



Impetigo

What is impetigo?

Impetigo is a skin infection caused by either *Staphylococcus aureus* (staph) bacteria or group A *Streptococcus* (strep) bacteria. It is more common in children than adults and most often occurs in the summer. Impetigo is usually caused when bacteria enter the body through scrapes, cold sores, insect bites or patches of eczema.

What are the symptoms?

A child with impetigo will have a skin rash that looks like a group of small blisters or red bumps. After these blisters appear they often burst, and fluid seeps out. When the fluid dries, the blisters become coated with a yellow or grey crust. The blistered area will often be surrounded by redness. The rash will spread if it is not treated.

This rash usually appears around the nose, mouth, and other parts of the face. It can also appear on any skin not covered by clothes, such as arms and legs.

In severe cases of impetigo there may be swelling of the lymph glands in the face or neck, and your child may have fever.

Is impetigo serious?

Impetigo is usually a mild infection. Children with impetigo will have little discomfort other than occasional itching. In rare cases, the bacteria that cause impetigo can infect the bloodstream and cause kidney disease.

How is it spread?

Impetigo is very infectious and spreads easily from person-to-person by skin-to-skin contact. For example, when someone touches the rash with their hand and then touches another person the infection can be passed on. Impetigo can also be spread by touching objects contaminated with the bacteria. It can take anywhere from 1 to 10 days for the rash to appear after you have been infected.

You should practice good personal hygiene when a family member or someone you know has the infection. It is very important to wash your hands after touching the rash, as impetigo is easily passed on by hand-to-hand contact. For more information, see [HealthLinkBC File #85 Hand Washing for Parents and Children](#).

A child with impetigo should not share towels, clothes, face cloths, or personal items such as combs or brushes with anyone else.

What if I think my child has impetigo?

If you think your child has impetigo, take them to see a health care provider.

Be careful to protect yourself and other children from contact with children with impetigo.

If your health care provider finds that your child does have impetigo, it can be easily treated with antibiotic cream. Oral antibiotics may be prescribed for more severe cases where the rash covers large areas of the body. With treatment, the impetigo should be gone in about 7 days.

It is important that your child keeps taking all of the prescribed antibiotics until they are used up, even if the rash has gone away.

How can parents help?

Keep your child at home.

Impetigo is easily spread at daycares, schools and summer camps. A child with impetigo should stay at home.

Limit contact with infected children.

If you know of another child who has impetigo, you should watch for signs in your own children, and try to limit your child's contact with them.

Wash your hands.

If your child gets impetigo, everyone in your home will need to wash their hands carefully and often, especially after any physical contact.

Wash infected clothes and linens separately.

It is important to wash your child's clothes and bed linens separately from other's. Use hot water to wash the clothes, and dry them in a hot dryer.

Tell your child not to touch or scratch sores.

Children with impetigo should be encouraged not to touch or scratch their sores. Keep their fingernails short and clean. They should also be helped to wash their hands often.

As the disease develops, loose crusts on the skin can be soaked for 15 to 20 minutes with a warm wet facecloth, then gently washed off with soap and water and patted dry.

When can my child return to school or daycare?

Your child can usually return to school or daycare after 24 hours of antibiotic treatment.

This will reduce the chance of spreading the infection to other children.

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