



Recurrent Boils (*Staphylococcus aureus* infections)

“Staph” that won’t go away.

1. What is *Staphylococcus aureus*?

Everybody has bacteria (germs) on their skin. About one third of the population carry *Staphylococcus aureus* (*S.aureus*), Staph or “golden Staph” on their skin. Most of the time the bacteria live and multiply on the skin and this does not cause any harm, however in some people *S. aureus* can lead to recurrent skin boils or abscesses.

There are many different strains (types) of *S.aureus* and some have developed resistance to common antibiotics (the antibiotic is no longer effective). When this is the case it is described as MRSA or **Methicillin Resistant Staphylococcus Aureus**.

2. What are the signs and symptoms of *S.aureus* infection?

Most infections are mild and involve the skin. Boils and abscesses are the most common type of infection and in most people they go away once drainage occurs (the pus is let out).



Common signs include: redness, swelling, pain, heat and the presence of pus. They often look like an insect bite that rapidly develops into a pus-filled swelling that may require drainage.

Sometimes the infection may enter the blood stream (usually through a skin boil or abscess) and this can cause more severe symptoms: a high fever, feeling generally unwell, rigors (uncontrollable shakes), shortness of breath

and weakness or dizziness. If this generalised illness occurs the treatment usually involves drainage as well as intravenous antibiotics (a drip).

3. How is it spread?

S. aureus is spread from person to person through direct contact with another person who is infected (has boils or abscesses) or carries the bacteria on their skin or in their nose (no obvious sign of infection). It can also be spread by sharing items (towels) or from touching surfaces that are contaminated with *S.aureus*. Provided general hygiene measures are adhered to, there is no risk of spread to work colleagues, friends or other casual contacts.



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4. Who is at risk?

Anyone can be affected by recurrent staphylococcal infections and it does not reflect carelessness or poor hygiene. Crowding and close skin to skin contact can increase the risk of infection, therefore it is common for cases to happen in schools, childcare centres, sports teams or within households. Cuts, abrasions, scratching insect bites and contact with contaminated items and surfaces can increase the risk of infection. Some people are also at increased risk because they have diabetes or because they have a poor immune system, broken skin or dermatitis.

5. How is it diagnosed?

S. aureus infections are usually diagnosed by their appearance and by any related symptoms e.g. fever. Sometimes a skin swab is required to be sent to the laboratory to identify the strain of *S. aureus* in order to prescribe antibiotics. This is not always required.

6. How is it treated?

Most of the time the only treatment required is drainage, to let the pus out. This should be done under sterile conditions by a doctor or nurse. The wound needs to be covered with a waterproof dressing until a dry scab has formed. Provided the wound is covered or once the scab is present there is no risk of the infection spreading.

There may be a need for an antibiotic course and a decolonisation treatment (see Appendix: *Staphylococcus aureus* Decolonisation) to get rid of the infection and prevent it from coming back.

7. What should I tell my household contacts?

“Household contacts” are people who live in your house on a regular basis. *S. aureus* can spread between members of the household and sometimes decolonisation treatment of all household members is required, however, just because someone lives with you it does not mean they are infected with *S. aureus* or that they need treatment.

You should inform your household members that you have a *S. aureus* infection and share this information sheet with them. It is recommended that household members discuss this with their doctor, especially if they have a history of skin infections such as boils or abscesses, or if they are at risk of infections due to other conditions e.g. diabetes, cancer. They should seek prompt medical assessment if any infections occur.



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8. *S.aureus* in childcare and schools.

General hygiene and a few specific measures are required to prevent spread in schools and childcare centres, however this is a common problem and most teachers and schools are aware of what is required.

- Teachers, children and families should understand the importance of hand washing, covering coughs and staying at home if sick.
- Hand washing products (soap dispenser), running water and paper towels should be available and accessible.
- Wash hands before eating and after going to the toilet.
- If open wounds cannot be kept covered, temporary exclusion from school or childcare may be considered until the wound is healed or drainage can be contained using a waterproof dressing.
- Surfaces such as counters, door handles (especially toilet doors knobs), desks and toys should be cleaned with detergent regularly, or when visibly soiled.

9. *S.aureus* in sporting groups.

In addition to general hygiene, measures to decrease spread in sporting groups should include:

- People who have skin infections or open wounds that cannot be kept covered, should not take part in contact sports until the wound has healed or the drainage can be contained within a waterproof dressing.
- People with open wounds or skin infections should be excluded from common spas, saunas or pools.
- People with uncovered wounds should not share towels or sports equipment that is in direct contact with the skin.

Reference:

Communicable Disease Control Directorate, Department of Health, WA. Guidelines for the management of community-associated methicillin resistant *Staphylococcus aureus* clones in WA- for community settings, 2008.