



# Impetigo

## What is impetigo?

A common skin infection caused by streptococcal or staphylococcal bacteria

## What are the signs or symptoms?

Small, red pimples or fluid-filled blisters (pustules) with crusted yellow scabs found most often on the face or on abraded areas anywhere on the body

## What are the incubation and contagious periods?

- Incubation period: Variable. Bacteria that could cause impetigo commonly live harmlessly on the skin. Minor skin trauma may result in skin infections like impetigo.
- Contagious period: Until the skin sores are treated with antibiotics for at least 24 hours or the crusting lesions are no longer present.

## How is it spread?

- Contact with the sores of an infected person or from contaminated surfaces.
- Germs enter an opening on skin (eg, cut, insect bite, burn, eczema) and cause oozing, leading to honey-colored crusted sores.
- Occurs year-round but most commonly in warm weather. Also occurs in cold weather when the skin around the nose and face is damaged by runny nasal secretions and nose wiping that irritates the skin.

## How do you control it?

- Cover lesions, after which infected individuals should be treated with an appropriate antibiotic regimen (oral or topical) at the end of the day.
- Use good hand-hygiene technique at all the times listed in Chapter 2.
- Clean and sanitize surfaces.
- 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 health department.
- The problem could involve staphylococcal bacteria (see *Staphylococcus aureus* [Methicillin-Resistant (MRSA) and Methicillin-Sensitive (MSSA)] Quick Reference Sheet).



COURTESY OF H. CODY WEISSNER, MD, FAAP

Impetigo. Crusted lesions inside and around nostrils start as red bumps.

## What are the roles of the educator and the family?

- Consult the child's health professional for a treatment plan.
- Use good hand-hygiene technique at all the times listed in Chapter 2.
- Clean infected area.
- Use medication recommended by the child's health professional.
- When possible, loosely cover infected area to allow airflow for healing and avoid contact with others in educational settings.
- Wear gloves. Perform hand hygiene after coming into contact with sores or when changing bandages in the educational setting and at home.
- Launder contaminated clothing articles daily.
- Notify the local health department if an outbreak occurs.

## Exclude from educational setting?

Wash the affected area, cover the sores, and then, at the end of the day, the child should see a pediatric health professional. If impetigo is confirmed, the child should start treatment (oral or topical antibiotic) before returning. If treatment is started before the next day, no exclusion is necessary. However, the child may be excluded until treatment has started.

## Readmit to educational setting?

### Yes, when all the following criteria are met:

- As long as the lesions are covered, the child can return once appropriate treatment has started (oral or topical antibiotics). When possible, lesions should be kept covered until they are dry.
- When the child is able to participate and staff members determine they can care for the child without compromising their ability to care for the health and safety of the other children in the group.

## Comments

- When impetigo is caused by group A *Streptococcus*, treatment and complication issues are similar to when this germ causes strep throat (see Strep Throat [Streptococcal Pharyngitis] and Scarlet Fever Quick Reference Sheet). However, acute rheumatic fever does not usually result from impetigo.
- Pediatric health professionals may use antibiotic ointment when there are only a few impetigo lesions and oral antibiotic(s) when there are many lesions.

