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Impetigo

What is impetigo?

Impetigo is a [bacterial](#) skin infection. It is often called "school sores" because it most often affects children. It is quite contagious.

What is the cause of impetigo?

[Streptococcus pyogenes](#) and/or [Staphylococcus aureus](#) are the micro-organisms responsible for impetigo.

Impetigo may be caught from someone else with impetigo or [boils](#), or appear "out of the blue". It often starts at the site of a minor skin injury such as a graze, an insect bite, or scratched [eczema](#).

What does it look like?

Impetigo presents with pustules and round, oozing patches which grow larger day by day. There may be clear blisters (bullous impetigo) or golden yellow crusts. It most often occurs on exposed areas such as the hands and face, or in skin folds particularly the armpits.

Impetigo





[More images of impetigo](#)

Treatment

Treatment depends on the extent and severity of the infection.

- **Soak moist or crusted areas**
Soak a clean cloth in a mixture of half a cup of white vinegar in a litre of tepid water. Apply the compress to moist areas for about ten minutes several times a day. Gently wipe off the crusts.
- **Antiseptic or antibiotic ointment**
If an [antiseptic](#) (povidone iodine, hydrogen peroxide cream, chlorhexidine and others) or antibiotic ointment (fucidic acid or mupirocin) is prescribed, apply it at least three times a day to the affected areas and surrounding skin. Look carefully for new lesions to treat. Continue for several days after healing.
- **Oral antibiotics**
[Oral antibiotics](#) are recommended if the infection is extensive, proving slow to respond to topical antibiotics, or if the impetigo is recurrent. The preferred antibiotic is the [penicillin](#) antibiotic, flucloxacillin. The complete course should be taken, usually at least 7 days.
- **Treat carrier sites**
If impetigo is proving hard to get rid of, the following measures may be useful:
 - Apply an antibiotic ointment to the nostrils three times daily for 7 days.
 - Wash daily with antiseptic soap or cleanser.
 - Take a prolonged course of oral antibiotics.
 - Identify and treat the source of re-infection i.e. another infected person or carrier. The nostrils of a household contact may be a carrier site for pathogenic bacteria, without that person having any sign of infection.
- **General measures**
During the infectious stage, i.e. while the impetigo is oozing or crusted:
 - Cover the affected areas.
 - Avoid close contact with others.
 - Affected children must stay away from school until crusts have dried out.
 - Use separate towels and flannels.
 - Change and launder clothes and linen daily.

Related topics

On DermNet NZ:

- [Bacterial skin infections](#)
- [Staphylococcal skin infections](#)
- [Streptococcal skin infections](#)

- [MRSA](#) (Methicillin resistant staphylococcus aureus)
- [Ecthyma](#)
- [Folliculitis](#)
- [Boils](#)
- [Cellulitis](#)
- [Erysipelas](#)
- [Necrotising fasciitis](#)
- [More images of impetigo](#)

Other websites:

- [Impetigo](#) - emedicine dermatology, the online textbook

DermNet does not provide an on-line consultation service.
If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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