



Impetigo

What are the aims 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.

What causes impetigo?

In the UK, impetigo is usually due to a germ known as *Staphylococcus aureus*; in hot climates it may be due to *Streptococcus pyogenes*, or to a mixture of the two. These germs pass from person to person, and impetigo can spread rapidly through families and school classes - by skin-to-skin contact or, less often, by bedding, clothing and towels. However impetigo can also arrive out of the blue, with no hint of where it came from.

The germs that cause impetigo can invade normal skin, but can also take advantage of skin that is already damaged by cuts or grazes, insect bites, head lice, scabies, cold sores, or eczema.

Impetigo is most common in children, and in warm humid weather.

Is impetigo hereditary?

No, but several members of a family often get it at the same time.

What are its symptoms?

Impetigo can be sore and itchy but does not usually make you feel ill.

What does impetigo look like?

Impetigo can crop up 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

groups of thin-roofed pus-filled blisters which tend to break quickly to leave round oozing patches covered with honey-coloured or brownish crusts. The patches are small at first – half an inch or so across - but slowly get bigger. Smaller ‘satellite’ patches can come up nearby and may enlarge too. As the patches clear up, their crusts fall off and the areas heal without leaving scars.

How will impetigo be diagnosed?

Your doctor will base 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 a crusted 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 through. If you are getting recurrent episodes of impetigo your doctor may take a swab from your nose to see if the infective bacteria are harbouring there.

Can impetigo be cured?

Yes. Usually it clears quickly; but it will not do so if it is based on an unrecognised underlying skin problem such as scabies or head lice (see above).

How can impetigo be treated?

The first step is to take the crusts off gently and regularly - soap and water is as good for this as anything else.

You can then rub an antibiotic cream or ointment onto the patches and the skin around them, two or three times a day, until they clear up (usually in 7 – 10 days). Mupirocin or fusidic acid are often used for impetigo: unlike some other antibiotic creams they seldom cause allergy. However the bacteria that cause impetigo are becoming less likely to respond to them than in the past. For that reason, creams containing antiseptics such as chlorhexidine, hydrogen peroxide or iodine may be preferred.

Finally, your doctor will decide whether you need a course of antibiotic tablets by mouth as well as the antibiotic ointment. This approach may be used if your impetigo is extensive, slow to get better with antibiotic applications alone, or keeps coming back. Flucloxacillin, erythromycin and cephalexin are all effective 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 I do?

Your main aim must be to stop the impetigo spreading to other people, and especially to newborn babies:

Try not to touch patches of impetigo, and stop other people touching them too.

Wash your hands after putting the antibiotic cream or ointment on the impetigo.

Don't share towels, flannels, etc, until the infection has cleared. The patient's towels, pillowcases, and sheets should be changed after the first

day of treatment, and clothing should be changed and laundered daily for the first few days.

Children with impetigo should be kept off school or nursery for a few days until blisters and crusting have gone.

Where can I get more information about impetigo?

Links to other Internet sites:

www.nottingham.ac.uk/~muzd/reviews/rev211Impetigo.htm

www.prodigy.nhs.uk/guidance.asp?qt=impetigo#managementissues

Web links to detailed leaflets:

www.nlm.nih.gov/medlineplus/impetigo.html

www.emedicine.com/emerg/topic283.htm

www.dermnetnz.org/dna.impetigo/impet.html

(While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail)

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