



# Impetigo

## What is Impetigo?

Impetigo is a skin infection. It is usually caused by a bacterium (germ) called *Staphylococcus aureus*. Another type of bacterium called *Streptococcus pyogenes* (group A strep) is sometimes the cause.

- Primary impetigo is when the infection affects healthy skin.
- Secondary impetigo is when the infection affects skin that is already 'broken' by another skin condition. For example, skin with eczema, psoriasis or a cut sometimes develops a secondary impetigo.

## Who gets impetigo?

Impetigo commonly occurs in children, but it can affect anyone at any age. It occurs more commonly in hot humid weather. It is contagious and sometimes outbreaks occur in families or in people who live in close communities, such as army barracks.

You are more prone to develop impetigo if you play contact sports, have diabetes or if you have a poor immune system, for example, if you are taking chemotherapy.

## How is it spread?

Impetigo is spread from person to person through direct contact with discharge from blisters or through contact with items that an infected person has touched.

## What is the incubation period?

The rash typically appears 4-10 days after the skin becomes infected with the bacteria.

## What are the signs and symptoms?

Small blisters develop at first. You may not see the blisters as they usually burst to leave scabby patches on the skin. They often look like moist, golden crusts stuck on to the skin. An area of redness (inflammation) may develop under each patch. Sometimes affected skin is just red. The face is the most common area affected but impetigo can occur on any part of the skin. Patches of impetigo vary in size, but are usually quite small a centimeter or so to begin with. Smaller 'satellite' patches may develop around an existing patch and spread outwards.

## Should a person with impetigo be isolated?

As impetigo is contagious (which means it can be passed on to others):

- Try not to touch patches of impetigo and do not allow other children to touch them.
- Wash your hands after touching a patch of impetigo and after applying antibiotic cream.
- Don't share towels, flannels, bathwater, etc until the infection has gone.
- Children should be kept off school or nursery until there is no more blistering or crusting, or until 24-48 hours after antibiotic treatment has been started.

## What type of treatment and care should be given?

Impetigo may clear without treatment after 2-3 weeks. However, treatment is usually advised as it is contagious and severe infection sometimes develops. An antibiotic cream used for 7-10 days is the usual treatment if there are only a few small patches of impetigo on the skin. The crusts should be cleaned off with warm soapy water before applying the cream. This allows the antibiotic to penetrate into the skin. Antibiotic liquid medicine or tablets may be prescribed in some situation.

Adapted from Patient.co.uk

([http://www.patient.co.uk/search.asp?searchterm=impetigo&collctions=Condition\\_Leaflets&x=19&y=14](http://www.patient.co.uk/search.asp?searchterm=impetigo&collctions=Condition_Leaflets&x=19&y=14),

accessed 18 July 2014)

Epidemiology and Surveillance Unit

Continental Building, 25 Church Street, Hamilton, HM 12, Bermuda

P.O. Box HM 1195, Hamilton HM EX, Bermuda

Phone: (+1 441) 278-6503

Fax: (+1 441) 296-3283

E-mail: [epidemiology@gov.bm](mailto:epidemiology@gov.bm) or [jdwilson@gov.bm](mailto:jdwilson@gov.bm)