STAPH AUREUS OR MRSA INFECTION

WHAT IS STAPH?
Staphylococcus aureus or staph is a type of bacteria that is commonly found on the skin and in the noses of healthy people. Twenty five to thirty per cent of people have staph bacteria in their nose at any given time. In most cases, the bacteria cause no symptoms or problems. However, little scratches or insect bites may provide the opportunity for infection to occur. Usually these infections are minor and can be treated easily. Less commonly, staph bacteria can cause more serious infections such as infections of the blood stream, bones, joints, surgical sites or pneumonia.

WHAT IS MRSA?
MRSA stands for methicillin resistant staphylococcus aureus. Staph infections are often treated with methicillin, an antibiotic in the penicillin family. Because antibiotics have been used frequently, some staph has changed so that they can survive even when these antibiotics are present. In the past, we routinely treated skin infections seen in our office with Keflex or Augmentin (both derivatives of the penicillin family). Now, because of the possibility of MRSA, we often choose Bactrim as our first line drug. Cultures are often done to make sure that the bacteria will be adequately treated by the antibiotic we have chosen.

WHAT DO MRSA SKIN INFECTIONS LOOK LIKE?
MRSA skin infections often look like pimples or boils. They are usually painful and are often surrounded by redness and warmth of the surrounding skin. They may or may not drain.

WHAT IS THE RISK OF GETTING INFECTED WITH MRSA?
Anyone can get a staph infection. MRSA infections generally occur in two settings – the healthcare setting and the community setting. Healthcare-associated MRSA infections usually occur in people who were recently hospitalized, require frequent dialysis or live in nursing homes. These infections may be seen in infected surgical wounds or may cause bloodstream infections or pneumonia in people with weakened immune systems.

Community-acquired MRSA is defined as staph infections that occur in people who have not recently been in a hospital setting and are otherwise healthy. These infections most commonly occur in settings where there is crowding and the potential for skin-to-skin contact. This may include schools, dormitories, daycare centers and prisons.

PROTECTING YOUR FAMILY FROM MRSA
Wash hands often or use an alcohol-based hand sanitizer.
Keep cuts and scrapes clean and cover them with bandages.
Do not touch other people’s cuts or bandages.
Do not share personal items like towels or razors.
TREATMENT OF STAPH INFECTIONS
Treatment for staph skin infections may include drainage of the infection, topical antibiotics or oral antibiotics. The doctor may also do a culture to help determine which antibiotic will be the most effective. Please call us if the infection does not appear to be responding to treatment.

TREATMENT OF RECURRENT STAPH INFECTIONS
If your child has recurrent staph infections the doctor may suggest the following treatments.
To try to eliminate skin colonization with staph, give the child a Phisohex (3% hexachlorophene) bath and shampoo with particular attention to the ears, neck folds, groin area and other crevices where bacteria might live. Follow the package directions carefully: don’t leave the hexachlorophene on the skin too long and be sure to rinse off completely.

1. To try to eliminate nasal colonization, apply Bactroban ointment to the nostrils two-three times a day for 5-7 days. Put a pea size blob in each nostril and massage it in for about a minute. Try to get it up into the nose, not just at the tip.
2. Apply Bactroban under finger nails two to three times a day for 5-7 days.
3. Wash towels, sheets, and pillowcases.
4. Consider repeating the bath on the last day of Bactroban treatment or every other day during treatment.
5. If the problem recurs or if other family members are affected, repeat these steps for everyone in the family. Dogs should be bathed with a shampoo containing benzyl peroxide (your vet can suggest one).