



The purpose of this poster is to ensure that clinical indications of Panton-Valentine Leukocidin positive Staphylococcus aureus (PVL-SA) are recognised promptly so advice and treatment are sought as soon as possible to reduce the risk of transmission to others within the household, wider community or health care setting.

Skin and soft tissue infections (SSTIs) and PVL-SA⁽¹⁾

Staphylococcus aureus (SA) is the most common pathogen responsible for skin and soft tissue infections (SSTIs). PVL-SA caused SSTIs are usually more severe and the impact on the patient can be considerable due to the need for prolonged treatment. Early recognition of PVL-SA infections is key.

What is PVL-SA?

Staphylococcus aureus is a common bacterium found on the skin and mucous membranes. It is predominantly associated with skin and wound infections.

PVL is a toxin produced by a small percentage of Staphylococcus aureus (PVL-SA) that can destroy white blood cells and cause more serious infections in wounds, joints and also (but rarely) pneumonias (invasive disease).

wipe it out One chance to get it right

Epidemiology of PVL^(2,3)

You should suspect PVL-SA if a patient presents with the

• cutaneous lesions ≥5cms in diameter, which need

cellulitis (inflammation ± blistering of the skin)

different treatment from smaller lesions and may be

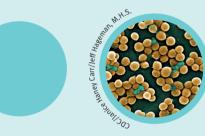
pain that is out of proportion to severity of cutaneous

pus-producing skin infections (boils and abscesses) which

Strains of PVL-SA have been known to cause disease for over a century. Over the last decade or so, PVL-related disease has increased world-wide. Currently, around 2,000 cases occur per annum in England and Wales; two thirds of these are caused by meticillin sensitive strains of S. aureus (PVL-MSSA), one third are due to meticillin resistant strains (PVL-MRSA).

PVL-SA is commonly (but not exclusively) associated with:

- infections in previously healthy individuals in the community
- under 40 year olds, but anyone is susceptible.



High risk groups for transmission of PVL-SA^(4,5)

PVL-SA infections are highly transmissible and can spread in settings where individuals are in close physical contact or may share personal items, for example towels. These groups include:

- families/households
- educational settings (including nurseries)

follow risk

No

Consider

alternative

diagnosis

military personnel/barracks

Diagnosis

- close contact sports, e.g. rugby, judo, wrestling
- care homes
- gyms

Is PVL-SA

suspected?

prison settings.

Risk assessment guide if PVL-SA is suspected

Screening

- 1. Swab affected site (including If Yes to pus if present) and refer one or more to local guidance on the of these management of SSTIs for questions further information/advice please
 - 2. Label all swab(s) as suspected

Wound Care

Signs and symptoms (4,5)

vary in severity and may be recurrent

following:

recurrent

findings

necrosis.

 Advise patient to cover infected skin lesion with a dressing and change regularly according to the clinical assessment. Give advice regarding which dressing should be used and how off

Patient information

- 1. Personal hygiene should be emphasised including hand washing, care to avoid sharing towels, bath water etc
- 2. Patient information supply local leaflets on the

Management of swab result

PVL-SA negative - consult with GP/MO

PVL-SA positive – consult with GP/MO and refer to local/ national PVL-SA guidelines

2. Is there a previous clinical history of PVL-SA?

1. Are there signs

of PVL-SA?

and symptoms

3. Is there a history or suspicion of **PVL-SA** within close contacts (household, family or partner) within the last 12 months?

PVL-SA infection and include assessment relevant clinical patient guide information

- (I&D) required
- 3. Refer to GP/Medical Officer (MO) if incision and drainage
- dressing should be changed
- Advise patient to dispose of dressing in normal household waste
- Advise patient not to touch or squeeze skin lesions
- Advise patient to regularly wash hands using liquid soap water and not share towels.
- Advise patient to return if SSTI does not resolve or there is further deterioration
- Seek further advice/refer to GP/MO if required

management of SSTIs if available or alternatively go to the NHS CSK website www.cks.nhs.uk/home

3. **Exclusion** – if patient works in a high risk area, for example health care worker, request that patient seeks advice from their local occupational health department. It is recommended that individuals with SSTIs refrain from communal activities until wounds have healed, for example swimming, contact sports and massage

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