Specialist Pharmacy Service

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A summary of prescribing recommendations from NICE guidance

This edition includes one guideline.

Impetigo: antimicrobial prescribing

NICE NG153; February 2020

This guideline sets out an antimicrobial prescribing strategy for adults, young people and children aged 72 hours and over with impetigo, a contagious, bacterial infection of the superficial layers of the skin. It aims to optimise antibiotic use and reduce antibiotic resistance.

See the two-page visual summary of recommendations, including tables to support prescribing decisions.

Definition of terms

Non-bullous impetigo is characterised by thin-walled vesicles or pustules that rupture quickly, forming a golden-brown crust.

Bullous impetigo is characterised by the presence of fluid-filled vesicles and blisters often with a diameter of over 1cm that rupture, leaving a thin, flat, yellow-brown crust.

Decolonisation is the use of topical treatments (antiseptic body wash, nasal ointment or a combination of both) and personal hygiene measures to remove the bacteria causing the infection from the body.

Treatment

- Advise people with impetigo, and their parents or carers if appropriate, about good hygiene measures to reduce the spread of impetigo to other areas of the body and to other people.

Impetigo in people who are not systemically unwell or at high risk of complications

Localised non-bullous impetigo

- Consider hydrogen peroxide 1% cream. Although other topical antiseptics are available for treating superficial skin infections, no evidence was found for using them to treat impetigo.
- If hydrogen peroxide 1% cream is unsuitable, offer a short course of a topical antibiotic (see **Choice of antimicrobial**).

Widespread non-bullous impetigo

- Offer a short course of a topical or oral antibiotic (see **Choice of antimicrobial**). Take into account:
  - topical and oral antibiotics are both effective at treating impetigo,,
  - preferences of the person and, if appropriate, their parents or carers, including the practicalities of administration (particularly to large areas) and possible adverse effects,
  - previous use of topical antibiotics, because antimicrobial resistance can develop rapidly with extended or repeated use.

Bullous impetigo

- Offer a short course of an oral antibiotic (see **Choice of antimicrobial**).

Impetigo in people who are systemically unwell or at high risk of complications

- Offer a short course of an oral antibiotic for people with bullous or non-bullous impetigo if they are systemically unwell or at high risk of complications.

Please go to www.nice.org.uk to check for any recent updates to this guidance.

Combination treatment

- Do not offer combination treatment with a topical and oral antibiotic to treat impetigo.

Advice

- Advise people with impetigo, and their parents or carers if appropriate, to seek medical help if symptoms worsen rapidly or significantly at any time, or have not improved after completing a course of treatment.

Reassessment and further treatment

- Reassess people with impetigo if their symptoms worsen rapidly or significantly at any time or have not improved after completing a course of treatment.
- When reassessing people with impetigo, take account of:
  - other possible diagnoses, such as herpes simplex
  - any symptoms or signs suggesting a more serious illness or condition, such as cellulitis
  - previous antibiotic use, which may have led to resistant bacteria.
- For people with impetigo that is worsening or has not improved after treatment with hydrogen peroxide 1% cream, offer:
  - a short course of a topical antibiotic if the impetigo remains localised, **OR**
  - a short course of a topical or oral antibiotic (see **Choice of antimicrobial**) if the impetigo has become widespread.
- For people with impetigo that is worsening or has not improved after completing a course of topical antibiotics:
  - offer a short course of an oral antibiotic (see **Choice of antimicrobial**), **AND**
  - consider sending a skin swab for microbiological testing.
- For people with impetigo that is worsening or has not improved after completing a course of oral antibiotics, consider sending a skin swab for microbiological testing.
- For people with impetigo that recurs frequently:
  - send a skin swab for microbiological testing, **AND**
  - consider taking a nasal swab and starting treatment for decolonisation.
- If a skin swab has been sent for microbiological testing:
  - review the choice of antibiotic when results are available, **AND**
  - change the antibiotic according to results if symptoms are not improving, using a narrow-spectrum antibiotic if possible.

Referral or seeking specialist advice

- Refer to hospital:
  - people with impetigo and any symptoms or signs suggesting a more serious illness or condition (for example, cellulitis),
  - people with widespread impetigo who are immunocompromised.
- Consider referral or seeking specialist advice for people with impetigo if they:
  - have bullous impetigo, particularly in babies (aged 1 year and under),
  - have impetigo that recurs frequently,
  - are systemically unwell,
  - are at high risk of complications.

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Impetigo: antimicrobial prescribing……continued

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Choice of antimicrobial

Table 1: Antimicrobials for adults ≥ 18 years

Antimicrobial[1]	Dosage and course length[2]
Topical antiseptic	
Hydrogen peroxide 1%[3]	Apply two or three times a day for 5 days[4]
First-choice topical antibiotic[5] if hydrogen peroxide unsuitable (e.g. if impetigo is around eyes) or ineffective	
Fusidic acid 2%	Apply three times a day for 5 days[4]
Alternative topical antibiotic[5] if fusidic acid resistance suspected or confirmed	
Mupirocin 2%	Apply three times a day for 5 days[4]
First-choice oral antibiotic	
Flucloxacillin	500mg four times a day for 5 days[4]
Alternative oral antibiotics if penicillin allergy or flucloxacillin unsuitable	
Clarithromycin	250mg twice a day for 5 days[4,6]
Erythromycin (in pregnancy)	250mg to 500mg four times a day for 5 days[4]
If MRSA (methicillin-resistant *Staphylococcus aureus*) suspected or confirmed – consult local microbiologist	

1 See BNF for appropriate use and dosing in specific populations, e.g. hepatic impairment, renal impairment, pregnancy and breastfeeding.

2 Oral doses are for immediate-release medicines.

3 Other topical antiseptics are available for superficial skin infections, but no evidence was found for using these in impetigo.

4 A 5-day course is appropriate for most people with impetigo but can be increased to 7 days based on clinical judgement, depending on the severity and number of lesions.

5 As with all antibiotics, extended or recurrent use of topical fusidic acid or mupirocin may increase the risk of developing antimicrobial resistance. See BNF for more information.

6 Dosage can be increased to 500mg twice a day, if needed for severe infections.

Recommendations – wording used such as 'offer' and 'consider' denote the strength of the recommendation.

Drug recommendations – the guideline assumes that prescribers will use a drug's Summary of Product Characteristics (SPC) to inform treatment decisions.

Please go to www.nice.org.uk to check for any recent updates to this guidance.

Table 2: Antimicrobials for children and young people <18 years

Antimicrobial[1]	Dosage and course length[2]
Topical antiseptic	
Hydrogen peroxide 1%[3]	Apply two or three times a day for 5 days[4]
First-choice topical antibiotic[5] if hydrogen peroxide unsuitable (e.g. if impetigo is around eyes) or ineffective	
Fusidic acid 2%	Apply three times a day for 5 days[4]
Alternative topical antibiotic[5] if fusidic acid resistance suspected or confirmed	
Mupirocin 2%[6]	Apply three times a day for 5 days[4]
First-choice oral antibiotic	
Flucloxacillin (oral solution or capsules[7])	1 month to 1 year, 62.5mg to 125mg four times a day for 5 days[4] 2 to 9 years, 125mg to 250mg four times a day for 5 days[4] 10 to 17 years, 250mg to 500mg four times a day for 5 days[4]
Alternative oral antibiotics if penicillin allergy or flucloxacillin unsuitable (e.g. if oral solution unpalatable and unable to swallow capsules)	
Clarithromycin	See BNF for Children for doses
Erythromycin (in pregnancy)	8 to 17 years, 250mg to 500mg four times a day for 5 days[4]
If MRSA (methicillin-resistant *Staphylococcus aureus*) suspected or confirmed – consult local microbiologist	

1 See BNF for Children for appropriate use and dosing in specific populations e.g. hepatic impairment, renal impairment, pregnancy and breastfeeding. Dosing in some age groups may be off-label.

2 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 the same age.

3 Other topical antiseptics are available for superficial skin infections, but no evidence was found for using these in impetigo.

4 A 5-day course is appropriate for most people with impetigo but can be increased to 7 days based on clinical judgement, depending on the severity and number of lesions.

5 As with all antibiotics, extended or recurrent use of topical fusidic acid or mupirocin may increase the risk of developing antimicrobial resistance. See BNF for Children for more information.

6 Licenses for use in infants vary between products. See individual Summaries of Product Characteristics for details.

7 See Medicines for Children, Helping your child to swallow tablets.