

Hospitalizations due to skin and soft-tissue infections among children have doubled

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The number of children hospitalized for skin and soft-tissue infections, most due to community-acquired Methicillin-resistant *Staphylococcus aureus* (MRSA), has more than doubled since 2000, a study by researchers at UC Davis and elsewhere has found.

"Often parents don't recognize that their kid's [abscess](#) or other soft-tissue infections might be MRSA because the child hasn't been in nursing homes or hospitals, where you usually think of getting [staph infections](#)," said Patrick S. Romano, a professor of medicine and pediatrics at the UC Davis School of Medicine and the study's senior author.

"It's usually pretty easy to treat, if you treat it early and know what you're looking for," he added.

The study is published online in the journal [Academic Pediatrics](#). It examines Agency for Healthcare Research and Quality (AHRQ) data from over 40 states between 2000 and 2007, to track shifts in the reasons why [children](#) are hospitalized, and outcomes of those hospitalizations.

The findings of the study, called "The Annual Report on Health Care for Children and Youth in the United States: Focus on Trends in Hospital Use and Quality," are augmented by a recent AHRQ statistical brief, "Hospital Stays for Children, 2009," which tracked similar data through 2009.

Admissions for severe [skin infections](#) now rank as the seventh-most-

common reason for [hospital admission](#) among children, up from 13th in 2000. The biggest jump came in the period from 2000 to 2005, which is attributable to the manner in which [physicians](#) treated MRSA, Romano said.

"In the early part of the decade, clinicians generally didn't recognize the growing prevalence of community-acquired MRSA," he said, differentiating between MRSA cases that occur in hospital settings or [nursing homes](#), and the growing proportion of cases that occur in the community among otherwise healthy people. "Starting around 2005, physicians began treating community-acquired MRSA more effectively."

Romano said that hospitalizations likely will decrease once parents are better educated to look for signs of MRSA in their children and to seek early treatment for it. Without early intervention, hospitalization becomes more likely.

Romano said that the increase in the rate of hospitalization for MRSA among children is related to the increase in the prevalence of the bacterium in the community overall. Children who are infected with the bacterium may encounter it inside and outside their homes, he said.

"We don't generally recommend that parents be too compulsive about washing their houses down with antiseptic," Romano said. "Hand-washing is always an important precaution," he added.

Other conclusions in the report include:

- A decrease in teen pregnancy hospitalizations, down nearly 25 percent since 2000;
- A decrease in drug poisonings among teens aged 15-19,

paralleling lower suicide rates, which have generally been on the decline since the mid-1990s;

- A substantial decline in admission rates for asthma and diabetes, despite some increases in certain subpopulations;
- A decrease in the rate of potentially preventable hospitalizations nationwide, fueled by a significant decline in admissions of children in the West and South;
- A decline in hospital stay disparities between low- and high-income neighborhoods, even more so in the West and South;
- Improvements in several measures of patient safety, including unintentional punctures of the lung during medical procedures;
- A gradually increasing role for Medicaid, which pays for nearly half of all children's hospitalizations nationwide.

The companion statistical brief also found that influenza increased dramatically as a major reported cause of hospitalizations for children 17 and under from 2000 to 2009, which could be due in large part to improved reporting. Together, the two papers serve as a baseline prior to the enactment of the Patient Protection and Affordable Care Act of 2010, a key feature of which is an expansion of health insurance coverage.

Provided by University of California - Davis

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