THE NEW WAR ON GERMS

"Alarmed" is a bit of an understatement to describe the doctor's reaction to seeing the pus-filled wounds resembling black holes an inch deep on the back of Jeremy Schnitz's leg. Jeremy was immediately referred to a surgeon at a local children's hospital, where it was discovered that the boy had contracted a bacteria called Methicillin-resistant Staphylococcus aureus, or MRSA. Jeremy's mother was told that her son's condition would have to be carefully treated and monitored and that there was a possibility that his leg might need to be amputated.

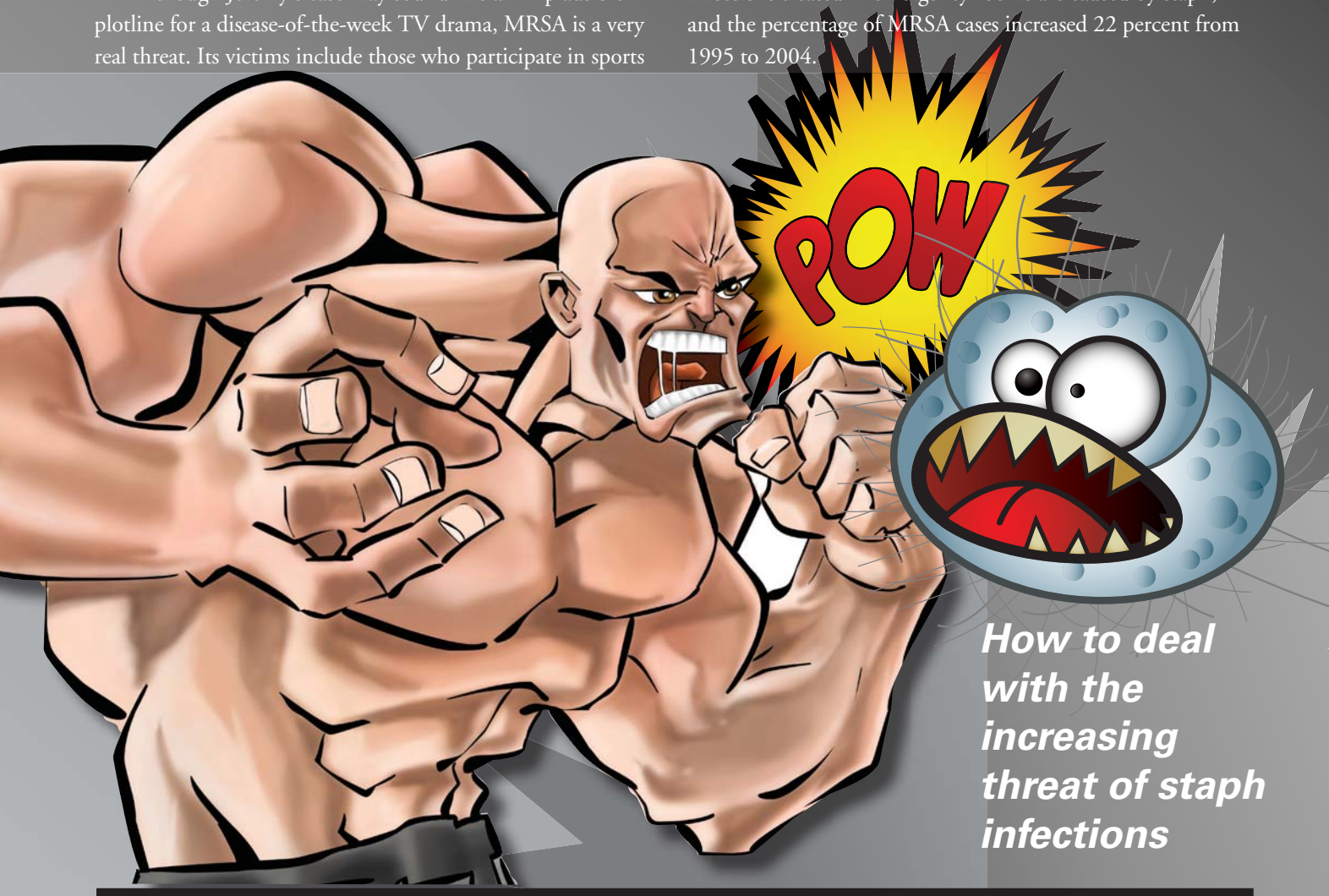
But Jeremy was lucky. After weeks of drug therapy, taking diluted bleach baths, washing with antibacterial soap, and daily cleaning with scalding hot water every sheet and piece of clothing Jeremy touched, his wounds finally healed. As an everlasting reminder of his ordeal, Jeremy was left with two bullet-sized scars on the back of his leg.

Although Jeremy's case may sound like an implausible plotline for a disease-of-the-week TV drama, MRSA is a very real threat. Its victims include those who participate in sports and physical education programs, and the problem is getting worse. Why? Because traditional forms of dealing with this form of "staph infection" are not just inadequate: They don't work.

A Brief History of Staph

Up until the last decade, staph infections were mainly confined to the cramped quarters and shared facilities of such institutions as prisons and hospitals. And although antiseptics and antibiotics are heavily used in hospitals, staph can get out of hand; and it's not surprising to learn that hospitals harbor the more stubborn forms of staph, such as MRSA.

In the past, staph infections were relatively rare, easily treated with antibiotics, and often resulted only in mild skin problems such as pimples or boils. But the bacteria have evolved. Today, 60 percent of all skin and soft-tissue infections treated in emergency rooms are caused by staph; and the percentage of MRSA cases increased 22 percent from 1995 to 2004.



How to deal with the increasing threat of staph infections

Figure1. Staph infections, such as the one shown here, are an increasing health threat in physical education because these bacteria are becoming increasingly resistance to antibiotics.

Currently, the CDC estimates that the number of people now being hospitalized with MRSA each year has risen to 130,000! But the problem may be worse than these statistics indicate, as a study published in the June 2007 issue of the *Archives of Internal Medicine* stated that the prevalence of MRSA is as much as 11 times greater than previous estimates have suggested.

Staph can be contracted from sharing personal items, such as razors and towels, and can enter the bloodstream and infect such areas as the lungs, bones, joints, heart, blood and central nervous system. Staph also has been linked to pneumonia and the rarer but potentially fatal condition called toxic shock syndrome (Figure 1).

Information on different cases of MRSA is limited because the federal government and most states don't require doctors to report it. But some of the reports coming in are shocking. In 2004 there were reports of 81 cases of MRSA infections in football teams in Denton County and Pasadena in South Texas. However, the problem is attracting considerable media attention because many professional athletes have been contracting MRSA. For example, in a two-year period the Washington Redskins reported five cases; and Sammy Sosa of the Baltimore Orioles missed 16 games in 2005 due to MRSA.

As the numbers of infections rise, health officials are becoming more aware of the problem of MRSA as it relates to the athletic community. "The magnitude of this problem is on the mind of every athlete physician and trainer in the nation," says Dr. Rod Walters, a former sports medicine doctor at the University of South Carolina who conducts MRSA education classes across the nation. "MRSA is a major problem that needs the cooperation, awareness and involvement of the entire athletic community."

Unfortunately, much of the health community remains ignorant of the threat of MRSA. Public-health officials have warned for years that the overuse of antibiotics can lead to drug-resistant bacteria, and it is costly and time-consuming to develop new drugs to treat staph. Also, testing for MRSA may not be covered by health insurance providers, so many doctors and hospital workers don't routinely administer it.

Fighting the Good Fight Against MRSA

Knowledge is key in prevention. The Center for Disease Control (CDC) offers the following tips for microbial safety:

- Keep your hands clean by washing them thoroughly with soap and water
- Keep cuts and scrapes clean and covered with a bandage until healed
- Avoid contact with other people's wounds or bandages
- Avoid sharing personal items such as towels or razors
- Regularly clean surfaces of gym equipment with disinfectant before and after use

Though these steps are helpful, some experts believe that simply cleaning surfaces may be ineffective, as the bacteria can be transferred within minutes to the same surface. There is, however, advanced technology available to help reduce and control the spread of staph, MRSA and other bacteria in the sports arena.

To deal with their MRSA problem, the Redskins and other sports teams have enlisted the help of SportCoatings™ in Rochester Hills, Michigan. This company has developed a system to inhibit and defend against microbial contamination on all sport surfaces (Figure 2).

With MRSA becoming more prevalent in athletics and the community as a whole, experts agree that this health epidemic is not one to be taken lightly. "An ounce of prevention is worth a pound of cure" is just as true today as it was in Ben Franklin's time. Awareness is more vital now than ever before. MRSA may be resistant to many drugs, but it is not resistant to prevention. BFS

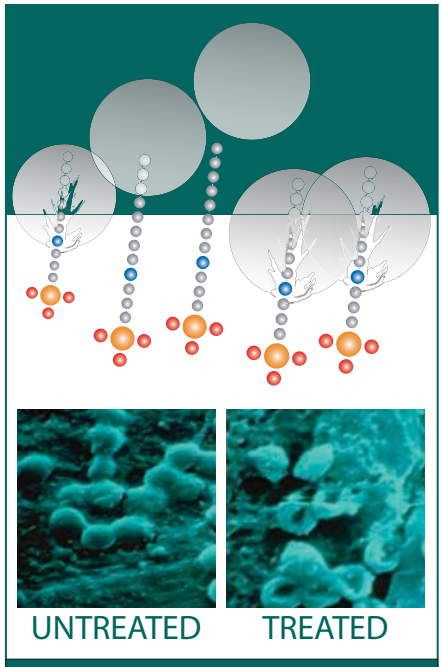


Figure 2. On a microscopic level, the treatment developed by SportCoatings™ bonds to the surface and creates a matrix of positively charged sword-shaped molecules. Upon direct contact, the membrane of the microbe is physically ruptured by a stabbing and electrocution action. Since the treatment is not consumed or dissipated, it remains active 24/7.

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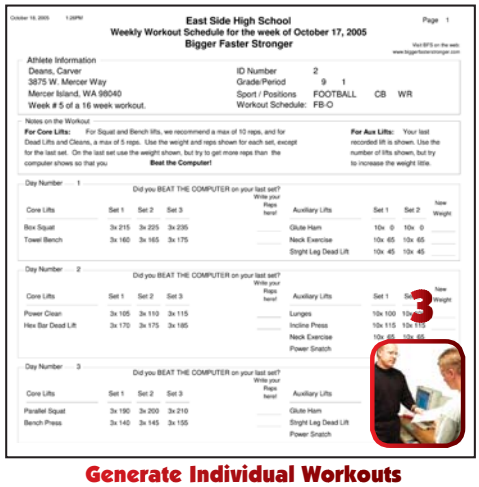

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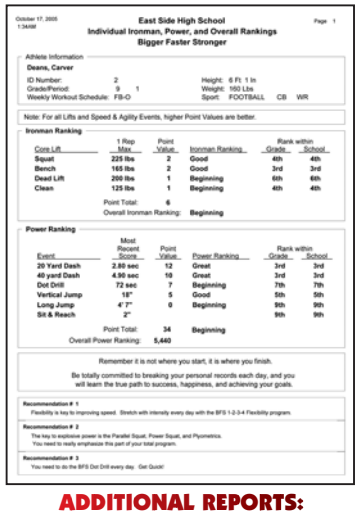

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