



Wednesday 4th December 2024

Dear Parents/Carers,

We are just sharing some information about Impetigo as we have had a suspected case in school.

Impetigo is a skin infection that's very contagious but not usually serious. Anyone can get it, but it's more common in young children. With treatment, impetigo often gets better in a few days.

Impetigo

Impetigo is a bacterial skin infection caused by *Streptococcus pyogenes*, or group A streptococcus (GAS). It mostly affects infants and young children. It is very infectious and appears most commonly as reddish sores on the face. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites.

The sores can develop anywhere on the body but tend to occur as reddish sores on the face, especially around the nose and mouth and on hands and feet. After about a week, the sores burst and leave golden brown crusts. It can sometimes be painful and itchy. The incubation period is between 4 to 10 days.

Impetigo can easily spread to other parts of the affected person's body or to other people such as through direct physical contact, or by sharing towels, flannels or eating and drinking utensils.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician or consult NHS 111

If your child is diagnosed with Impetigo they will need to be kept off school until all lesions (sores or blisters) are crusted over or until 48 hours after commencing treatment (antibiotics and/or hydrogen peroxide cream).

Check if you have Impetigo

Impetigo starts with red sores or blisters, but the redness may be harder to see on brown and black skin.

The sores or blisters quickly burst and often leave crusty, golden-brown patches.

The patches can:

- look a bit like cornflakes stuck to your skin
- get bigger and spread to other parts of your body
- be itchy and are sometimes painful



The sores and blisters of impetigo commonly affect the face (around the nose and mouth) and hands.



Sometimes yellow liquid oozes from the blisters and hardens to leave a scaly border around a scab. This is called bullous impetigo.



After the blisters burst, you often have golden-brown crusty patches on your skin.

See a GP if you or your child:

- might have impetigo
- has had treatment for impetigo but the symptoms have changed or become worse
- had impetigo before and it keeps coming back

Impetigo is very infectious. Check with the GP before you go into the surgery. They may suggest a phone consultation.

A pharmacist can help with impetigo

You can also speak to a pharmacist if you think you or your child have impetigo. They can provide the same treatment you would get from a GP, if you need it.

[Find a pharmacy.](#)

If you require any additional information or have any questions, please do not hesitate to contact the school office.

Yours sincerely,
Mrs E. J. Pickford (Headteacher) & Team.