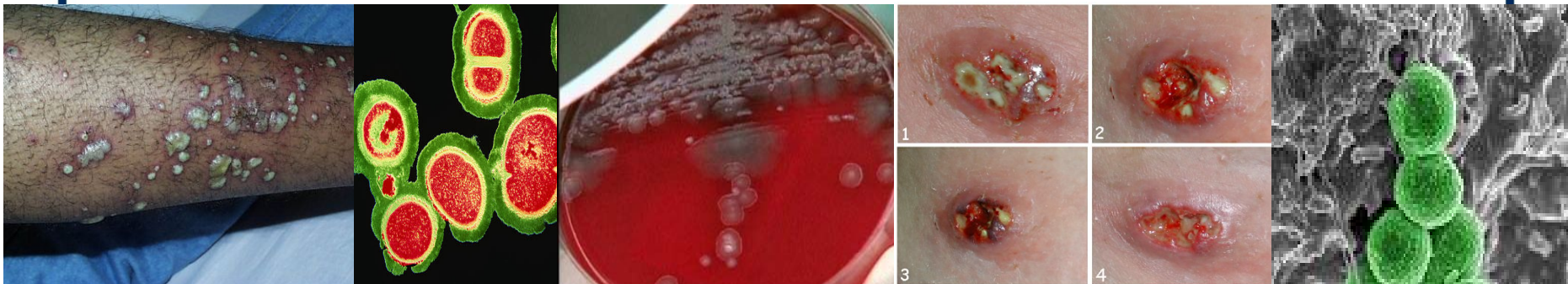


# Community-Acquired MRSA Bacteraemia in Children

Duc V<sup>1</sup>, Andresen D<sup>2</sup>, Kesson A<sup>2,3</sup>, Karlekar A<sup>2</sup>, Isaacs D<sup>2,3</sup>

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# Background

- CA-MRSA:
  - \*skin & soft tissue infection
  - \*life-threatening infections:
    - necrotising pneumonia & septic shock
    - deaths
- increasing reports in Australia and internationally



- Proportion of all *S. aureus* bacteraemia due to CA-MRSA in adults:
  - 12% in Australia <sup>1</sup>
  - 15% in the United States <sup>2</sup>
- limited data about CA-MRSA bacteraemia in children

1. Gubbay J et al. Pathology 2008

2. Seybold U et al. Clinical Infectious Diseases 2006



## AIMS

- To determine the proportion of *S. aureus* bacteraemia due to CA-MRSA in children presenting to a tertiary paediatric hospital
- Discuss the need to use empirical vancomycin for patients with suspected *Staph. aureus* bacteraemia or sepsis



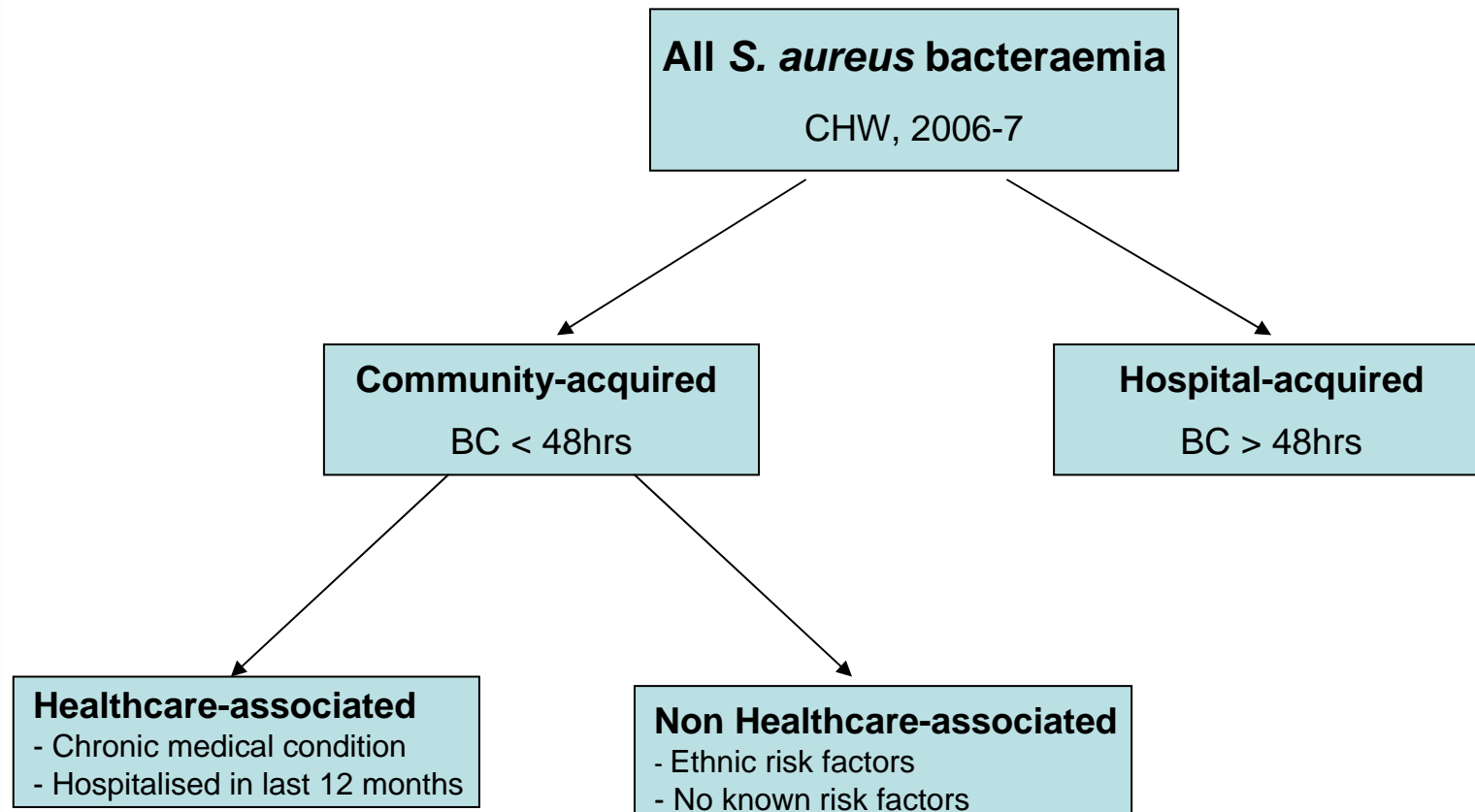
# Definitions

- Define CA and HA by time of blood culture:  
Community acquired: blood culture +ve <48h
- Cannot define CA by antibiotic sensitivity:  
Sensitivities of CA and HA may be the same
- CA: “health-care associated” or not

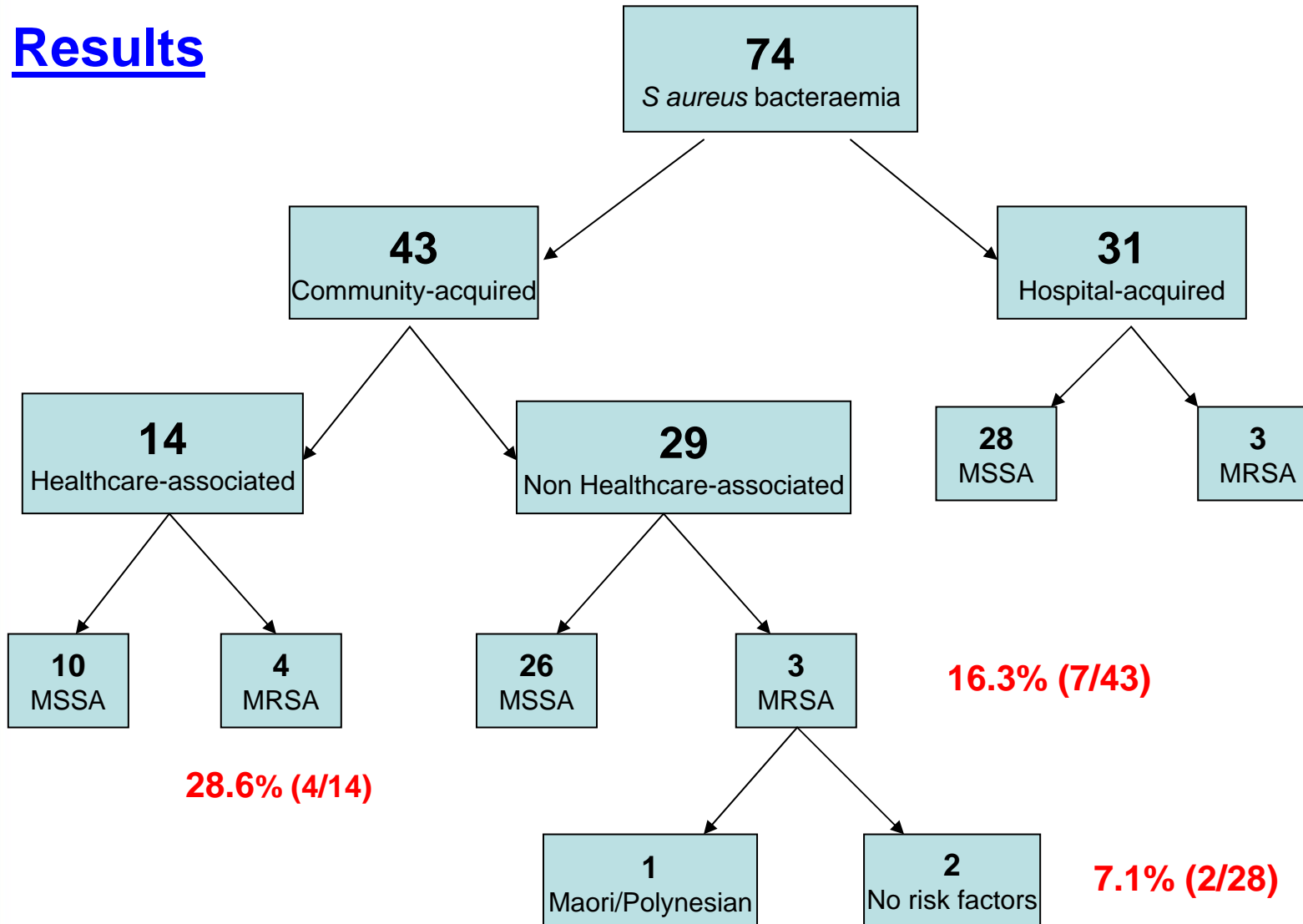


## Methods

### Population



## Results



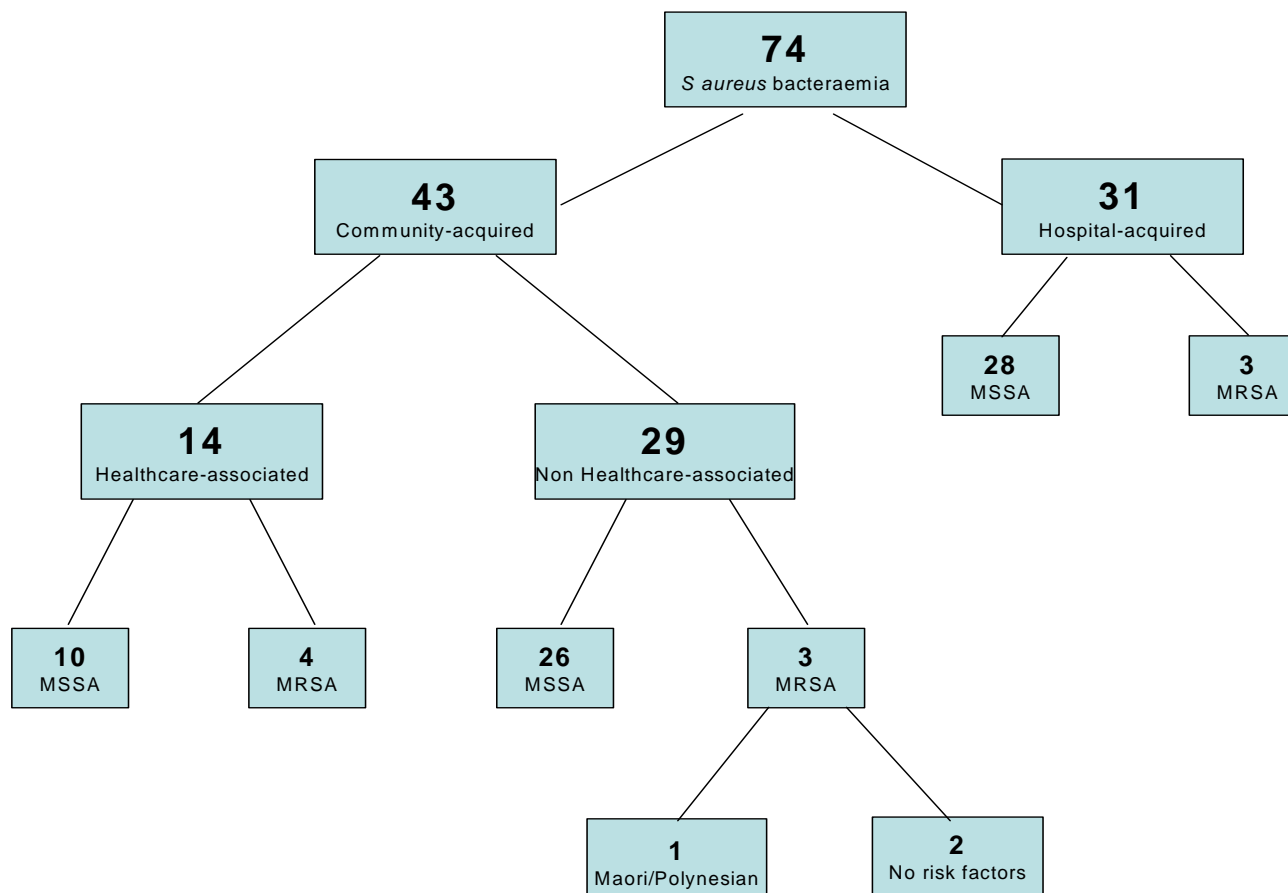
**Table 1** Demographics and clinical features of patients with community-acquired methicillin resistant *Staphylococcus aureus* bacteremia

No.	Age	Sex	Ethnicity	Diagnosis	Risk Factors	Fever	Hospitalisation (days)	HCA Infections*
1	7 months	M	Caucasian	Primary bacteremia	Cholestatic liver disease, UTI	N	10	Y
2	5 years	F	Caucasian	Primary bacteremia	liver transplant, bronchiectasis	Y	8	Y
3	5 years	M	Arabic	Skin infection	Leukemia	Y	8	Y
4	17 years	M	Caucasian	Primary bacteremia	cerebral palsy, epilepsy	Y	13	Y
5	3 years	F	Pacific Islander	Multifocal osteomyelitis	Nil	Y	18	N
6	3 months	M	Eurasian	Lymphadenitis	Nil	N	12	N
7	8 months	M	Chinese	Bronchiolitis	Nil	N	6	N

\* Healthcare-associated infections



## Conclusion



# Acknowledgements



