



IMPETIGO V2.1

Comments from the Expert Advisory Group

- Impetigo in children is highly contagious
- Do not offer combination topical and oral antibiotics
- As resistance is increasing reserve topical antibiotics for very localised lesions (≤ 3 lesions). Prior to application of topical antibiotics soak off crusts with petroleum jelly (Vaseline®) and gently remove with a warm, damp facecloth to increase absorption
- Panton-Valentine Leukocidin (PVL) is a toxin produced by 2% of *Staphylococcus aureus* and is associated with persistent recurrent pustules and carbuncles or cellulitis. Send swabs for culture in these clinical scenarios. On rare occasions it causes more severe invasive infections, even in otherwise fit people. Risk factors include: nursing homes, contact sports, sharing equipment, poor hygiene and eczema

Non-bullous vs Bullous Impetigo	
Image: Non-Bullous Impetigo	Image: Bullous Impetigo
 <p>Perioral honey-coloured crusts in impetigo</p> <p>Image Source: https://dermnetnz.org/topics/impetigo</p>	 <p>Widespread bullous impetigo over the back</p> <p>Image Source: https://dermnetnz.org/topics/impetigo</p>

Advice for the patient/carer:

- Contact school/child care facilities to determine how long a child should stay away (usual guidance is to stay home until lesions have crusted over, or until 24 hours after patients have started treatment, however some establishments may have their own guidance)
- Keep sores, blisters and crusty patches clean and dry
- Encourage patient and household contacts to wash hands regularly
- Wash flannels, sheets and towels at a high temperature
- Wash or wipe down toys with detergent and warm water if children have impetigo
- [See HPSC update on group A Streptococcus](#)

IMPETIGO V2.1

Treatment

IMPETIGO ANTIBIOTIC TREATMENT TABLE				
Drug	Children's Dose	Adult Dose	Duration	Notes
1st choice option				
Flucloxacillin	See flucloxacillin dosing table for children	500mg every 6 hours	5-7 days	Avoid in penicillin allergy. To optimise absorption, take on an empty stomach (either 1 hour before food or 2 hours after food).
2nd choice options				
Cefalexin	See cefalexin dosing table for children	500mg every 12 hours	5-7 days	Cephalosporins should not be used in severe penicillin allergy.
Clarithromycin	See clarithromycin dosing table for children	250mg every 12 hours (can be increased if necessary in severe infection to 500mg every 12 hours)	5-7 days	Macrolides should be used with caution in pregnancy. Clarithromycin suitable only in 2 nd and 3 rd trimester in pregnancy.
1st choice option in pregnant, penicillin allergic patients				
Clindamycin		300mg every 6 hours	5-7 days	Caution: risk of <i>C. difficile</i> .
Topical Treatment for Non-Bullous Impetigo (Reserve for very localised lesions – ≤3 lesions)				
Fusidic Acid	Topically to affected areas every 8 hours		5-7 days	

Patient Information

[HSE A to Z Impetigo](#)

<https://www.hpsc.ie/a-z/lifestages/schoolhealth/File,14304,en.pdf>