

Impetigo

Impetigo is a common skin infection caused by one or both of the following bacteria:

- Group A Streptococcus
- Staphylococcus Aureus

Transmission

Anyone can get impetigo. Impetigo spreads through germs entering an opening on the skin (i.e., cut, insect, bite) via:

- **Person to person** by direct contact with an infected person.
- **Environment to person** by contaminated surfaces.

Risk factors:

- **Age:** Most common in children two through five years old.
- **Infections or injuries that break the skin:** People with scabies infection are at increased risk or people who participate in activities where cuts or scrapes are common.
- **Group settings** that are in close contact with people, such as:
 - Schools
 - Day care
 - Military training facilities
- **Climate:** Impetigo is more common in areas with hot, humid summers and mild winters (subtropics), or wet and dry seasons (tropics).
- **Seasonality:** More common during seasons with warm weather.
Poor personal hygiene: Lack of proper hand washing, body washing or facial cleanliness.

A person can spread this disease until the skin sores are treated with antibiotics for at least 24 hours or until crusting lesions are no longer present. Repeated infections can occur.

Symptoms

Symptoms develop within seven to 10 days after the bacteria attach to the skin and may include:

- **Itchy pimples or fluid-filled sores**, generally small and red that break open and leak a clear fluid or pus. Often located on the face but can be anywhere on the body.
 - Sores normally leak for a few days after onset.
- **Crusty yellow or “honey-colored” scab** forms over the sore.
 - After leaking decreases the sores typically form a crust and resolve.

Diagnosis

Health care providers typically diagnose impetigo by looking at the sores during a physical examination. Lab tests are not needed.

Treatment

Impetigo is treated with antibiotics, either:

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- **Topical antibiotics** (medicine rubbed onto the sores).
 - Usually recommended for a few sores only.
 - **Oral antibiotics** (medicine taken by mouth).
 - Usually recommended for more serious sores.
- Use the prescription exactly as directed by the provider.*

Prevention

- **Exclude infected individuals** until antibiotics have been taken for at least 24 hours
- **Cover lesions** on exposed skin with a watertight dressing
- **Practice good hand washing** techniques frequently
- **Clip fingernails** to reduce further tissue injury by scratching and subsequent spread through contaminated fingernails

For more information about the treatment of impetigo contact your health care provider or visit [Impetigo: All You Need to Know | CDC](#).

Exclusion Guidance

Individuals with impetigo should not be excluded from work, school, or childcare unless the [general exclusions apply](#).

- Exclusion and treatment can occur at the end of the day with return after their first treatment and as long as exposed lesions can be covered.

For additional information about impetigo, contact the North Dakota Department of Health and Human Services', Public Health Division, at 800.472.2180.

Resources:

1. Center for Disease Control and Prevention. (2022, June 27). *CDC- Group A Streptococcal (GAS) Disease*. Center for Disease Control and Prevention. Retrieved May 5, 2023, from <https://cdc.gov/groupastrep/diseases-public/impetigo.html>.
2. Kimberlin, D. W., Barnett, E. D., Lynfield, R. Saywer, M. H. (2021) Red Book: 2021-2024 Report of the Committee on Infectious Diseases. 31st ed. American Academy of Pediatrics [Management and Prevention of Infectious Diseases; [Group-A Streptococcal Infections; Staphylococcal Aureus] [pages 123-133; pages 694-707; 678-692].