Impetigo (school sores)

Description
Impetigo is a skin infection caused by *Staphylococcus* and/or *Streptococcus* bacteria, which commonly occurs in school-aged children. Impetigo appears as flat, yellow, crusty or moist patches or blisters on the skin, usually in exposed areas such as the face, arms and legs. The sores can be more than 1 cm in diameter. The disease is very infectious, but it is not dangerous.

*Staphylococcus* and *Streptococcus* bacteria often live harmlessly on and in the body, such as on the skin and in the nose. Cuts, abrasions, or dry and cracked skin may allow the bacteria to cause infections in deeper skin layers. Healthy, intact skin can sometimes develop impetigo as well.

How does it spread?
The sores are filled with bacteria, which spread by contact with the sores or infected fluid. Because the sores are usually itchy, people can scratch them and spread the infection, via their hands, to other parts of the body or to other people. The infection can also be spread by touching contaminated clothing or other items.

Incubation period
The incubation period depends on the bacteria causing the sores. It is usually 1–3 days for streptococcal infections, and 4–10 days for staphylococcal infections.

Infectious period
People are infectious for as long as there is fluid weeping from the sores. They are no longer infectious 24 hours after starting antibiotic treatment, or when the sores have healed.

Exclusion period
Children with impetigo should be excluded until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.

Responsibilities of educators and other staff
- Advise the parent to keep the child at home until they have had antibiotic treatment for at least 24 hours, or until the sores are dry.
- Cover sores with a waterproof dressing, and put all dressings in a lidded bin as soon as they are removed.
- Make sure staff and children practise effective hand hygiene.
- Ensure that appropriate cleaning practices are being followed in the education and care service.

Responsibilities of parents
- Keep the child at home until they have had antibiotic treatment for at least 24 hours. If antibiotics are not used, keep the child at home until the sores are dry.
- Cover any sores on exposed skin with a waterproof dressing.
- Encourage effective hand hygiene at home.
Controlling the spread of infection

- Ensure that staff and children practise effective hand hygiene.
- Ensure that appropriate cleaning practices are being followed.
- Cover sores with a waterproof dressing, and put all dressings in a lidded bin as soon as they are removed.

Treatment

A doctor may recommend the use of antibiotic ointment, or antibiotics taken by mouth. The child should go back to their doctor if the condition does not improve.