

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?

The individual should be excluded from child care or school at the end of the day until the child is treated. The child does not need to be sent home prior to the end of the day if the lesions can be covered and kept dry. An individual may return to child care or school following receipt of antibiotic treatment for twenty-four hours if the sores can be covered and kept dry.

Exclusion should continue if:

- Care for others would be compromised because of the care required by the child with impetigo;
- The child with impetigo has fever or a change in behavior;
- The sores cannot be kept covered and dry;
- A health care professional or health department official recommends exclusion of the individual with impetigo.

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: 2018 Report of the Committee on Infectious Diseases*. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018: 130.

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. 4th ed. Itasca, IL: American Academy of Pediatrics; 2019: 338.