

What is impetigo?

Impetigo is a common skin infection caused by streptococcal or staphylococcal bacteria.

Who is at risk for impetigo?

Everyone is at risk, but those in child-care and school settings are at increased risk. Impetigo occurs year-round, but is most common in warm weather when the skin around the nose and face is damaged by runny nasal secretions and wiping that irritates the skin.

What are the symptoms of impetigo?

Symptoms include small, red pimples or fluid-filled blisters with crusted yellow scabs that are found most often on the face but may be anywhere on the body.

How soon do symptoms appear?

Skin sores develop in seven to 10 days after bacteria attach to the skin.

How is impetigo spread?

It is spread through direct contact with an infected person or from contaminated surfaces. Germs enter an opening on the skin (i.e., cut, insect bite, burn) leading to oozing, honey-colored, crusted sores.

When and for how long is a person able to spread the disease?

A person who has impetigo can spread the disease until the skin sores are treated with antibiotics for at least 24 hours or until the crusting lesions are no longer present.

How is a person diagnosed?

Consult a health-care professional for a positive diagnosis.

What is the treatment?

Impetigo is usually treated with topical antibiotics that need to be prescribed to you. Consult a health-care professional for a treatment plan. Also, clean the infected area with soap and water and loosely cover the infected area to allow airflow for healing.

Does past infection make a person immune?

No. Repeated infections can occur.

Should children or others be excluded from child care, school, work or other activities if they have impetigo?

Yes. Children should be excluded as soon as impetigo is suspected. Exclusion should last until the child has taken antibiotics for 24 hours. Lesions on exposed skin should be covered, if possible.

What can be done to prevent the spread of impetigo?

- Exclude infected individuals until antibiotics have been taken for at least 24 hours.
- Lesions on exposed skin should be covered with watertight dressing.
- Practice good hand washing techniques frequently.
- Clip fingernails to reduce further injury of tissues by scratching and subsequent spread through contaminated fingernails.
- In the event of an outbreak (more than one infected child in a group), consult with the local public health unit or the North Dakota Department of Health.

Additional Information:

Additional information is available at www.ndhealth.gov/disease or by calling the North Dakota Department of Health at 800.472.2180.

Resources:

American Academy of Pediatrics. [Children in Out-Of-Home Care]. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015: 132-151

American Academy of Pediatrics. [Group-A Streptococcal Infections]. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015: 732-744

American Academy of Pediatrics. [Staphylococcal Infections]. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015: 715-732