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?

In the UK, impetigo is usually due to a 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 can invade normal skin, but more often take advantage of skin that is already damaged by cuts or grazes, insect bites, head lice, scabies, cold sores, or eczema. 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 (e.g. half a centimeter or so across), but slowly get bigger. Bacteria are easily spread, and new lesions can develop at other sites away from the original infection.

Impetigo may also present with sore, intact blisters. This is known as bullous impetigo, and is less common. 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. A swab from the affected area may be sent to the laboratory to see which germ is causing the impetigo and which antibiotic is most likely to help; however, treatment should not wait until the results are received. If you are getting recurrent episodes of impetigo, your doctor may take 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 an antibiotic cream, or ointment, onto the patches and the skin around them, two or three times a day, for 7-10 days until they clear up. Antibiotic creams such as mupirocin or fusidic acid will usually be prescribed. Retapamulin is a newer antibiotic cream that is occasionally used. However, the bacteria that cause impetigo are becoming less likely to respond to these antibiotics than in the past. For this reason, creams containing antiseptics such as povidone iodine or chlorhexidine may be recommended as an alternative.

Your doctor or nurse will decide whether you need a course of oral antibiotic tablets as well as the antibiotic ointment. This approach may be used if your impetigo is wide spread or is slow to get better with antibiotic applications alone, or keeps coming back. Antibiotics called flucloxacillin, erythromycin and cephalexin can be effective for widespread infection and are taken for at least 7 days. Penicillin can be added to the treatment if your impetigo is due to a streptococcal infection.

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 after accidentally touching the area (and ask other people to do the same).
- Wash your hands before and after putting the antibiotic 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 by 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

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

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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