**Impetigo (and MRSA)**

1. **What is impetigo? What is MRSA?**
   Impetigo is a skin infection caused by bacteria (Group A streptococci or *Staphylococcus aureus*). Impetigo typically affects school-aged children, most often during the hot and humid summer months. It has a preference for skin that has already been injured by other skin problems, such as eczema or poison ivy. A potentially more serious strain of the bacterium *S. aureus* has emerged in recent years that is resistant to certain antibiotics (Methicillin-resistant *S. aureus*, or MRSA). Community-associated MRSA will be discussed with impetigo, but they are clinically distinct entities.

2. **What are the signs and symptoms of impetigo? MRSA?**
   Impetigo can affect skin anywhere on the body, but it most often affects the face. It causes itchy skin with tiny blisters especially around the mouth and nose. Blisters will eventually burst to reveal areas of red skin that may weep fluid. Gradually, a tan or yellowish-brown crust will cover the infected area. Community-associated MRSA usually presents as pimples, boils or abscesses. They may be painful and may be misdiagnosed as “spider bites.” School personnel will generally only know that a student is infected with MRSA if given the diagnosis by a health care provider as it may be difficult to distinguish from other common skin infections.

3. **Incubation period:** Skin sores develop in 7 - 10 days after bacteria attach to the skin.

4. **Contagious period:** Until the skin sores are treated with an antibiotic for at least 24 hours or the crusting lesions are no longer present.

5. **How does infection with impetigo occur?**
   Impetigo (and MRSA) can be passed from person to person. When someone in a household has impetigo, the infection can be passed to other family members on clothing, towels, and bed linens that have touched the infected person’s skin. Impetigo can also be spread from one area of the skin to another by scratching. On the face, the infection usually spreads along the edges of an affected area, but it may also spread to more distant parts of the body on contaminated fingers.

6. **How can infection with impetigo be prevented?**
   Good general hygiene practices, such as a daily bathing with soap and water can help prevent impetigo. Areas of skin that have been injured should be kept clean and covered. Covering sores with gauze, loosely to allow airflow, can help prevent spreading the bacteria in group settings. If a family member is infected, all family members should use different towels.

7. **Is there a treatment for impetigo? MRSA?**
   Impetigo is usually treated with antibiotics, which may be given by the mouth. In very mild cases, a topical antibiotic may be used. Community-associated MRSA is best treated with good wound care (incision and drainage by health care provider), coverage with a clean, dry bandage, and in some cases antibiotics (to which the organism is susceptible).

8. **Exclusion:** Yes, as soon as impetigo is suspected. If the family is unable to pick up the child promptly, wash affected area with soap and water and cover it with a clean, dry bandage. Exclusion for MRSA is only recommended if the student is unable to cover skin lesion and control body fluids.

9. **Readmission:** After 24 hours of appropriate (antibiotic) treatment for impetigo or when lesions are healed, by school principal or principal’s designee.