SKIN LESIONS IN MILITARY BARRACKS: CONSIDER COMMUNITY-ACQUIRED METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* INFECTION INSTEAD OF SPIDER BITES

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Abstract Outbreaks of mysterious skin lesions on multiple personnel at five military installations were initially blamed on spiders. Requests were made for pest inspection and control to remedy the situation. Pesticides were applied at four of the installations even though no medically important arthropods were detected. Greater scrutiny of the situation led to a hypothesis that instead of spiders that an infectious outbreak of community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA) should be investigated as the etiology. Subsequent culturing of the lesions on personnel at one facility confirmed this bacterial etiology. Barracks, as well as other close quarter military living conditions, are ripe environments for the establishment, persistence and spread of CA-MRSA. Medical personnel should consider CA-MRSA as a more likely etiologic agent than spider bites for cutaneous eruptions in which there are multiple lesions on one person or multiple patients with similar lesions. Pest management personnel should resist pressure to apply pesticides if no clear evidence of arthropod involvement is found.