IMPETIGO V3.0

For the Community Pharmacy Common Conditions Service, refer to the HSE Common Conditions Service Protocols page.

Comments from the Expert Advisory Group

- Impetigo can present in individuals of any age; however, it is particularly common in young children. Impetigo in children is highly contagious.
- Risk factors for impetigo include eczema, contact sports, sharing equipment, poor hygiene, immunocompromise, diabetes, resident in nursing home.
- Do not offer combination treatment with topical and oral antibiotics to treat impetigo.
- Reserve topical antibiotics for very localised lesions (≤ 3 lesions).
- Oral antibiotics are indicated for bullous impetigo, widespread non-bullous impetigo (>3 lesions), when topical treatment fails or for a person who is at high risk of complications.
- In the case of recurrent or persistent pustules and carbuncles or cellulitis send swabs for culture with relevant clinical details.
- On rare occasions toxin producing *S. aureus* infection can cause more severe invasive infections, even in otherwise fit people.
- If MRSA is suspected or confirmed, contact Infectious Diseases or Clinical Microbiology.
- If the person is immunosuppressed and the infection is widespread, hospital referral is indicated (with urgency, depending on clinical judgement).
- If systemically unwell, consider possibility of sepsis or invasive group A Streptococcus. Refer to HPSC guidance on Invasive Group A Streptococcal Disease.
- For advice for patients and carers, refer to HSE A-Z Impetigo.

Bullous versus non-bullous impetigo



Perioral honey-coloured crusts in impetigo



Widespread bullous impetigo over the back

Image source: DermNet

Note: rashes and skin conditions can appear different on black or brown skin

Treatment

TOPICAL ANTIBIOTIC TREATMENT FOR NON-BULLOUS IMPETIGO (RESERVE 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 of topical antibiotic.		
Drug	**Dose**	**Duration**
Fusidic Acid 2%	Topically to affected areas every 8 hours	5-7 days

ORAL ANTIBIOTIC TREATMENT FOR WIDESPREAD NON-BULLOUS AND BULLOUS IMPETIGO				
Drug	**Children's Dose**	**Adult Dose**	**Duration**	**Notes**
1st choice option				
Flucloxacillin	See flucloxacillin dosing table for children	500 mg 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 option				
Cefalexin	See cefalexin dosing table for children	500 mg every 8 hours	5-7 days	Cephalosporins should not be used in severe penicillin allergy.
In severe penicillin allergy				
Clarithromycin	See clarithromycin dosing table for children	250 mg every 12 hours (can be increased if necessary in severe infection to 500 mg every 12 hours)	5-7 days	Macrolides should be used with caution in pregnancy. Clarithromycin suitable only in 2nd and 3rd trimester in pregnancy.
In pregnancy, for severe penicillin allergy				
Clindamycin		300 mg every 6 hours	5-7 days	Caution: risk of *C. difficile.*

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Patient Information

- HSE A to Z Impetigo