

Staph Bacteria Handout

General Information about *Staphylococcus aureus*

Staphylococcus aureus (staph), is a type of bacterial germ that about 30% of people carry in their nose or skin folds for unknown reasons. Most persons who carry or “colonize” staph bacteria have no symptoms or any visible signs of infection. A skin cut, scratch, or puncture may lead to a staph infection. Chronic conditions like eczema, diabetes, or cancer may increase risk of staph infection. Common skin infections can be superficial like painful pimples (look like a spider bite), impetigo (honey colored crust around nose, mouth, ears) or nasal vestibulitis (red painful cracked skin at tip of nose). Deep skin infections like boils and abscesses (red painful pus pockets usually on trunk or armpit) or cellulitis (red swollen painful skin area usually lower leg) can be more serious and lead to staph infection invading into the blood (sepsis). The staph bacteria cannot spread through the air, but is contagious by contact, either by touching an infected person directly or by touching a surface. Antibiotic medications are given to kill staph germs when they cause infections. In the event of serious or recurring staph infections a person may also be instructed to take steps to eliminate skin and nose staph colonization (or staph carriage) for self and household members. Some staph germs are resistant to several antibiotics, meaning the drugs are no longer able to cure the infections. Testing for staph involves rubbing a cotton-tipped swab in the nostrils or on the skin. Methicillin-resistant *Staphylococcus aureus* or MRSA is a type of staph that is resistant to the antibiotics that are often used to cure staph infections. MRSA can be either community acquired or picked up in a hospital.

Staph decolonization instructions

The decolonizing treatment described below should completely remove the staph bacteria from the body for a period of at least several months. In about half of the people treated in this way, the staph remains undetectable for years. The goal of eradicating staph is to reduce your risk of serious or recurring infection. If the first treatment is unsuccessful, you may need to be treated again. Choose a period when you will be uninterrupted by travelling or other distractions. To ensure that your skin is in good condition, use a lotion to moisturize skin 1-2 times daily to prevent drying. Usually when an aggressive strain of staph or MRSA moves into a family or household, only certain members of that group get infections. This is despite the fact that the strain has probably been transferred amongst most of the household. Those without signs of skin infection may just be carrying the staph bacteria, perhaps due to better natural resistance (immunity) or perhaps have better skin condition. It is usual for all family or household members, including pets (ie. those who live in close contact or who have had infections) to undergo the same decolonization protocol.

Needed items

- Prescription nasal ointment Bactroban (mupirocin 2%) & over the counter antibacterial body wash Hibiclens (chlorhexidine)
- Alcohol-based antibacterial cleanser wipes or spray

Personal Care

- Remove nose, ear and other body piercing items for several days prior to the treatment and keep them out during the treatment period, disinfect removed items with antibacterial cleanser and keep fingernails short

Household

- Replace items such as old toothbrushes, razors, opened deodorant, skin adhesive tapes, skin creams, pumice stones, sponges
- Wash (in dishwasher or with disinfectant) make up brushes, hair brushes, combs, nail files, plastic toys, clippers, jewelry
- Discard or hot wash all fluffy toys & discard clutter such as magazines, newspapers



Daily routine for 7 days

- Body washes - apply the antiseptic body wash Hibiclens in the shower daily & wash under the arms and into the groin and into any folds of skin (avoid eyes and mouth), moving downward from top to toes, allow the antiseptic to remain on the skin for 3 minutes at least before rinsing well, do not use other soap at the same time, as this may inactivate the antiseptic wash
- Nasal ointment - twice a day, wash hands well with soap and water and apply a pea size amount of mupirocin 2% (Bactroban) ointment with a clean cotton swab just on the inside of each nostril using a circular motion to spread the ointment, then use a tissue to squish nostrils together to move the ointment up into the nose
- During the decolonization program, clean hands often with soap and water, avoid sharing personal items such as towels or razors and disinfect reused personal items with antibacterial alcohol based cleansers several times during the week
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels & on day 1 and 7 change bed linen and change underclothing, nightwear, bath mats, face cloths and towels daily
- On days 1 and 7 of treatment clean the house well (especially the bedrooms and bathrooms) by using an alcohol-based antibacterial cleanser wipes or spray to clean and disinfect the shower floor, counter tops, knobs, handles, spigots, switches and electronic devices, vacuum or wipe down furniture with cleaning product that will not damage the material
- Clean gym or workout surfaces, equipment and towels, as skin-to-skin contact are all potential sources for staph re-infection
- In recurring cases of staph infection, oral antibiotics may be prescribed and follow the medication instructions with care and be sure to take all of the tablets, but contact your doctor in the event of adverse antibiotic side effects (nausea, diarrhea)

Follow-up after decolonization treatment

- If no further skin infections occur within 6 months then it is probable that the staph bacteria has been eliminated
- Get re-tested for staph colonization (repeat swab skin or nose for bacterial culture) if there is concern of re-infection
- Continue intermittent antiseptic body washes or bleach baths 1-2 times per week to prevent further infections

Links

Detailed checklist for decolonizing - <http://www.healthinfo.org.nz/patientinfo/45032.pdf>

Information about MRSA type staph infections <https://www.cdc.gov/mrsa/>