

Staph Infections

What is meant by a Staph infection?

Staph is short for Staphylococcus, a type of bacteria that frequently causes skin infections. Someone with HIV has these skin infections more commonly. This bacteria is often living on the skin and may also hide out in the nose and in the nailbeds. It does not usually cause an infection unless it gets into the skin through a scratch or puncture, or enters the body through a vein, such as when someone uses IV drugs.

What kinds of infections can it cause?

The two most common types of infection from Staph are blood-borne infections (bacteremia) and boils (abscesses) or cellulitis of the skin. Staph can also cause pneumonia more commonly in someone who has HIV. If the Staph gets into the blood, it can infect the heart valves (endocarditis), the brain (meningitis), or bone (osteomyelitis).

What is MRSA?

MRSA is a strain of Staphylococcus aureus that is able to fight off (is resistant) to a medication called methicillin, a drug related to penicillin. MRSA used to be found primarily only in the hospital and caused infections in people who were in the hospital recently or currently. Nowadays MRSA is frequently found in people who get infections outside the hospital also and may be more aggressive than strains that are sensitive to methicillin (MSSA).

How do I treat it?

For a boil of the skin, often the only treatment needed is called incision and drainage, meaning that a scalpel is used to cut open the boil to allow the pus to drain. This should be done sterilely in a medical setting and not at home. Occasionally antibiotics may be given by mouth also for this.

For MSSA, medications often used to treat the infection include cephalexin (Keflex) by mouth or cefazolin (Ancef) or nafcillin or oxacillin by IV. For MRSA, medications given by mouth may include TMP/SMX (Bactrim), clindamycin (Cleocin), rifampin (Rifadin), linezolid (Zyvox), or levofloxacin (Levaquin); there are many other medications that may be given by IV to treat this infection.

To get rid of the bacteria off the skin, your primary care provider may prescribe an ointment called Bactroban that should be applied inside the nose and to the nailbeds twice a day for two weeks; all people living in the same household should be treated together because this bacteria can be passed person to person. Soaking in a bath with Betadine or Hibiclens poured into the water once weekly may also decrease the amount of bacteria present on the skin.

If you have further questions, be sure to talk to your primary care provider or your health educator or nurse.



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