

Minor Skin Infections

Bacterial

Impetigo

What is impetigo? A skin infection caused by staphylococcus and streptococcus bacteria. It is one of the most common skin infections and usually appears on the face and around nose and mouth. The most susceptible people are children 2-6 years of age.



Identification: It starts as a red sore that oozes for a few days and then forms a honey colored/brown sugar appearing crust. Multiple lesions are usually present. Drainage can be cultured to check for presence of bacteria.

Incubation Period: 1-10 days

How is impetigo spread? It is highly contagious. Scratching or touching the sores is likely to spread the infection to other parts of the body and to other people. The sores can be itchy but not usually painful. Minor sores may heal on their own after 2-3 weeks but using antibiotic ointment or oral antibiotics may prevent complications and decrease spread of infection.

Factors that increase the risk of impetigo are:

1. Direct contact with person that has impetigo
2. Contaminated towels, bedding, clothing
3. Crowded conditions
4. Warm humid weather, most common in summer
5. Skin to skin contact in sports such as football, wrestling
6. Chronic dermatitis

Control measures:

1. After 24 hours treatment with antibiotics or no longer have draining lesions may return to school
2. Children with fever over 100.9 will be sent home
3. School nurse should encourage washing hands and trimming fingernails
4. Use standard precautions, JLC-2

MRSA-CA

What is MRSA-CA?

Methicillin-Resistant Staphylococcus Aureus, Community Acquired

MRSA is a staph bacteria infection resistant to commonly used antibiotics.



Identification: Symptoms of a staph skin infection include a red bump that may be pus filled. It is sometimes mistaken for a spider bite. Other symptoms include pain, fever, inflammation and draining skin lesion. A culture is used to identify organism and susceptibility to antibiotics.

Incubation Period: Variable

How is MRSA-CA spread? It is passed by direct contact with skin or contaminated items. Examples are:

1. Touching the infected skin, drainage of another person
2. Using personal items of an infected person such as towels, razors, clothing, and athletic equipment
3. Inanimate surfaces that have MRSA-CA bacteria on them (can live for over 1 week)
4. Increased risk of transmission in crowded places such as daycare, contact sports

Draining wounds are contagious and must be covered at all times. If drainage cannot be contained, student must be sent home.

Reportable to County Health Department if serious illness or death. Follow JLC-3 communicable disease reporting policy to report suspicious or positive cases to area consulting nurse and administrator.

Control measures:

1. Avoid contact with wound drainage
2. Cover lesions – If wound can not be contained, then the student must go home.
3. Avoid sharing personal items: razors, towels etc.
4. Disinfect athletic equipment with CCSD approved disinfectant
5. Wash and dry laundry on hot setting
6. Use standard precautions JLC-2 and teach hand hygiene
7. Student may return to school with clearance from licensed health care provider and/or on antibiotics for 24 hours

Viral

Molluscum

What is Molluscum? Molluscum is a viral infection of the skin.



Identification: Papule of smooth surface with umbilication. They can be white, yellow, flesh colored or translucent. In children they are most often on the face, trunk and extremities. Autoinoculation can occur from scratching. Any one lesion has a life-span of 2-3 months. Without treatment an outbreak can last for 6 months-2 years.

Incubation Period: 2-7 weeks, sometimes longer

How is it spread? Direct contact with lesion. Infectivity is usually low but increased in population with decreased immune systems. Unknown period of communicability.

Control measures:

1. Avoid direct contact
2. Exclude from close contact sports during outbreak
3. Use standard precautions JLC-2
4. Students do not need to be excluded from school

Herpes virus (cold sore)

What is Herpes Simplex? Herpes simplex is a viral skin infection. It is spread by direct contact with infected oral lesions or secretions.



Identification: Primary infection lasts about 1 week with fever, swollen gums multiple oral lesions (grouped vesicles in or around the mouth) and malaise.

Recurrent episodes are due to reactivation of latent HSV and can last 7-14 days. This recurrence of perioral lesions begins with tingling or burning sensation followed by vesicles scabbing and crusting for the next 3-5 days resembling impetigo. Reactivation can be precipitated by trauma, fever and physiological changes. Spreading of oral lesions to open skin can produce ulcers or vesicles on fingers or areas of eczema.

Incubation Period: 2 days to 2 weeks

How is it spread? Direct contact with lesions and or oral secretions. Source can be an asymptomatic carrier. Primary infections can shed virus for 1 or more weeks. Recurrent infections shed for less time, typically 3-4 days.

Control measures:

1. Control oral secretions
2. Cover lesions
3. Avoid direct contact, kissing sharing drinks or utensils
4. Use standard precautions JLC-2
5. Students can be in school if lesions are scabbed over and drooling is controlled

References:

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**Children's Health Care of Atlanta (2008) www.choa.org/buildingbridges
"Childhood Infectious Illnesses"**

Heyman, D.L. MD, (2004) *Control of Communicable Diseases Manual 18th edition*