

Medicines for Children: information for parents and carers

Impetigo



This leaflet provides background information about impetigo in children, and how it can be managed. It has been written for parents and carers.

What is impetigo?

- Impetigo is an infection of the skin. It mostly affects young children (particularly between the ages of 2 and 4 years) but it can affect people of any age. It is not usually serious, but it is spread very easily.
- Impetigo is caused by bacteria, usually *Staphylococcus aureus* or sometimes *Streptococcus pyogenes*.

What are the symptoms of impetigo?

- At first you will see a small scratch or red sore on your child's skin, usually on the face and particularly near the corners of the mouth or on the nose or the backs of the ears.
- The patches very rapidly turn into a small blister. Less commonly, large blisters can appear on the body, arms or legs. The blisters will soon burst and weep, and a yellow or golden-brown crust will form over the top of the blister. The crusts dry, and if picked or scratched off, the skin underneath is red and looks sore.
- Usually more blisters will come in the same place and may spread to other parts of the body. Sometimes only one or two patches develop – these are usually only about a centimetre in size to start with, but can grow outwards.
- Impetigo sores do not usually cause discomfort to your child, although they may be itchy and occasionally painful.
- Rarely, if the impetigo is very bad, your child may have a fever (temperature above 38°C) and swollen glands in the neck, and they might feel generally tired and unwell.

How did my child get impetigo?

- Bacteria may get into the skin when it is damaged, for example through a cut or insect bite.
- Impetigo is easily spread through close contact and by sharing personal items like towels, often before the person with impetigo has any signs of it.


Do I need to take my child to the doctor?

Yes, because the infection needs to be treated.

Will my child need antibiotics?

- Yes, your doctor will probably recommend treatment with antibiotics. This is because impetigo is easily spread, both on your child's body and to other people. It is not usually a serious infection (although it can spread to other parts of the body), and would clear up on its own within 2–3 weeks without treatment.
- If there are only a few small spots of impetigo on the skin, the doctor may give your child an antibiotic ointment, such as fusidic acid (Fucidin®) or mupirocin (Bactroban®), to use for 7–10 days.

- In some cases they will prescribe oral antibiotics (tablets, capsules or liquid medicine), which your child will have to take for 7 days. This is usually flucloxacillin, or erythromycin if your child is allergic to penicillin antibiotics.

 If your child is given antibiotics, it is important that you follow your doctor's instructions about how to give them. Ensure that your child finishes the entire course of antibiotics, even if the sores have healed. This is to make sure that all the bacteria are killed.

- We have written leaflets about antibiotics used for childhood infections specifically for parents and carers. The leaflets can be found at www.medicinesforchildren.org.uk.

What else can I do to help my child?

- You can help the sores to heal by washing them with warm, soapy water and letting them dry in the air. You can then apply antibiotic ointment if this has been prescribed. Wash your hands thoroughly after touching affected skin, or wear rubber gloves.
- Do not use any other creams or medications on the sores, unless your doctor has told you to.

How long will it take for my child to get better?

- With antibiotic treatment, the impetigo will start to heal within 2 days. If the sores do not show any improvement after a week, contact your doctor.
- Impetigo will usually get better within 2–3 weeks, even without any treatment. However, treatment with antibiotics is important to prevent spread of the bacteria.

Can other people catch impetigo?

Yes. Impetigo is highly contagious, which means that it is easily spread to other people. It takes 4–10 days for the first sores to appear after a child is infected, so often the bacteria are spread before the impetigo becomes obvious.

You can help to prevent your child from spreading the bacteria in the following ways:

- Try to make sure that your child, and other children, do not touch the patches of impetigo. Small areas can be covered up with a plaster or dressing. However, they will heal more quickly if left open to the air.
- Your child should not share personal items (towels, flannels, sheets) with anyone else or share a bath while they have the infection.
- Wash your hands and your child's hands often, particularly after touching the sores or applying cream.
- Keep your child's nails short. Encourage them not to scratch or pick the sores or scabs, and to keep their fingers away from their mouths.
- Change your child's clothes daily. Wash dirty clothes and bedding on a high temperature.

Can my child go to school / day care?

- Your child should not go to school or day care until they are no longer contagious, because of the risk of infecting other children.
- They can go back to school or day care when they have had 2 days of antibiotic treatment or the sores have dried up and healed.

Can impetigo cause more serious problems?

Complications of impetigo are very rare. Occasionally a child may develop a more serious infection. If your child becomes unwell or develops a more widespread rash, contact your doctor for advice.

Does impetigo cause any long-term harm?

- The marks left by the blisters will heal without leaving any scars.
- The risk of any serious problems is very low.

Can I prevent my child from getting impetigo in the future?

- The most common reasons for impetigo coming back are because the course of antibiotic treatment was stopped too soon (you must complete the course, even if the sores seem better) or because your child has been infected again by someone else.
- If you see signs of impetigo returning, you can start using the antibiotic cream again. Check that it is within the opened shelf-life. If there is no improvement, take your child back to the doctor, in case a different antibiotic treatment is needed.

Is there anything else I should know?

- Your child is more likely to catch impetigo if they play contact sports (e.g. rugby), have diabetes or if their immune system is not working properly (e.g. if they are taking steroids or have had chemotherapy).
- A patch of impetigo that appears near the mouth is often mistaken for a cold sore. Make sure a doctor or pharmacist looks at a suspected cold sore to confirm what it is.

Who to contact for more information

Your child's doctor, pharmacist or nurse will be able to give you more information about impetigo and how it is treated. Leaflets for parents about the antibiotics commonly used to treat childhood infections are available from www.medicinesforchildren.org.uk.

You can also get useful information from:

NHS Direct (www.nhsdirect.nhs.uk, 0845 46 47)

NHS 24 (Scotland) 08454 24 24 24

NHS Direct (Wales/Galw lechyd Cymru) 0845 46 47

NHS NI (Northern Ireland) 0845 46 47

www.medicinesforchildren.org.uk



Royal College of Paediatrics and Child Health

WellChild 
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