

### Impetigo

**Organisms:**

- Staphylococcus aureus
- Group A Streptococci

Systematic review indicates topical and oral treatment produces similar results.

Reserve topical antibiotics for very localised lesions to reduce risk of bacteria becoming resistant.

In **extensive, severe, or bullous: use oral antibiotics.**

Unfortunately Polyfax® is no longer available and locally high usage of topical fusidic acid in the past resulted in a selection for resistant impetigo strains and failure of treatments and onward transmission.

**Topical Fusidic 2%** therapy should therefore be **reserved** for very **minor infections and for short courses** only to **minimise** the development of **resistance**.

Mupirocin should be reserved for proven MRSA or PVL.

Drug	Dose	Duration of TX
<b>First line:</b> Topical fusidic acid	Apply thinly TDS	5 days
<b>If MRSA/PVL:</b> Topical mupirocin	2% ointment TDS	5 days
<b>If more severe:</b> Flucloxacillin	Child 1mth-2yrs: 125mg QDS 2-10yrs: 250mg QDS Adult and child>10yrs: 500mg QDS	7 days
<b>In penicillin allergy, adults:</b> <a href="#">Clarithromycin</a> Or Doxycycline  Or <b>In children</b> consider <a href="#">Erythromycin</a> syrup	500mg BD 200mg first day then 100mg OD  Child 1mth-2yrs: 125mg QDS 2-8yrs: 250mg QDS Child>8yrs: 500mg QDS	7 days  7 days