

Health Office Fact Sheet



Impetigo

Impetigo is a highly contagious bacterial infection of the skin. There are two types of impetigo:

- **non-bullous impetigo**, which causes sores that quickly rupture leaving a yellow-brown crust, and
- **bullous impetigo**, which causes large, painless, fluid-filled blisters.

Non-bullous impetigo is the most common, accounting for over 70% of cases.

The condition is most common in children, normally occurring between the ages of two and four. However, it can affect adults, especially if they are living in a confined environment such as an army barracks.

Antibiotic creams are recommended to treat the infection and to minimise the risk of the condition spreading.

Impetigo is normally not serious, though it is important to take precautions to avoid spreading it to other people, especially newborn babies. These include carefully washing hands after touching the affected areas of skin and not sharing towels or bed linen.

Most people are no longer contagious after 48 hours of treatment or once their sores have dried and healed.

Complications of impetigo are very rare. They include the infection spreading to the lymph nodes (lymphadenitis) or to a deeper layer of skin (cellulitis). Very rarely the infection can also spread to the kidneys, though this occurs in less than 1% of cases.

Symptoms of Impetigo

Non-bullous impetigo

The symptoms of non-bullous impetigo begin with the appearance of red sores; usually on the area around the nose and mouth. The sores quickly burst leaving thick, yellow-brown golden crusts. The crusts will then dry leaving a red mark that typically heals without scarring.

The sores are not painful, but they may be itchy. It is important not to touch, or scratch, the sores because this can spread the infection to other parts of your body, and to other people.

Other symptoms of infection such as fever and swollen glands are rare but they may occur in more severe cases.

Bullous impetigo

The symptoms of bullous impetigo begin with the appearance of fluid-filled blisters, usually on the trunk, the arms or legs. The blisters can quickly spread and then will burst after several days leaving a yellow crust, which will then heal without scarring.

The blisters are not painful but the area of skin around them may be itchy. Again, it is important not to touch or scratch affected areas of the skin.

Symptoms of fever and swollen glands are more common in bullous impetigo.

Causes of impetigo

Impetigo is caused by bacteria, specifically two types of bacteria known as staphylococcus aureus and staphylococcus pyogenes.

There are two ways an initial infection can occur:

- **primary impetigo** - is when the bacteria invades the skin through a cut, insect bite, or other injury, and
- **secondary impetigo** - is where the bacteria invades the skin because the skin barrier has been disrupted by another skin infection, such as scabies or eczema.

Once a person has become infected it is very easy for them to spread the infection to other people through close physical contact or through sharing towels or flannels.

Impetigo does not cause any symptoms until four to ten days after the initial exposure to the bacteria, so it is easy for people to spread the condition as they do not realise they are infected.

It is thought that the condition is more common in children because their immune system has not yet fully developed.

Diagnosing impetigo

Your GP should be able to diagnose the condition by examining the affected skin.

Further tests are only required when:

- the infection is severe and/or widespread,
- the infection does not respond to treatment
- the infection keeps recurring (coming back)

In the above circumstances a small area of affected skin will be gently wiped with a swab (like a large cotton bud) for further tests. This is to rule out the possibility of other conditions such as shingles or ringworm (a fungal infection of the skin).

Treating impetigo

Impetigo can normally be successfully treated using antibiotic cream (topical antibiotics).

You should first wash any affected areas of skin with warm, soapy water before applying the cream. It is important that you then wash your hands immediately afterwards, or if available, use latex gloves when applying the cream.

The condition should normally respond to treatment within seven days. However, if the condition does not respond, or the impetigo is widespread and severe, antibiotic tablets (oral antibiotics) will be prescribed.

A seven day course of oral antibiotics is normally recommended. It is important that you/your child finish the course of antibiotics even if the symptoms clear up.

Side effects of oral antibiotics include:

- nausea,
- stomach aches,
- vomiting,
- diarrhoea, and,
- (In women) yeast infections, such as thrush.

The side effects should pass within a few days.

Your child should be able to return to school or nursery after 48 hours of antibiotic treatment, or when the sores have crusted and healed.

Preventing impetigo

As impetigo is very contagious it is important to take hygiene precautions to stop the bacteria spreading and prevent other people catching it. The advice below should help prevent the spread of infection.

- Keep children off nursery, playgroup or school until the sores have stopped blistering or crusting, or until 48 hours after starting treatment.
- Don't share flannels, sheets or towels with infected people, and wash them at a high temperature after use.
- Wash the sores with soap and water and cover them loosely with a gauze bandage or clothing.
- Do not touch the sores.
- Wash hands frequently.
- Avoid contact with newborn babies until the risk of contagion has passed (which is when any rash has crusted over or after at least 48 hours of treatment with antibiotics).

To prevent the impetigo returning, keep cuts and scratches clean and ensure that any condition causing broken skin, such as eczema, is treated promptly.

www.nhsdirect.nhs.uk

www.kidhealth.com

www.cdc.gov

