



MRStaph Update 2013

1. MRStaph is statistically significantly increasing each and every year and reaching crisis levels (10%-30% of skin infections) in some clinics.
2. This IS a potentially life threatening AND zoonotic (5%) infectious disease. I personally have had 2 cases die of MRStaph septicemia in the last 3 years despite our best efforts to resolve the infection and provide critical care support.
3. **Steroids and Fluoroquinolones** ARE linked to this increase based on numerous human and veterinary studies.
4. **YOU MUST STOP** all steroids in MRStaph patients, **you are liable...**
 - a. Short-term treatments with high-dose diphenhydramine, tramadol, sedatives, Apoquel (if approved), and Atopica can and should replace oral steroid use. If absolutely necessary, injectable Dex SP 4mg/ml is less risky than oral steroids for crisis control.
5. You must be treating the primary disease for long-term control of the disease and prevention of secondary MRStaph (hypothyroidism, Atopy, flea allergy, Cushing's, diabetes, food allergy, scabies).
6. Discuss human exposure risk (chemotherapy, immunosuppression treatment, HIV, infants and elderly) and educate all MRStaph patient owners and families about CDC infection prevention protocols.
7. In your clinic, implement aggressive hygiene and infection prevention/control measures based on CDC MRSA guidelines.
8. Use VERY frequent topical therapy and the CDC multidrug treatment protocol.

Dr. Keith A. Hnilica, DVM, MS, DACVD

2833 Louisville Road, Louisville, TN 37777

(800) 621-1370 ext 2

fax (800) 621-1370

itchnot.com

bigdog@itchnot.com