Recurrent *Staphylococcus aureus* Skin Infections

Prevention Strategies

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Recurrent *S. aureus* Infections

• Colonization
  – Anterior nares
  – Other sites

• Frequency of colonization
  – 2001-2002 NHANES study
    • 32% MSSA; 0.8% MRSA
  – 2004 Tennessee study (healthy children)
    • 9.2% MRSA (up from 0.8% in 2001)

• Risk of colonization
  – Host, bacterial and environmental factors
Decolonization Strategies

- Topical therapies
- Intranasal therapies
- Oral therapies
- Paucity of clinical studies
- 2005 – IDSA Emerging Infections Network survey of members (471 respondents)
Treatment of MRSA Colonization (EIN survey)

• Topical therapies
  – Chlorhexidine 70%
  – Hexachlorophene 14%
  – Bleach 3%
  – Antibacterial soap 3%

• Intranasal therapies
  – Mupirocin 92%
  – Bacitracin 3%
Treatment of MRSA Colonization (EIN survey)

• Oral therapies
  – Rifampin 43%
  – Trimethoprim/sulfamethoxazole 37%
  – Clindamycin 8%
  – Minocycline 8%
  – Doxycycline 5%
  – Linezolid <1%
CA-MRSA
Patient Education to Reduce Risk

• Address the “4 C’s”
  – Contact
  – Contaminated surfaces
  – Crowding
  – Cleanliness

• Advise patients to:
  – Cover wounds
  – Wash frequently
  – Clean surfaces and shared equipment