

STAPH SKIN INFECTION

Staphylococcus aureus (*S. aureus* or staph) bacteria can commonly be found in the nose and on the skin of healthy people. When staph is present on or in the body without causing illness, it is called colonization. Because staph is so often present on skin, it is the leading cause of skin and soft tissue infections. Twenty percent of the population is colonized with *S. aureus*, 60% of the population will be colonized with *S. aureus* off and on, and another 20% are never colonized.

S. aureus skin infections are common among infants wearing diapers. Infections may also be more common among children where other family members have or have had skin lesions and during the warmer months.

CAUSE	<i>Staphylococcus aureus</i> bacteria.
SYMPTOMS	Local redness and warmth of the infected area with or without pus. Examples of localized infections are boils, impetigo, wound infections, and infections of hair follicles (folliculitis). Such infections can result in a pustule (bump on the skin filled with pus) that can become reddened, hard, and painful. Most infections are uncomplicated, but the bacteria can get into the bloodstream and other body sites and cause severe illness.
SPREAD	Spread person-to-person by direct contact with skin drainage and pus or by contact with secretions from the nose of a person who is infected or colonized. Less commonly spread by contact with contaminated objects or surfaces.
INCUBATION	Variable. A long delay may occur between colonization with staph and when the symptoms of infection begin.
CONTAGIOUS PERIOD	As long as infection or colonization lasts. Persons who have draining infections are shedding more bacteria and are more infectious than persons who are only colonized.
EXCLUSION	<p><u>Childcare and School</u>: If draining sores are present and cannot be completely covered and contained with a clean, dry bandage or if the person cannot maintain good personal hygiene.</p> <p>Children who are only colonized do not need to be excluded.</p> <p><u>Activities</u>: Children with draining sores should not participate in activities, including contact sports, where skin-to-skin contact is likely to occur until their sores are healed.</p>
TREATMENT	<p>Many staph infections can be treated with drainage of pus. A health care provider will decide if antibiotics are needed. More serious infections can require hospitalization and treatment with intravenous (IV) antibiotics.</p> <p>Some strains of staph have developed resistance to some antibiotics. Such strains are known as methicillin-resistant <i>Staphylococcus aureus</i> or “MRSA” (see MRSA fact sheet).</p>

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PREVENTION/CONTROL

- Wash hands thoroughly with soap and warm running water after touching secretions from the nose, tracheostomies, gastrostomies, or skin drainage of an infected or colonized person. **Thorough handwashing is the best way to prevent the spread of communicable diseases.**
- Wear disposable medical gloves when touching any draining sores or changing bandages.
- Dispose of bandages in a plastic bag immediately to prevent contamination of surfaces. Close the plastic bag and dispose in the trash.
- Have persons who are prone to staph skin infections do self-care, if age appropriate. They should take care to keep their skin clean and dry and do first aid care when an injury (cut, scrape, etc.) occurs.
- Keep wounds clean and dry and covered with a bandage.
- Do not allow sharing of personal items such as towels, washcloths, bar soap, combs, razors, or clothing.
- Wash bedding (linens) separately from other laundry in hot water with detergent. Dry bedding in a hot dryer.
- Clean and disinfect contaminated surfaces or objects daily or when soiled (see Section 2).
- Food handlers with open sores should wear waterproof disposable gloves and wash hands between glove changes.

For more information, call Hennepin County HSPHD-Epidemiology at (612) 543-5230 or call your local health department.

