

## Flucloxacillin and impetigo

Dear bpac,

Are there any alternatives for impetigo when flucloxacillin is rejected because of taste?

GP, Northland

Oral antibiotics are recommended for the treatment of impetigo if there is extensive or severe infection (including systemic symptoms), areas on which it would be impractical to use topical drugs, or if there is bullous impetigo.

Despite its taste, flucloxacillin is strongly recommended as first line antibiotic treatment.<sup>1</sup> It is a relatively safe medication to use in children, and as it is a narrow spectrum antibiotic, it does not contribute to increasing bacterial resistance.

Given the potential for bacterial resistance and adverse effects with other options, parents should be encouraged to persevere with giving flucloxacillin (unless allergic). PHARMAC has produced a leaflet with tips for administering an unpalatable medicine – “Practical tips for giving medicine to kids”. Available from: [www.pharmaonline.co.nz/physicalproductdetails.aspx?id=3143](http://www.pharmaonline.co.nz/physicalproductdetails.aspx?id=3143)

There are two main options if attempts to use flucloxacillin have failed or if the child is penicillin allergic - erythromycin or cefaclor, although both have disadvantages. Erythromycin increases resistance in the target bacterium and cefaclor is associated with adverse skin and joint reactions in children.<sup>3</sup> It may be tempting to use amoxicillin clavulanate but it is not recommended as empiric treatment as use of broad spectrum antibiotics increases bacterial resistance in the community.

### References:

1. bpac<sup>nz</sup>. Management of impetigo. BPJ 2009;19:8-11.
2. Diagnostic Medlab. Antibiotic susceptibility testing percentage susceptible. Auckland 2008. Available from: [www.dml.co.nz/clin\\_antibiotic.asp](http://www.dml.co.nz/clin_antibiotic.asp) (Accessed July 2009).
3. King BA, Geelhoed GC. Adverse skin and joint reactions associated with oral antibiotics in children: the role of cefaclor in serum sickness-like reactions. J Paediatr Child Health 2003;39:677-81.

**We value your feedback. Write to us at:  
Correspondence, PO Box 6032, Dunedin  
or email: [editor@bpac.org.nz](mailto:editor@bpac.org.nz)**

