

Diseases Fact Sheet - Staphylococcal Disease

South Dakota Department of Health

Office of Disease Prevention Services - 605-773-3737 -(1-800-592-1861 in South Dakota only)

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What is it?

Staphylococci are bacteria that can cause a variety of syndromes from skin infections and food poisoning to severe invasive disease which can result in septicemia or death.

Who gets staphylococcal disease?

Anyone can get staphylococcal infections. Susceptibility is greatest among newborns and persons with chronic underlying health conditions.

How is this staphylococcal disease spread?

Staphylococci bacteria are very common organisms harbored in the human nose. Self infection is responsible for up to one-third of infections - with the hands being the instrument of transmission. Otherwise, transmission is by direct contact with a person who has a draining skin lesion or is an asymptomatic carrier.

What are the symptoms of staphylococcal disease?

The most common infections are of the skin: impetigo, abscesses, and infected cuts. There may be one or several skin lesions.

Usually, lesions are uncomplicated, but if the organism invades the bloodstream, it may lead to pneumonia, septicemia, arthritis, endocarditis or meningitis. Staphylococci bacteria can also cause urinary tract infections and eye infections. As food poisoning, staphylococci bacteria produce a toxin (poison) that causes people to experience sudden onset of diarrheal illness.

How soon after exposure do symptoms appear?

Extremely variable - symptoms can appear in 1-10 days.

For how long can an infected person carry this bacteria?

As long as draining lesions are present or the carrier state persists. Auto-infection may continue for the period of nasal colonization or duration of active lesions.



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How is it diagnosed?

Diagnosis is confirmed by identifying the bacteria grown in a laboratory culture from a sample of a draining lesion, or taken from a swab of the back of the nose of a carrier.

What is the treatment for staphylococcal disease?

For most skin lesions, topical application of an antibiotic is adequate. Abscesses should be drained. Severe infections may require systemic antibiotics.

Should an infected person be excluded from work or school?

For persons who are not severely ill, it is not necessary to exclude them from school or work. However, infected persons should be encouraged to take precautions and use good personal hygiene, especially hand-washing. Properly dispose of dressings from draining lesions and wash hands after handling. Food handlers with skin lesions should be excluded from food handling duties until a physician determines those lesions are no longer infectious.

Persons who have skin or draining staphylococcal lesions are likely sources of spread and should avoid close physical contact activities.