

## BACKGROUND

Impetigo is a skin infection caused by staphylococcal or Group A streptococcal bacteria. It is the most common bacterial skin infection in children.

## WHO DOES THE ISSUE IMPACT?

Children between the ages of 2 and 5 are at highest risk for getting an impetigo infection. Infections can spread rapidly and are more common in the summer. This type of infection occurs more frequently in crowded spaces like schools, child care centers and summer camps where there is potential for skin-to-skin contact. Children with broken skin are at a higher risk for getting an infection because small breaks in the skin from injuries, other rashes or insect bites may enable the bacteria to enter the skin. Individuals with poor hygiene, diabetes or a weakened immune system are also more vulnerable to contracting an impetigo infection.

## COMPLICATIONS

Adults are at higher risk than children for complications of impetigo. Complications are rare but include cellulitis, kidney problems and scarring.

## SIGNS AND SYMPTOMS

A rash develops four to 10 days after exposure to the bacteria. The rash is red, round, may ooze pus and be itchy. The blisters may break and form a flat, honey-colored crust. Impetigo rashes most commonly occur around the nose and mouth, hands, forearms, or, in diapered children, in the diaper area. However, impetigo rashes can form on any part of the body. The rash typically lasts about two weeks. Lymph nodes may also be swollen.

## CAUSES AND TRANSMISSION

The bacteria that cause impetigo can be transmitted to others through contact with skin lesions. The bacteria can also be transmitted through other objects or materials such as bedding or toys. The bacteria can be spread by scratching the blisters and touching other parts of the body.

A person is considered infectious until 24 hours after start of antibiotic treatment or until the lesions have crusted and are no longer draining.

## TESTS AND DIAGNOSIS

A diagnosis of impetigo is usually based on a patient's history and an examination of the rash. Lab tests can be used to confirm the presence of the bacteria.

## TREATMENTS

November 2018

Impetigo usually goes away on its own within two weeks, but treatment may relieve the symptoms, improve the appearance of the rash, and prevent transmission to others. It can be treated with either topical or oral antibiotics. Oral antibiotics are recommended for patients with extensive disease.

## WHAT CAN YOU DO?

To prevent impetigo:

- Clean and cover skin injuries; and
- Practice good hygiene such as regular hand washing, bathing and/or showering.

If you have impetigo:

- Regularly wash your hands;
- Use a clean towel or fresh paper towel to dry the body or hands;
- Wash clothes and linens in hot water;
- Keep fingernails short;
- Clean surfaces in the home with antibacterial products; and
- Do not share personal hygiene items.

If a child has impetigo:

- They should be excluded from school or child care centers until 24 hours after antibiotic treatment is started to prevent transmission to other children.

## RESOURCES FOR MORE INFORMATION

CDC Group A Streptococcal Disease: <http://www.cdc.gov/groupastrep/index.html>

*This fact sheet provides general information. Please contact your physician for specific clinical information.*

**If you have any questions, contact us at 1-877-PA-HEALTH.**