

# Impetigo: antimicrobial prescribing

## Background

- Impetigo is a contagious bacterial infection of the skin
- Usually caused by *Staphylococcus aureus* infection, although sometimes by *Streptococcus pyogenes* or both
- Good hygiene measures help prevent spread of impetigo to other areas of the body and to other people

## Prescribing considerations

Take into account:

- that both topical and oral antibiotics are effective at treating impetigo
- the person's preferences, including practicalities of administration and possible adverse effects
- the person's risk of antimicrobial resistance
- local antimicrobial resistance data

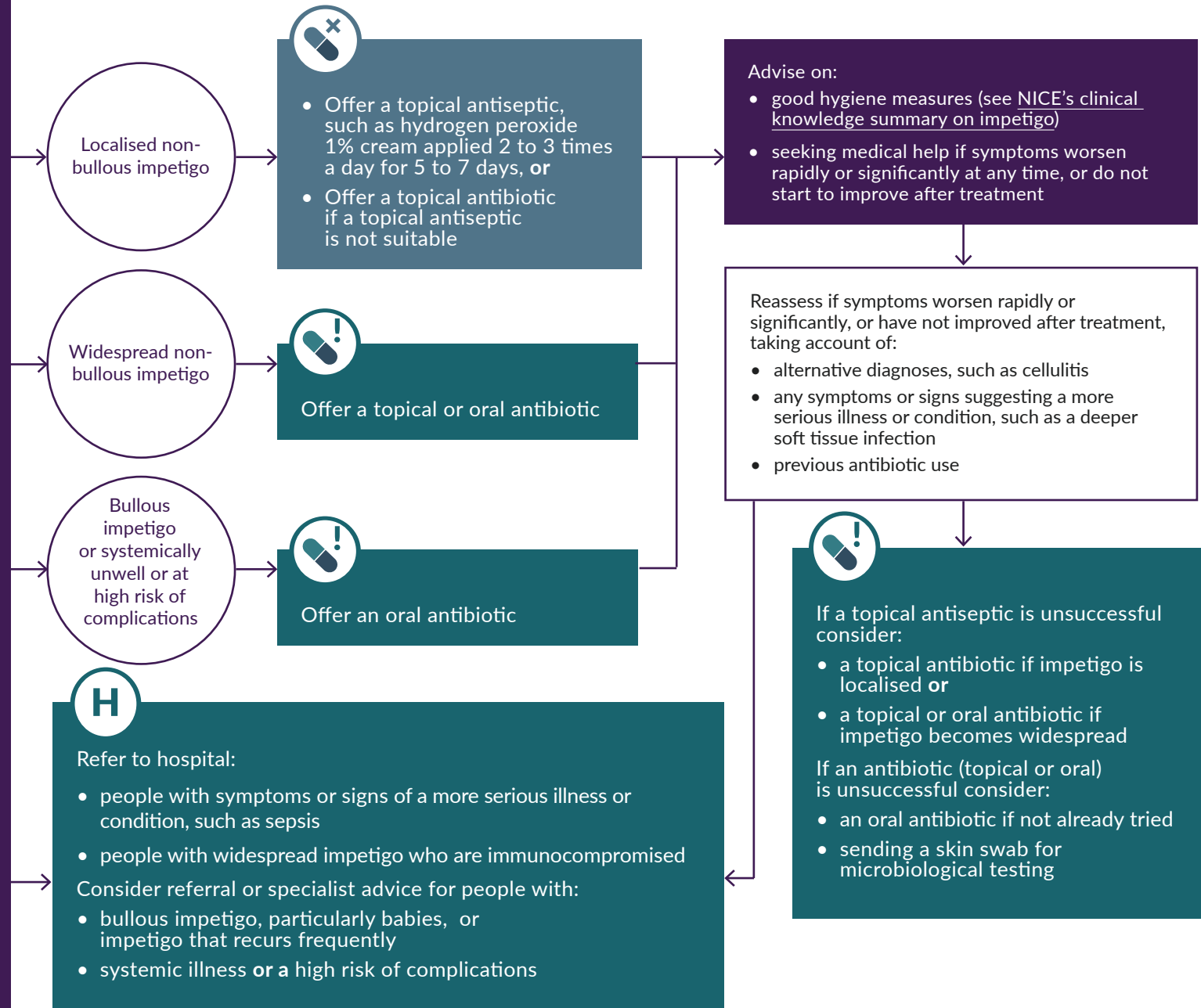
## Microbiological testing

If a skin swab has been sent for microbiological testing, review and change antibiotic if symptoms not improving, using narrow spectrum antibiotic if possible.

For impetigo that recurs frequently:

- send a skin swab for microbiological testing **and**
- consider taking a nasal swab and starting treatment for decolonisation

## Impetigo



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## Choice of antibiotic: adults aged 18 years and over

Antibiotic <sup>1</sup>	Dosage and course length <sup>2</sup>
First choice topical antibiotic <sup>3</sup> if topical antiseptic not suitable or ineffective	
Fusidic acid 2%	Apply three times a day for 5 to 7 days
Second choice topical antibiotic <sup>3</sup> if fusidic acid resistance suspected or confirmed	
Mupirocin 2%	Apply three times a day for 5 to 7 days
First choice oral antibiotic	
Flucloxacillin	500 mg four times a day for 5 to 7 days
Second choice oral antibiotic if penicillin allergy or flucloxacillin unsuitable	
Clarithromycin	250 to 500 mg twice a day for 5 to 7 days
Erythromycin (in pregnancy)	250 mg to 500 mg four times a day for 5 to 7 days
<sup>1</sup> See <a href="#">BNF</a> for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding <sup>2</sup> Oral doses are for immediate-release medicines <sup>3</sup> Consult local microbiologist before using topical antibiotics in hospital ( <a href="#">BNF</a> July 2019)	

## Choice of antibiotic: children and young people under 18 years

Antibiotic <sup>1</sup>	Dosage and course length <sup>2</sup>
First choice topical antibiotic <sup>3</sup> if topical antiseptic not suitable or ineffective	
Fusidic acid 2%	Apply three times a day for 5 to 7 days
Second choice topical antibiotic <sup>3</sup> if fusidic acid resistance suspected or confirmed	
Mupirocin 2%	Apply three times a day for 5 to 7 days
First choice oral antibiotic	
Flucloxacillin	1 month to 1 year, 62.5 mg to 125 mg four times a day for 5 to 7 days 2 to 9 years, 125 mg to 250 mg four times a day for 5 to 7 days 10 to 17 years, 250 mg to 500 mg four times a day for 5 to 7 days
Second choice oral antibiotic if penicillin allergy or flucloxacillin unsuitable	
Clarithromycin	1 month to 11 years: under 8 kg, 7.5 mg/kg twice a day for 5 to 7 days 8 to 11 kg, 62.5 mg twice a day for 5 to 7 days 12 to 19 kg, 125 mg twice a day for 5 to 7 days 20 to 29 kg, 187.5 mg twice a day for 5 to 7 days 30 to 40 kg, 250 mg twice a day for 5 to 7 days 12 to 17 years, 500 mg twice a day for 5 days to 7 days
Erythromycin (in pregnancy)	8 to 17 years, 250 mg to 500 mg four times a day for 5 to 7 days
<sup>1</sup> See <a href="#">BNFC</a> for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding <sup>2</sup> Oral doses are for immediate-release medicines. The age bands apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors such as the severity of the condition being treated and the child's size in relation to the average size of children of the same age <sup>3</sup> Consult local microbiologist before using topical antibiotics in hospital ( <a href="#">BNFC</a> July 2019)	

When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.