

MRSA colonization in groin tied to clinical infections

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"MRSA [prevention strategies](#) that can effectively prevent or eliminate groin colonization are likely necessary to reduce clinical infections in this population," the authors write.

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Groin colonization of methicillin-resistant *Staphylococcus aureus* (MRSA) leads to an increased risk of developing active MRSA infection later among HIV-infected patients, according to a study published in the April issue of *Emerging Infectious Diseases*.

(HealthDay)—Groin colonization of methicillin-resistant *Staphylococcus aureus* (MRSA) leads to an increased risk of developing active MRSA infection later among HIV-infected patients, according to a study published in the April issue of *Emerging Infectious Diseases*.

Philip J. Peters, M.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues enrolled HIV-infected adults in a [prospective cohort study](#). Swab specimens collected from the nares and groin were cultured for *S. aureus* at baseline and at six and 12 months.

The researchers found that MRSA colonization was seen in 13 to 15 percent of HIV-infected participants (98 percent male) at baseline, six months, and 12 months. Nares-only MRSA colonization (41 percent), groin-only (21 percent), and colonization at both sites (38 percent) were detected. MRSA clinical infections occurred 29 times in 25 participants over a median of 2.1 years of follow-up. MRSA clinical infection was significantly associated with MRSA colonization of the groin (adjusted risk ratio, 4.8) and a history of [MRSA infection](#) (adjusted risk ratio, 3.1).

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