

SKIN AND SOFT TISSUE INFECTIONS

Panton-Valentine Leukocidin (PVL)

Panton-Valentine Leukocidin (PVL) is a toxin produced by 20.8–46% of *S.aureus* from boils/abscesses. On rare occasions it causes more severe invasive infections. It has been known to cause a necrotising haemorrhagic pneumonia in otherwise healthy young people.

There can be clusters of disease amongst household contacts and other groups including close contact sports, sharing equipment e.g., gyms, military personnel, and prisons. Sometimes strains of MRSA produce PVL toxin.

Send swabs if PVL is a possibility, requesting PVL testing on the card. Perform drainage if necessary. When using the ICE request system please select 'Swab/fluid MC&S' then choose swab for PVL screen

Initially treat with antibiotics according to the site of infection and await sensitivities. PVL treatment depends on the sensitivity pattern of the infecting organism, as can occur in different strains of *S. aureus*, MSSA and MRSA and on the severity of disease. Ongoing treatment recommendation will be on specialist advice.

After treatment, and once the wound has healed, the patient will be offered a **skin decolonisation treatment**.

Skin Decolonisation Treatment:

This requires a combination of more than one medication.

Medication ¹	Dosage	Duration
Octenisan® body wash	Use once daily on the body. Apply undiluted to skin and leave for 1 minute before washing off. Also use as a shampoo on days 2 & 4.	5 days
Second line: Prontoderm® foam [^] (if unable to use Octenisan® due to allergy, limited washing facilities, restricted washing ability)	Apply once daily from head to toe (including hair) and leave to dry. It does not need to be washed off.	5 days
Plus Octenisan® nasal gel	Apply to the inside of both nostrils twice a day.	5 days
Or Mupirocin 2% nasal ointment	Apply to the inside of both nostrils three times a day.	5 days

¹ See [BNF](#) for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.

[^] Note Bassetlaw follow different guidelines and use Prontoderm® foam as first line treatment.

* On the advice of infection control only – Octenisan® wash mitts and shower caps (Amber 2) may be used in community patients unable to use the standard wash or Prontoderm® foam.

Naseptin® cream applied four times a day to both nostrils can be used as an alternative third line option. Recommended course lengths vary from 5 to 10 days depending on the indication. Naseptin has been reformulated and no longer contains arachis oil. **Please note - there may still be old stock in the system which will contain arachis oil, so continue to consider peanut allergy risk.

Patient Information leaflet - [Octenisan® wash](#)

[Patient Information Leaflet - Prontoderm® Foam](#)

Close family contacts are only offered treatments if there is evidence of cross-transmission or if the patient has had multiple problems of re-infection.

Guidance on decolonisation and screening will be given by the:

- CityCare Infection Prevention & Control Team (0115 8834902) or e-mail ncp.ipct@nhs.net
- ICB County Infection Prevention & Control Team (01623 673081) or e-mail nnicb-nn.ipc@nhs.net