CD Update Plus

Impetigo: antimicrobial prescribing [Nice National Guideline 153, February 2020]

Impetigo is a superficial skin infection that usually presents as golden-crusted patches which start as fluid-filled vesicles, pustules or blisters. Lesions can occur anywhere but most commonly affect the face and hands. There are two types of impetigo, non-bullous and bullous. Non-bullous impetigo accounts for 70% of cases and involves fluid-filled vesicles that rupture quickly. Bullous impetigo involves bullae (fluid-filled lesions, larger than 5mm in diameter). Bullous impetigo is very contagious and is most common in young children, but can affect people of any age.

Staphylococcus aureus is the most common pathogen, however, Streptococcus pyogenes or a combination of both may be responsible for non-bullous impetigo. Bullous impetigo is caused by *Staphylococcus aureus*. The infection usually clears in two to three weeks without treatment, but can be resolved in one to two weeks with treatment, with no scarring. Impetigo can be a serious condition for neonates or people with particularly poor immune systems.

Hygiene measures

Good hygiene is crucial to stop the spread of impetigo to other areas of the body and to other people.

Advise people and carers:

- Not to scratch the affected area(s)
- Use soap and water when washing
- Wash hands regularly, especially after coming in contact with an affected area
- Not to share items that have come into contact with the area(s), such as items used to wash or dry the body
- Ensure items that may be contaminated are cleaned thoroughly, eg toys and equipment.

Drug treatment

Topical and oral antibiotics are effective for impetigo, but should not be used together. Consider patient factors when determining treatment, such as the possibility of adverse effects, patient preferences and administration practicalities.

Localised non-bullous impetigo (for adults):

Step 1:

• Consider hydrogen peroxide 1% cream—apply two or three times a day for 5–7 days

Step 2 (if hydrogen peroxide 1% cream is unsuitable, eg for impetigo around the eyes):

- Fusidic acid 2%—apply three times a day for 5–7 days
- Mupirocin 2%—apply three times a day for 5–7 days

Step 3 (if topical antibiotic is unsuccessful or impetigo becomes widespread):

- Flucloxacillin—500mg four times a day for 5-7 days
- o **OR** if flucloxacillin is unsuitable:
- Clarithromycin—250mg twice a day for 5–7 days
- Erythromycin (in pregnancy)—250-500mg four times a day for 5–7 days

Step 4:

• Consider sending a skin swab for microbiological testing if methicillin-resistant Staphylococcus aureus is suspected

Widespread non-bullous impetigo (children and adults):

Offer short course of topical or oral antibiotics (see antimicrobial recommendations above and refer to Nice guidelines for child dosages). Both topical and oral antibitoics are effective in treating impetigo.

Bullous impetigo or impetigo in people systemically unwell or at high risk of complications (children and adults): Step 1:

- Flucloxacillin—four times a day for 5–7 days
- o **OR** if flucloxacillin is unsuitable:
- Clarithromycin—twice a day for 5–7 days
- Erythromycin (in pregnancy)—four times a day for 5–7 days
- Step 2 (if hydrogen peroxide 1% cream is unsuitable, eg for impetigo around the eyes):
- Consider sending a skin swab for microbiological testing

Advise patients to seek medical help if there is any worsening of symptoms or no improvement after treatment course. Patients should be reassessed for differential diagnoses, resistant bacteria or a more serious condition.

When to refer

Consider referring patients who have frequently recurring impetigo, bullous impetigo (especially babies), those at high risk of complications, those who are systemically unwell and those who have widespread impetigo and are immunocompromised.

Refer patients to hospital if they have symptoms that may suggest a more serious condition (eg cellulitis) or people who are immunocompromised and have widespread impetigo.

References