

## **IMPETIGO – FACT SHEET**

Persons suspected of having impetigo should be seen by a physician so that appropriate diagnosis, treatment, and follow-up can be obtained.

### **Definition and Cause:**

Impetigo is a very common and contagious skin disease characterized by fluid-filled blisters or red pimples that may become crusted. It is seen primarily in infants and children. They are most commonly found on the face, but may be anywhere on the body. Impetigo is caused by a bacterial infection. Streptococcal bacteria and *Staphylococcus aureus* are the most common cause of impetigo.

### **How Impetigo is spread:**

It is spread primarily through direct contact, although it can be transmitted through a contaminated surface. Germs enter through a break in the skin (e.g., insect bite, a cut, a burn).

Contamination lasts until all skin lesions are dry and healed, or child has been on antibiotics for 24 hours.

### **Treatment:**

Although impetigo usually heals spontaneously within two weeks without scarring, treatment helps relieve discomfort, improve cosmetic appearance, and prevent the spread of bacteria that may cause other illnesses. There are two ways to treat impetigo:

1. Topical treatment with antibiotic ointment or cream when it is not widespread. (eg. Mupirocin/*Bactroban* or Retapamulin/*Altabax/Altargo*, or Fusidic Acid/*Fucidin*).
2. Oral antibiotics, including: penicillins, amoxicillin/clavulanate, cephalosporins, and macrolides. Patients need to be encouraged to complete the entire course of antibiotics, as prescribed by the physician, even if the lesions have gone away.

If lesions do not go away with treatment, sometimes they are swabbed and then cultured to identify the type of bacteria, and new treatments are started.

### **Home Management:**

- Consult your child's physician for diagnosis and treatment. Upon discovery of lesions thought to be impetigo, your child may remain in class that day, if lesion is gently washed and covered with a dressing.
- Return to school is permitted after 24 hours of topical or oral antibiotic treatment.
- Good hand washing technique is essential after contact.
- Toys and items your child uses should be cleaned.
- Teach your child not to pick or touch lesions; trimming nails is worthwhile.
- It's recommended that parents launder contaminated clothing daily.
- Cover the lesions loosely, to prevent contact, but allow air flow.