



Impetigo

What is impetigo?

Impetigo is a **skin infection** which is **highly contagious** and is most common in children. Although it is **rarely** serious and can resolve on its own, doctors often recommend antibiotic treatment to prevent possible complications and avoid spread of the infection.

What causes impetigo?

Impetigo is caused by **bacteria** that produce a toxin which causes a reaction in the surrounding skin. Most commonly the bacterium responsible is *Staphylococcus aureus* but *Streptococcus pyogenes* can also cause the infection. These bacteria often live on the surface of the skin without causing any harm. However, if there is skin damage such as a cut, scrape, insect bite or skin inflammation from another skin condition, these bacteria may invade the skin and cause an infection. Infection is also possible without skin damage. This can occur due to contact with items that an infected person has touched, such as bed linen, towels, clothing or toys.

When should impetigo be suspected?

The first sign of impetigo is an **itchy, red area of skin**. The appearance of the established infection depends on the type of impetigo the individual is suffering from, namely whether it is non-bullous or bullous impetigo.

In **non-bullous impetigo** red sores are present, most commonly around the mouth and nose. These soon burst, oozing clear or pus-like fluid that goes on to form **typically golden crusts**. Once the crusts dry out reddish areas of skin are exposed. These usually heal without any scarring.

In **bullous impetigo**, which usually affects children under the age of two, fluid-filled blisters surrounded with red, itchy skin are present and tend to spread quickly over the body, eventually bursting and leaving a golden crust. They are usually found on the limbs and torso. In rare cases impetigo infection can also cause fever and swollen glands. This is slightly more common in bullous impetigo.



Fig 1. (Left) shows the golden crusts typical of impetigo¹

Fig 2. (Right) shows the crusty patches that form once crusts/blisters burst¹





How is impetigo diagnosed?

Impetigo is usually diagnosed after a general practitioner (GP), or other doctor examines the affected area. Often the doctor will ask regarding recent skin injuries, cuts or bites and ask about other skin conditions the patient suffers from. If necessary a swab can be taken from a crusted area, which is then sent to the laboratory to check which bacterium is causing the infection and which antibiotics are effective against it. In certain situations, such as severe or returning infections or lack of improvement with treatment, the doctor may decide to order further tests.

How is impetigo treated?

This will depend on the type and severity of the impetigo.

- **Hygienic measures**, in other words keeping the skin clean, may be all that is recommended by the doctor in mild infections.
- **Topical antibiotics** may be prescribed. These are creams or ointments containing antibiotics that are applied directly onto the skin. Before they are applied, any crusts should be gently removed and the affected areas of the skin washed with warm, soapy water. This will allow the antibiotic to be more effective as it can get deeper into the skin. Ideally cream/ointment should be applied with latex gloves to prevent the infection spreading to other areas of the body or to other people. The hands should be washed thoroughly after applying treatment.
- **Oral antibiotics** (antibiotics in tablet or syrup form) may be prescribed in cases where impetigo is more widespread or severe or has not improved with topical antibiotics. It is important to make sure that the full course of antibiotics is completed as recommended by the doctor, even if symptoms clear up early.
- Antibiotic treatment of impetigo will speed up healing and reduce the period of time an affected person remains infectious.

When can a child with impetigo return to school?

The child can return to school 48 hours after antibiotic treatment is started, or when all sores have crusted and healed. At this point in time, the child will no longer be infectious.

Can impetigo cause complications?

Impetigo **rarely** causes any complications. However, when complications do occur they can be serious. Any affected adult or parent/guardian of an affected child who notices worsening symptoms should seek a doctor's advice immediately.

How can the spread of impetigo be prevented?

Unfortunately, symptoms do not appear until 4-10 days after a person has been exposed to the bacteria that cause impetigo. During this period of time an infected person may spread the infection to others as they are not aware they have it.





Good hygiene is the best way of preventing the spread of impetigo and decreasing one's risk of developing it. **Handwashing** is essential, in particular after using the toilet, before handling or eating food, after using or disposing of tissues and after handling animals. Any cuts, bites, grazes or other injuries should immediately be washed, covered with waterproof dressings and kept clean.

The following advice will help prevent spread of impetigo to others or to other parts of the patient's body:

- Although the blisters and sores can be very itchy, avoid touching or scratching them
- Wash affected areas with running water and neutral soap, then lightly cover the area with gauze if possible
- Wear gloves when applying antibiotic creams/ointments and wash hands thoroughly afterwards
- Keep nails short to reduce damage from scratching
- The affected person's clothes, bedding, towels and other toiletries must be washed daily
- The affected person must not share clothes with others and their belongings should be isolated
- The affected person and any carers should wash their hands with soap and water often
- The affected person should avoid contact with others until they are no longer contagious
- Any skin conditions should be treated properly to help prevent recurrence of the impetigo
- Frequent cleaning of the environment with appropriate cleaning agents (especially in situations where items are shared among children, such as toys in a school or childcare centre)

Sources:

¹Figures obtained from: <https://www.nhs.uk/conditions/impetigo/>





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