

## Management of suspected / positive PVL Staph aureus cases within General Practice

Is PVL Staph aureus suspected?

1. Are there signs & symptoms of PVL Staph aureus (recurrent boils, abscesses, skin lesions?)
2. Is there any previous clinical history of PVL Staph aureus?
3. Is there a history or suspicion of PVL Staph aureus within close contacts (household, family or partner) within last 12 months?

If YES to one or more questions?

NO – consider alternative diagnosis

1. Swab the affected site (including pus if present).
2. Label all swabs as suspected PVL Staph aureus and include relevant clinical information.
3. Undertake incision and drainage if required, practitioner is competent / confident.
4. If practitioner NOT competent / confident refer for surgical assessment.
5. Consider antibiotic therapy as per link below, discuss with Consultant Microbiologist (0161 656 1641) if complicated.

### Wound care:

1. Dress wound & refer either to District Nurse, Treatment Room or Practice Nurse for dressing changes.
2. Advise patient NOT to touch or squeeze skin lesions.
3. Advise patient to regularly wash hands using liquid soap & water, and NOT to share towels.
4. Advise to return to practice if lesions / wounds do not resolve (or deteriorates).

### Patient information:

1. Emphasise personal hygiene including hand washing, avoid sharing towels, bath water etc.
2. Supply patient information leaflets on the management of skin & soft tissue infections.
3. If patient works in a high risk area (such as healthcare), discuss with the Public Health Infection Prevention & Control Team (0161 770 4550).
4. Advise that until wounds have healed that they refrain from communal activities such as swimming, contact sports and massage.

### PVL Staph aureus positive result received:

1. Confirm wounds / lesions healed.
2. Prescribe \*decolonisation therapy only if wound healed.
3. Explain to patient that they will receive Questionnaire from the Health Protection & Control of Infection Unit for them to complete and return using prepaid envelope.
4. Health Protection & Control of Infection Unit will be in touch with patient if any concerns raised within completed questionnaire i.e., other family members with lesions, recurrent infections etc.

### \*Decolonisation treatment

- 5 days Mupirocin Nasal Ointment
- Chlorhexidine skin wash (normal skin)
- Octenisan skin wash (fragile skin & neonates)

### Useful numbers:

Microbiology: 0161 656 1605  
Public Health IP&C Team: 0161 770 4550  
ROH IP&C Team: 0161 627 8771

Visit [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1242630044068](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1242630044068) for further guidance on antibiotic prescribing and decolonisation therapy