



IMPETIGO

What is the aim of this leaflet?

This leaflet has been written to help you understand more about impetigo. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is impetigo?

Impetigo is a bacterial infection of the surface of the skin. In the UK, it is the most common skin infection seen in young children but may be seen in people of any age.

What causes impetigo?

This information leaflet refers to impetigo in the UK, which is usually due to bacteria called *Staphylococcus aureus*. These germs pass from person to person by skin-to-skin contact or, less often, by bedding, clothing and towels. Impetigo can spread rapidly through families and school classes. However, it can also spontaneously appear with no link to where it came from.

The bacteria that cause impetigo often take advantage of skin that is already damaged by cuts or grazes, insect bites, head lice, scabies, cold sores, or eczema but impetigo can also invade unaffected skin. People with diabetes or low immunity are more susceptible to getting impetigo.

Impetigo is more common in warm humid weather.

Is impetigo hereditary?

No.

What are the symptoms?

Impetigo can make the skin red, sore and itchy. There may be swollen glands. It is unusual to have a fever or feel very unwell.

What does impetigo look like?

Impetigo can appear anywhere but is most common on exposed areas of skin such as the face (around the nose and mouth) and on the hands. It starts as a rash of small, pus-filled blisters. These tend to break easily to leave round oozing patches covered with yellow or brownish crusts. The patches are small at first (for example, half a centimeter or so across), but slowly get bigger. Bacteria are easily spread via contact and new patches can develop at other sites away from the original infection.

Impetigo may also present with sore, intact blisters. This is known as bullous impetigo, which is less common and should prompt urgent assessment by a medical professional. As the patches clear up, their crusts fall off and the areas heal without leaving scars, although there may be temporary redness or altered pigmentation.

How will impetigo be diagnosed?

Your doctor or nurse will make the diagnosis on the way the rash looks and will check to see if it has come up on top of another skin condition, such as scabies. Treatment will be started immediately to avoid delay. For impetigo that is worsening or if you are getting recurrent episodes of impetigo, your doctor may consider taking a skin swab and a swab from your nose to see if bacteria are present there causing the re - infected episodes.

Can impetigo be cured?

Yes. Usually, it clears in a few days with treatment and 2 to 3 weeks without treatment. It may not clear if there is an underlying skin problem such as scabies or head lice. These additional skin problems will also need treatment.

How can impetigo be treated?

The first step is to remove the crusts gently and regularly - antibacterial liquid soap/skin wash and water is as good for this as anything else. Apply hydrogen peroxide 1% antiseptic cream, onto the patches and the skin around them, two or three times a day, for 5-7 days until they clear up. For people where the impetigo is worsening despite antiseptic cream, or in those with wide spread impetigo, antibiotic creams such as mupirocin or fusidic acid may be prescribed and applied three or four times a day, for 5-7 days until they clear up. However, the bacteria that cause impetigo are becoming less likely to respond to these antibiotics than in the past. For this reason, it is important we reserve antibiotics for when your doctor or nurse considers this necessary.

Your doctor or nurse will decide whether you need a course of oral antibiotic tablets. This approach may be used if your impetigo is blistering, widespread or is slow to get

better with antibiotic applications alone, or keeps coming back. Antibiotics called flucloxacillin, erythromycin and clarithromycin can be effective for wide spread infection and are prescribed for 5 days. Antibiotic treatment may be adjusted on return of swab results.

What can be done to reduce the spread of impetigo?

- Avoid touching patches of impetigo and stop other people touching them too.
- Hygiene is important - always wash your hands with soap after accidentally touching the area and ask other people to do the same.
- Wash your hands before and after putting the cream or ointment on the impetigo.
- Don't share towels, flannels etc. until the infection has cleared. Always use a clean cloth each time to dry the affected area.
- To prevent the spread of bacteria, the patient's towels, pillowcases, and sheets should be changed and washed on the hottest available setting (at least 60 degrees) with the addition of laundry bleach. Clothing and bedding should be washed and changed daily during the first few days of treatment. Children with impetigo should be kept off school or nursery until affected areas have healed or 48 hours after starting antibiotic treatment.
- It is fine to continue with your normal bathing and skin care routine. However, be careful to avoid contaminating creams, using a spoon to remove the cream avoids you touching the affected skin and then putting your finger back into the pot.

Where can I get more information about impetigo?

Links to patient support groups:

<https://patient.info/health/impetigo-leaflet>

Web links to detailed leaflets:

<https://medlineplus.gov/impetigo.html>

<https://www.dermnetnz.org/topics/impetigo>

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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