Table S1.

Epidemiology Table

Prevalence Studies Conducted in the US on SA and MRSA

Date	Author	Design	Location	Number Enrolled	Target Population	Infection	Colonization	Incidence	Prevalence
*2006**	*Keunhert et a;.*	*comparative, descriptive, retrospective*	*United States*	*N=9622*	*civilian, non institutionalized US population*		*X*		*SA--32.4% MRSA--0.8%*
*2006**	*Graham, et al.*	*Secondary analysis of NHANES*	*United States*	*N=9622*	*civilian, non institutionalized US population*		*X*		*SA--31.6% MRSA--0.84%*

** Both studies conducted on the same NHANES data, however results vary due to the different analytic strategies used.*

Incidence and Prevalence Studies Conducted in the US on HA-MRSA

Date	Author	Design	Location	Number Enrolled	Target Population	Infection	Colonization	Incidence	Prevalence
2002	*NNIS*	*NA-surveillance*	*Nationwide*	*N=18,317*	*hospitalized patients*	*X*	*X*	*53% of all SA were MRSA*	
2006	*Kiran et al.*	*Trend analysis, retrospective*	*Pennsylvania*	*N=343*	*hospitalized patients*	*X*		*40%*	
2007	*Klevens et al.*	*Descriptive, correlation, retrospective*	*9 different healthcare sites*	*N=8987*	*hospitalized patients*	*X*		*75% bacteremias*	
2007	*CDC*	*Point prevalence*	*Healthcare facilities from every state in the US*	*N=7,944*	*hospitalized patients with MRSA*	*X*	*X*		*46/1000 hospitalized patients*

Incidence and Prevalence Studies Conducted in the US on CA-MRSA

Date	Author	Design	Location	Number Enrolled	Target Population	Infection	Colonization	Incidence	Prevalence
2002	*Charlebois et al.*	*Observational, retrospective, comparative*	*San Francisco*	*N=190*	*community members (urban poor and homeless)*		*X*		*2.80%*
2003	*Jernigan, Pullen, Partin & Jarvis*	*descriptive; case-control; interview*	*Georgia*	*N=494*	*outpatient population*		*X*		*MRSA was 12.3% of SA isolates*
2005	*Fridkin et al.*	*Descriptive, prospective and interview*	*Baltimore, Atlanta*	*N=1647*	*community members*	*X*		*varies from 18 to 24/100,000*	
2005	*Purcell & Fergie*	*Retrospective, trend analysis*	*Texas*	*N=1002*	*Hospitalized pediatric (<18 yrs old) patients*	*X*		*CAMRSA was 93% of MRSA cases*	

2007	*Hota et al.*	*Trend analysis, prospective surveillance*	*Chicago*	*N=518*	*hospitalized patients*	*X*		*increased from 24 to 164/100,000 over 5 years*	
2007	*Davis, et al.*	*descriptive; prospective, observational, controlled*	*4 health care facilities in Michigan and Illinois*	*N=240*	*outpatient population*	*X*			*MRSA was 26.7% of SA isolates*

Table 2. Treatment of CAMRSA

***Febrile*-acute onset of temperature >101.3 degrees Fahrenheit (38.5 degrees Celsius), associated with signs and symptoms of bacterial infection (Porter, Jones, Winland-Brown, 2007).**

Immunocompetent *afebrile* with abscesses	**Immunocompetent *febrile** with abscesses**	**Immunocompromised** and/or bactremia, endocarditis, septic shock or osteomyolitis, may require hospitalization**
I& D to verify pathogen	I& D to verify pathogen	**Infectious Disease consultation**
Hot packs	Hot packs	
In lesion(s) > 5cm	In lesion(s) > 5cm	
TREAT WITH: Two* ***Trimethoprim/Sulfamethoxazole (TMP/SMX)*** double strength (DS) **OR *doxycycline*** or ***minocycline*** 100 mg **X 10-14 days**	**TREAT WITH**: Two* ***TMP/SMX DS*** twice daily X **10-14** days with or without ***rifampin*** 300 mg twice daily or 600 mg once daily **OR *linozolid*** 600 mg orally or intravenously (IV) twice daily or one dose of ***dalbavancin*** 1000 mg IV	**TREAT WITH**: IV ***vancomycin**** 1000 mg every 12 hours **OR *daptomycin*** 6 mg/kg IV every 24 hours.

***Treatment failures have been reported when using one TMP/SMX DS bid (Iyer & Jones, 2004; Cenizal et al., 2007).**

****Some types of immunocompromised patients are cancer patients undergoing chemotherapy, patients on chronic steroid use, transplant patients, HIV positive patients, splenectomy patients and diabetic patients. Although many of these types of patients will respond to I & D alone or with oral CA-MRSA specific antibiotics, it may be necessary for inpatient treatment.**

***** The IDSA guidelines for (2005) suggest dosing vancomycin at 30mg/kg in 2 divided doses or daptomycin 4mg/kg every 24 hours for adults (Stevens et al., 2005). It is imperative to monitor peak and trough levels and creatinine clearance levels in patients undergoing vancomycin therapy.**