Staph is NOT the New AIDS

January 23, 2008 By Regan Hofmann

So I'm sitting at the vet's office, in rural New Jersey, with my large Siamese cat on my lap. He's got a fever--and a huge lump under his chin. It's clearly an infection, and as the two of us curl up in the waiting room corner, trying to keep a low profile as all the dogs in the room have their eyes fixed on us, I find myself wondering whether cats get the drug-resistant strain of methicillin-resistant staphylococcus aureus (or MRSA)--the much hyped infection that seems to have spread like MRSA itself through the international press. The press coverage on MRSA of late is so hysterical I'm not sure which to fear more--drug-resistant MRSA or the potential nuclear threat posed by Iran.

We have done our best to debunk the hysteria around MRSA (stay tuned for the next issue of POZ!), and I am well aware that it can be treated (though it is virulent, quick-spreading and potentially deadly if untreated). BUT I still found myself wondering whether my cat was a carrier of MRSA, and if so, whether I'd be its next victim.

The vet treated my cat (he had a bite wound that did have a bacterial, but not MRSA, infection) and assured me that the biggest danger I faced from my cat was his teeth, which he would surely brandish when I tried to shoot the liquid antibiotic into his mouth with the tiny syringe she gave me.

The fact that my irrational fears overcame what I knew to be the medical facts around MRSA made me feel guilty. Was I no different from the international journalists who fell prey to MRSA's hypnotic power to invoke terror? The difference, I consoled myself, is that I kept my irrational fears to myself (and my vet), while other journalists riffed off MRSA's fear factor to sell newspapers and magazines and to keep eyeballs glued to the TV set.

The latest drama on the MRSA front is a press release issued recently by researchers from the University of California-San Francisco (UCSF) about a study conducted in Boston and San Francisco that found that "men who have sex with men in San Francisco are 13 times more likely than other city residents to get drug-resistant staph." The study, reported in the journal Annals of Internal Medicine and its accompanying press statement, invoked a level of fear that caused one British tabloid to ask whether MRSA could be "the next AIDS."

A hubbub ensued as gay rights advocates responded to UCSF's press release and as the press coverage it created.
Click here for a link to AIDS activist Michael Petrelis' blog entry about three editors of gay publications questioning the way the UCSF study was covered in the mainstream media. As a result, the parties responsible for issuing the release offered a formal apology. Click here to see coverage of UCSF's press release and apologies in the New York Times on 1/20.

What amazes me about the situation is how quickly the press, jumped on a story about gay men being

dangerous carriers of yet another serious transmissible disease. It might be a story if gay men were the only one who could contract and/or spread drug-resistant staph. But, as is true with HIV, anyone can and will get diseases if they are exposed to them in a way that allows a disease to enter their body. Just as HIV has no idea whether the body into which it enters is gay or straight, MRSA has no idea about the sexual orientation of the skin it contacts and infects.

The fact is - and the Centers for Disease Control and Prevention (CDC) agrees - that MRSA is not a bona fide sexually transmitted infection limited to a certain population. It passes from one person to another via skin-to-skin contact or when a person touches a contaminated surface. It is widespread in hospitals and among hospital workers. Anyone who comes in contact with it can get it. And, there is nothing about gay men that makes them more, or less, prone to skin-to-skin contact.

The danger of linking certain biological agents in certain ways to certain subsets of the populace (like men who have sex with men) is that it gives too many people who are actually at risk for being exposed to a given biological agent an excuse to think that they need not worry about coming in contact with it. Imagine if, from the beginning, the international press had properly positioned HIV as a virus that anyone, in any circumstance, of any age, race, gender, sexual orientation, nationality or religion could contract through even a single act of unprotected sex or the sharing of a needle? How differently would the world have responded to HIV if it had not tried to portray as one affecting only the gay community? How many lives - gay and straight - would have been saved? How many infections could have been prevented if all people understood the truth - that everyone is at risk for contracting HIV if they have unprotected sex or share needles?

If we want to arbitrarily “assign” drug-resistant MRSA to groups of people that are believed to have more skin-to-skin contact than other groups, why don’t we consider communities beyond the gay community? What about college kids at fraternity parties? What about high school kids across the nation on prom night? Married and monogomous couples on Valentine’s Day and their anniversaries? (Or any other especially amorous night?) Couples on their honeymoon? I bet these folks all have lots of skin-to-skin contact. My point is that I am tired of the media, and the larger public, acting like gay men are the only ones who get naked and touch each other and that they are therefore at greater risk than other people for having bacteria and viruses spreading among them.

Instead of demonizing any part of society by connecting them to unsavory notions like infectious, drug-resistant bacteria or deadly viruses, let’s broadcast the truth: that a teenage football player in the American heartland who shares towels or walks barefoot on wet tiles or touches countertops in the gym locker room is as likely a candidate for contracting drug-resistant MRSA (if it is present) as is a gay man in Boston. And if that same teenage football player has unprotected heterosexual sex, he is also at risk for contracting HIV (and numerous other STDs). Yes, the frequency of sex ups the risk for any given person getting an STD, as do the number of partners, the type of sex and whether or not there is excessive friction that could cause condom breakage or tears in the skin that could make it easier for biological agents to pass from one person to another. BUT consider this: who’s to say that they can accurately generalize a whole segment of the populace’s sexual behavior? I know gay men who have had one partner for years and straight guys who can’t count the number of women they’ve slept with in the last 12 months. Sexual orientation is not necessarily a fair indicator of sexual habits and therefore relative risk for contracting sexually transmitted diseases or diseases that pass from one person to another via bare skin.

So, please, let us stop trying to force a connection between any given group of people and any given

disease (where one does not exist). It is arrogant of us to think that simply by labeling a disease as the sole or primary property of any given group that we can keep it from affecting us, too. Nature knows no bounds. If we want to fear something real, we should fear the dangers of mistakenly thinking that we are immune to certain diseases because of our gender, color, religion, political beliefs or our sexual orientation. AIDS, and drug-resistant MRSA, are equal opportunity offenders and they will continue to find all potential hosts, with complete disdain for artificial rubrics assigned to them by society.

Oh, to be a cat.

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http://beta.docker.poz.com/blog/staph-is-not-th