



## Officer Safety Bulletin

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### The Scourge of Skid Row

Written by CHRISTINE PELISEK



A staph infection threatens the lives of cops, firefighters and homeless people. **Detective Tricia Hauck finished a burglary investigation at Pete's Café** and returned to the Central Division station near Skid Row. Her left foot started to feel uncomfortably warm. She wondered if it had anything to do with an ankle fracture she suffered on vacation in Mexico a few months earlier. Within a half hour, the warm feeling turned into pain so excruciating that her leg went numb. Unable to walk, the 39-year-old burglary-investigations supervisor was carried to a patrol car and rushed by her partner to an emergency room.

An MRI detected fluid around her bone. Later that day, a surgeon cut into her foot and removed an abscess. The diagnosis: Skid Row staph, or, more technically, a strain of methicillin-resistant *Staphylococcus aureus* that is sickening dozens of police officers, firefighters, health-care workers and homeless people. These cases pose a new challenge to county health officials. Cops are so accustomed to seeing people with oozing boils that they call them Skid Row cooties.

Doctors inserted tiny tubes in Hauck's foot to drain the curdled white pus. But the infection proved resistant to six antibiotics. Finally, on September 27, doctors prescribed the antibiotic of last resort — vancomycin, which she takes intravenously at home, where she spends most of the day in bed.

Twice a week, Hauck's nurses come to her home to change her IV lines. Doctors fear the infection is eating at her bones, and that her ankle may become so overtaken with bacteria that they will be forced to fuse together the bones in her ankle, rendering her unable to walk without help. Right now, the least of her worries are the medical bills; drugs and supplies alone total around \$2,000.

Hauck believes that she caught the highly contagious bug at her station on Skid Row, which has become a giant petri dish for Skid Row staph. Nearly 1,500 homeless people living and sleeping on the streets, with little or **no access to proper hygiene, soap or warm water**, make it an ideal breeding ground for the bacteria.

“We work in a filthy environment with people who don’t practice good hygiene and are in and out of jail,” Hauck says. “Officers use each other’s computers all night long. I have my hands on the tables in the interview rooms. Our floors are filthy. It is a huge thoroughfare. These wounds were exposed to my environment, which is as dirty as it could be.”

In 2005, staph infections hit at least 20 Los Angeles city firefighters, many of whom work on Skid Row. A staph infection landed a deputy city attorney, who works out of the Central Division police station, in the hospital for two weeks. An LAPD helicopter pilot, who helped a homeless man across the street, almost had to have his leg amputated. Two doctors working at a wound-care clinic got infected. A chaplain and a night manager working at the Union Rescue Mission got it. So did the director of public affairs and two other employees at Midnight Mission. Besides Hauck, a deputy chief and a rookie officer at LAPD’s Central Division have been diagnosed with Skid Row staph.



Staph came on the scene in the 1960s, infecting nursing homes and hospitals, where some 12,000 people nationwide die from infections every year. Health officials do not track the number of staph-related deaths in L.A. County because, like the flu, cases do not need to be reported. The hospital version mutated into a community version that the Centers for Disease Control calls USA 300, dubbed Skid Row staph in this story.

In the mid-1990s, the community strain started creeping into nurseries, correctional facilities, homeless shelters, locker rooms and military bases. It was also popping up among drug users, gay men and children under 2. It was generally affecting people living in crowded conditions and dirty environments who had no access to good cleaning supplies.

Around the county, a spot check of hospitals shows a half dozen or more cases being diagnosed in some emergency rooms every week. **“It is now the single most common cause of skin infections,** which is remarkable, because five years ago it was close to zero,” says Dr. Gregory Moran, clinical professor of medicine in the department of emergency medicine and the Division of Infectious Diseases at Olive View–UCLA Medical Center. “It has quickly emerged as a cause of these infections in regular people out in the community. We now have showed that it is not just limited to people in specific risk groups. Now potentially everyone in the community is at risk. Healthy young people are getting it.” Moran says he sees one or two fatal cases of Skid Row staph annually.

Health officials do not even keep track of staph cases — unless they amount to an outbreak, where many people are infected in a short amount of time. Such an epidemic rages in L.A. County’s seven jails, where up to 300 cases are diagnosed every month. Eleven months ago, the infection claimed its first known jail inmate, a 53-year-old Los Angeles man.

**The bacterium that transmits staph can be passed through touch, shared surfaces and personal items like razors or towels. It can stay on clothes or bedding for five days. The infection often is dismissed as a large pimple, ingrown hair or a spider bite, but it comes on quickly and is extremely painful. In some cases, it looks more like a rash or cellulitis. Most cases are easily treatable with antibiotics; in rare instances, staph can cause blood, bone and lung infections.**

Partovi operates the wound-care clinic three days a week. It opened two years ago inside the needle exchange when doctors started seeing a large number of patients with staph infections. Partovi treats six patients a day. Ninety-five percent live on the street. Most of her patients are **intravenous-drug users.** Eighty percent get infected where the needle entered their skin.

“It is pretty bad,” says Partovi, who, along with another doctor, contracted the infection last year. “One

of the issues we deal with at needle exchange is harm reduction, which includes decreasing the risk of getting infections. Using new needles, new filters and sterile water. We give them everything we can except for the heroin. That is one way we try and control it.”



**A homeless man who developed a staph infection of the hair follicles when he came down with lice.**

Other health-care clinics in Skid Row have also seen a rise in cases. Union Rescue Mission reports at least three new cases a week. The Weingart Center treats six new cases.

**Dena Carreyn is a deputy city attorney** assigned to downtown L.A., including Skid Row, as part of a neighborhood prosecution program. In November 2004, the **32-year-old Carreyn hugged a homeless woman** who had just found permanent housing. The woman had open sores on her arms, and within four days Carreyn noticed what she thought was an ingrown hair or spider bite on the back of her neck. Her doctor told her it was a spider bite and put her on antibiotics. The infection didn't go away. She went back to the doctor, who prescribed another medication. By February, abscesses had formed under



her arm, groin and toe. Her neck wound grew to the size of a tennis ball. A culture sample revealed Skid Row staph. She was immediately admitted to the hospital, where she had vancomycin, the highly potent antibiotic, directly pumped into her chest. It took her five months to get workers'-compensation benefits, which were initially denied, because the city didn't consider her infection a work-related injury.

In October, the city's personnel department recommended that Skid Row-staph training be part of the fire department's protocol, but downplayed the threat. The department insisted that it was hard to tell where firefighters and officers contracted the infections, blaming them on "random outbreaks from unknown sources." The report concluded: "We are confident that [Skid Row staph] does not currently represent a significant occupational risk factor for city employees."

"We are like, 'Are you kidding me?'" says Dave Pimentle, director of United Firefighters of Los Angeles. "Don't tell us we are getting it from library books. You don't need a rocket scientist to put two and two together. The public needs to understand and recognize it. These things can get pretty big

quickly.”



**A large abdominal abscess surrounded by cellulitis in a male IV drug user who injected drugs into his abdomen.**

**Fifty-three-year-old Michael Buford** started his jail term for a drug-possession conviction on September 5, 2005. Six weeks later, he was dead. An autopsy determined pneumonia related to Skid Row staph contributed to his death. It was the first known death from the infection in a Los Angeles County jail. The first cases of staph infection proved puzzling to jail officials in 2001. The pinpoint-size infections were blamed on brown recluse spiders. Pesticides didn't stop the complaints. In spring 2002, several spiders were captured and identified as nonbiting spiders. At the same time, the inmates' lesions were tested and found to be staph infections.

**LAPD's Central Division** has taken matters into its own hands. Officers will get training monthly on ways to avoid contracting it. The station plans to buy an industrial hand sanitizer, which will be placed next to the watch commander for all the officers to use when they enter the station. It sprays out a mist of pure alcohol. Wooden benches used by new arrestees will be replaced by stainless steel so they can be disinfected regularly.

It is a start, but Detective Hauck believes that the LAPD needs to step up its efforts to educate all officers about the risks associated with the bacteria.

“My whole career, I always worried about AIDS or hepatitis. I never thought about staph. There is no education on this whatsoever,” says Hauck.

Issued by: David Villanueva, Sergeant

Approved by: Eric Sonstegard, Commander (signed original on file)