following page.

Please see references on following page.

* *Haemophilus influenzae* type b.

† Centers for Disease Control and Prevention surveillance data cumulative through October of 2006.

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MKT12447

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12/06

Printed in USA