Pseudomonas aeruginosa piercing-related infections



Information for NSW Clinicians

Please distribute this information to all staff

- 1. NSW Health has identified a recent increase in hospital admissions due to **Pseudomonas** aeruginosa skin infections following ear piercing procedures.
- 2. Consider *Pseudomonas aeruginosa* infection in patients presenting with skin or soft tissue infections up to one month after piercing procedures. In these patients, antibiotic regimens should include coverage for *Pseudomonas*.
- **3.** For piercing-related infections, send a swab for culture and seek Infectious Diseases/ENT advice early.

BACKGROUND

There has been an increase in cases of piercing-related infections testing positive for *Pseudomonas* aeruginosa in NSW since March. All affected patients had undergone piercing within one month prior to their infection. *Pseudomonas* aeruginosa is a recognised common cause of infection after ear piercing, but analysis of emergency department presentations has shown a significant increase in piercing-related infections in NSW in recent weeks.

A significant proportion of these infections have been severe and required hospital admission with intravenous antibiotics.

RECOMMENDATIONS

Consider *Pseudomonas aeruginosa* infection in any patient who presents with infection at a piercing site, following procedures in the past month.

Testing:

- Collect **wound cultures** from the site of infection prior to initiation of treatment
- Please ensure that piercing date, details, and symptoms are included on microbiology request forms

Treatment:

- Pseudomonas aeruginosa infection requires **prompt antibiotic treatment** (often with ciprofloxacin).
- Piercings should be removed during treatment of localised infection, as hardware may be contaminated.
- Stop using any aftercare products and discard leftover bottles.
- Consider seeking expert infectious diseases or clinical microbiology advice in serious infections.
- Any sign of progressive or deep infection such as a collection in the ear should be **referred early for ENT review**, as **Pseudomonas** infection of the ear may need surgical drainage.

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