Impetigo is a common skin infection. It can be annoying, but with the right treatment it usually clears up quickly.

We’ve brought together the best and most up-to-date research about impetigo to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for you.

What is impetigo?

Impetigo is a skin infection, usually caused by *Staphylococcus aureus* bacteria. It can be itchy or sore, and it spreads easily from person to person. You’re more likely to catch it if you have broken skin, for example a graze or an insect bite. It tends to happen on the face, often around the nose or mouth.

Impetigo is most common among children. You’re also more likely to catch it if you have a skin condition such as eczema.

There are two types of impetigo. The most common is called **crusted** or **non-bullous impetigo**. It starts as small blisters, which quickly burst and crust over. That’s the type we’re looking at here. The other type, called **bullous impetigo**, causes large blisters that break easily. It’s much less common, and mainly affects babies.

What are the symptoms?

The most obvious symptom of impetigo is the crust that forms when the blisters break down. It’s a golden, dark-yellow colour and sticks to the skin. Some people say it looks a bit like cornflakes stuck to the skin.

The patches may be sore or itchy. Doctors can usually diagnose impetigo just by looking at your skin. But sometimes, if treatment hasn’t worked or you get impetigo a lot, your doctor may need to take a swab to test, to see what type of bacteria is causing the problem.

What treatments work?

The usual treatment for impetigo is a cream or ointment, containing an antibiotic. This works for most people. If you have widespread impetigo, or if it’s making you feel generally unwell, you may be given antibiotic tablets as well, or instead of, the cream.

**Antibiotic creams and ointments**

You’ll probably be prescribed a cream or ointment containing the antibiotic **fusidic acid**. The brand name is **Fucidin**. Studies show this works better than a dummy (placebo) cream. You may need to use it for seven days.
Fusidic acid usually works well and gets rid of the infection in a few days. But some types of bacteria have become resistant to fusidic acid. That means they’ve adapted to it, so it doesn’t work any more. If fusidic acid doesn’t work, you should go back to the doctor. You’ll probably be given antibiotic tablets instead.

If antibiotic tablets don’t work, your doctor may take swabs to find out what bacteria is causing the infection. If it’s a type called methicillin-resistant Staphylococcus aureus (MRSA), you may need another antibiotic cream called mupirocin (brand name Bactroban). The two antibiotics usually work about as well as each other, but mupirocin may work if fusidic acid doesn’t. A new type of antibiotic called retapamulin (brand name Altargo) may also work against some types of bacteria that are resistant to fusidic acid.

Creams and ointments containing antibiotics work at least as well as tablets. Some people find they irritate the skin, and a few people are allergic to them. But you’re less likely to get side effects from antibiotic creams and ointments than from antibiotic tablets.

**Antibiotic tablets**

If you have a lot of impetigo, if it’s making you generally ill, or if antibiotic creams haven’t worked, your doctor may prescribe tablets instead.

You’re likely to be prescribed flucloxacillin. If you can’t take flucloxacillin because you’re allergic to penicillin-type antibiotics, you may be prescribed erythromycin. Antibiotic tablets work about as well as creams and ointments. But you’re more likely to get side effects, such as stomach upsets.

**Things you can do for yourself**

Because impetigo spreads so easily, it’s important to try to avoid passing it on to other people. The best way to stop impetigo from spreading is to be careful about washing and drying your hands. You should wash your hands with soap whenever you’ve touched impetigo scabs (for example when putting on antibiotic cream).

Parents are often advised to keep their children home from school until they’ve been treated for impetigo. But advice about this varies.

At home, try to keep separate the towels, facecloths and bed linen of anyone with impetigo.

**Other treatments**

Some people suggest using tea tree oil for impetigo. You can buy tea tree oil at health food shops and pharmacies. Tea tree oil has been shown to work against some bacteria. But there isn’t any research to say whether tea tree oil can help with impetigo. Some people have allergic reactions to this kind of oil, or find that it irritates the skin.

**What will happen to me?**

Without treatment, impetigo might go away in a few weeks. But people are usually advised to have it treated, because it spreads so quickly.
Treatments usually work within a few days. But impetigo may come back. If it comes back regularly, you might be carrying the *Staphylococcus aureus* bacteria in your nose. Your doctor can do a swab to check. You can use cream inside your nose to get rid of it. We don’t know for sure if it will help stop impetigo from coming back. But people with *Staphylococcus aureus* bacteria inside their nose seem more likely to get impetigo.