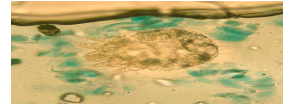


## INFORMATION SHEET: JULY 2010 SCABIES (V2)



### What is Scabies?

- Scabies is a highly contagious parasitic infestation caused by the microscopic mite *Sarcoptes scabiei*.
- The female mite, which is only a few millimetres long, burrows into the top layer of the skin where she lays her eggs. The eggs hatch into larvae after 10-14 days and travel back to the surface of the skin.
- They in turn make more burrows and lay more eggs.
- Female mites live for about 2 months, laying three eggs a day, and travel up to three centimetres a minute.
- The mites like warm parts of the body. Lesions are prominent in creases and webs of fingers and toes, the anterior surfaces of the wrists and elbows, axillary folds, belt lines, thighs, genitalia, nipples, abdomen and lower portion of the buttocks.

### Norwegian Scabies

- A particularly virulent infection known as crusted or Norwegian scabies can occur in high risk groups ie. debilitated or immunosuppressed patients. These cases are highly infective as the infestations are associated with a large number of mites and their eggs, which increases risk of transmission and often initiate outbreaks in institutions.
- Large areas of the body, including hands and feet may be scaly and crusted. These are often difficult to treat with topical treatment which may not be able to penetrate the thickened skin.

### Transmission & Diagnosis

#### How Do You Contract Scabies?

- ❖ Anyone can contract scabies regardless of age, sex, race or hygiene standards.
- ❖ Scabies spreads by direct, prolonged, skin-skin contact with a person already infested with scabies.
- ❖ Infestation is easily spread to sexual partners and household members.
- ❖ Infestation may also occur by sharing clothes, towels, and bedding.

#### How is Scabies Diagnosed?

- ❖ Usually diagnosed by examining the characteristic burrows or rash.
- ❖ Review of scrapings of the burrows with a needle and identifying the mites or eggs under a microscope.
- ❖ Nb. A Negative result may not be conclusive.



### References

1. Centre Disease Control: Scabies. [www.cdc.gov](http://www.cdc.gov)
2. Blue Book: Guidelines for the Control of Infectious Diseases: Scabies. <http://www.health.vic.gov.au/ideas/bluebook>
3. The Australian Prescriber: Treatment of Scabies. <http://www.australianprescriber.com/magazine/23/2/33/5>

### Symptoms

- Pimple-like irritations, burrows or rash of the skin, especially the webbing of the fingers, the folds on the wrist, elbow, or knees, the penis, the breast, or shoulder blades.
- Intense itching may occur over most of the body, especially at night, or after a shower.
- Sores on the body caused by scratching. These sores can sometimes become infected by bacteria.
- It may take up to 2-6 weeks for the symptoms to develop in people who haven't had scabies before. People, who have had scabies before, usually develop symptoms within 1-4 days.
- People can pass on the scabies mite until the day after they have commenced their treatment for scabies (24hrs). Scabies can live for two-three days on clothes, bed linen and other personal items.

### Treatment

- ✓ Topical lotions or creams recommended for treatment are available from the pharmacy without a prescription. The anti-scabies preparation should be used according to the manufacturer's instructions and/or Drs Instructions.
- ✓ The lotion or cream should be applied to the whole body from neck to toes. NB. Avoid contact with eyes/nose/mouth.
- ✓ People are no longer infectious after 24 hrs of treatment, but should remain home for 24 hours after treatment has commenced. Nb. It may take from 1 week to 2 months for the skin lesions and itch to disappear completely.
- ✓ For moderate to severe infestations, and for contacts who develop symptoms a repeat treatment may be advised 7-10 days after the first treatment.
- ✓ All patients, HCWs, visitors, household members and close contacts should be treated simultaneously as relevant – refer Management below.
- ✓ Antihistamines and topical treatments are useful to counter itchiness, such as Calamine lotion and Eurax. Antibiotics may be required if secondary infections develop. Refer to the relevant Doctor.

### Management

- ✚ Contact precautions (ie. single room, long sleeved gown, gloves) should be employed for suspected cases until the diagnosis is confirmed, and 24 hours after appropriate therapy has commenced.
- ✚ As scrapings are not always positive in true cases, therapy may need to be commenced if the clinical suspicion remains high as prescribed by ICC/Dr.
- ✚ Contact Screening should be conducted as soon as possible, and all those who have had recent contact with cases, (ie. the patient/s and/or HCW/s) should be treated simultaneously, eg. patients/residents sharing the room, family members, HCWs including contractors, eg. Allied Health, agency staff. Ideally this should be conducted within the first 24 hours.
- ✚ When crusted (Norwegian) scabies is suspected, oral treatment (eg. Ivermectin) is often prescribed in addition to the anti-scabies topical treatment. Specialist infectious disease or dermatological advice should be sought for this.
- ✚ Clothes, towels and bed linen used by the affected persons in the 48 hours prior to treatment should be machined washed in hot water. Linen, blankets and clothing can also be dry cleaned, or placed in a tumble dryer on a hot setting for half an hour, or sealed in a plastic bag for one week before laundering.
- ✚ Towels and bed linen should be changed daily, bagged and hot washed during and on completion of the treatment.