



### SCABIES

Scabies is caused by the mite *Sarcoptes scabiei*, which burrows into the epidermis, the outermost layer of the skin. Scabies is a contagious skin infection that spreads rapidly in crowded conditions and is found worldwide. Personal hygiene is an important preventive measure and access to adequate water supply is important in control.

This mite can travel from the infected person to another person. Most people get scabies from direct, skin-to-skin contact. Less often, people pick up mites from infested items such as bedding, clothes, and furniture. The mite can survive for about 48 to 72 hours without human contact. Anyone can get scabies. It strikes people of all ages, races, and income levels. People who are very clean and neat can get scabies. With today's treatments, scabies need only cause short-term distress.

#### Signs and symptoms

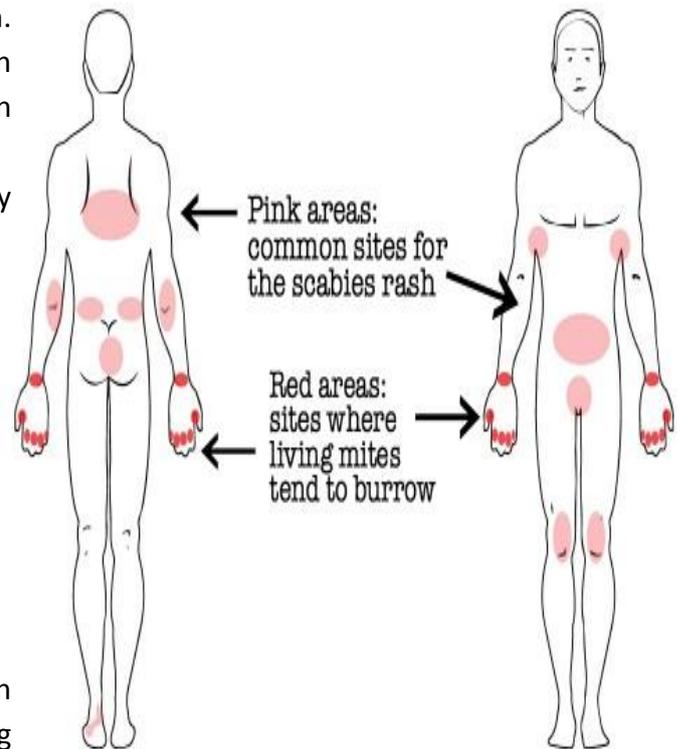
After the mite burrows into the skin, it takes time to develop signs and symptoms. If a person has had scabies before, the itching usually begins within 1 to 4 days. When a person has not had scabies, the body needs time to develop a reaction to the mite. It can take 2 to 6 weeks to develop symptoms.

- **Itching, mainly at night:** Itching is the most common symptom. The itch can be so intense that it keeps a person awake at night.
- **Rash:** Many people get the scabies rash. This rash causes little bumps that often form a line. The bumps can look like hives, tiny bites, knots under the skin, or pimples. Some people develop scaly patches that look like eczema.
- **Sores:** Scratching the itchy rash can cause sores. An infection can develop in the sores.
- **Thick crusts on the skin:** Crusts form when a person develops a severe type of scabies called crusted scabies (Norwegian scabies). With so many mites burrowing in the skin, the rash and itch become severe.

Scabies can develop anywhere on the skin. The mites, however, prefer to burrow in certain parts of the body. The most common places to have itching and a rash are: Itching and rash may affect much of the body or be limited to common sites such as:

- Between the fingers
- Wrist
- Elbow
- Armpit
- Penis
- Nipple
- Waist
- Buttocks
- Shoulder blades

The head, face, neck, palms, and soles often are involved in infants and very young children, but usually not adults and older children.



### Persons At Risk

Scabies can be passed easily by an infested person to his or her household members and sexual partners. Scabies in adults frequently is sexually acquired. Scabies is a common condition found worldwide; it affects people of all races and social classes. Scabies can spread easily under crowded conditions where close body and skin contact is common. Child care facilities also are a common site of scabies infestations.

### Suggested General Guidelines

It is important to remember that the first time a person gets scabies they usually have no symptoms during the first 2 to 6 weeks they are infested; however they can still spread scabies during this time.

Treatment should be given to both the infested person *and* to household members and sexual contacts, particularly those who have had prolonged direct skin-to-skin contact with the infested person. Both sexual and close personal contacts who have had direct prolonged skin-to-skin contact with an infested person within the preceding month should be examined and treated. All persons should be treated at the same time to prevent reinfestation.



Bedding, clothing, and towels used by infested persons or their household, sexual, and close contacts (as defined above) anytime during the last week before treatment should be decontaminated by washing in hot water and drying in a hot dryer, by dry-cleaning, or by sealing in a plastic bag for at least 72 hours. Scabies mites generally do not survive more than 2 to 3 days away from human skin.

Use of insecticide sprays and fumigants is not recommended.

### Prevention

Early detection, treatment, and implementation of appropriate isolation and infection control practices are essential in preventing scabies outbreaks. Institutions should maintain a high index of suspicion that undiagnosed skin rashes and conditions may be scabies, even if characteristic signs or symptoms of scabies are absent (e.g. no itching). New patients and employees should be screened carefully and evaluated for any skin conditions that could be compatible with scabies. The onset of scabies in a staff person who has had scabies before can be an early warning sign of undetected scabies in a patient. Skin scrapings should be obtained and examined carefully by a person who is trained and experienced in identifying scabies mites. Appropriate isolation and infection control practices (e.g. gloves, gowns, avoidance of direct skin-to-skin contact, etc.) should be used when providing hands-on care to patients who might have scabies. Epidemiologic and clinical information about confirmed and suspected scabies patients should be collected and used for systematic review in order to facilitate early identification of and response to potential outbreaks.

Most recent reports recommend an aggressive approach to preventing and controlling scabies in institutions, particularly when crusted (Norwegian) scabies is confirmed or suspected.

### Control

A scabies outbreak suggests that transmission has been occurring within the institution for several weeks to months — thus increasing the likelihood that some infested staff or patients may have had time to spread scabies elsewhere in the community, including to other facilities. Measures to control scabies in an institution depend on factors such as how many cases are diagnosed or suspected, how long infested persons have been at the institution while undiagnosed and/or unsuccessfully treated, and whether any of the cases are crusted (Norwegian) scabies. Because it is so highly transmissible, crusted scabies requires rapid and aggressive detection, diagnosis, infection control, and treatment measures to prevent and control spread.

Control measures for **a single case of non-crusted scabies** should consist of heightened surveillance for early detection of new cases, proper use of infection control measures when handling patients (e.g. avoidance of direct skin-to-skin contact, handwashing, etc.), confirmation of the diagnosis of scabies, early and complete treatment and follow-up of cases, and prophylactic treatment of staff, other patients, and household members who had prolonged skin-to-skin



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contact with suspected and confirmed cases. Skin-to-skin contact with scabies patients should be avoided for at least 8 hours after treatment.

Control measures for **multiple cases of non-crusted scabies** should consist of heightened surveillance for early detection of new cases, proper use of infection control measures when handling patients (e.g. avoidance of direct skin-to-skin contact, handwashing, etc.), confirmation of the diagnosis of scabies, early and complete treatment and follow-up of cases, and prophylactic treatment of staff, other patients, and household members who had prolonged skin-to-skin contact with suspected and confirmed cases. Skin-to-skin contact with scabies patients should be avoided for at least 8 hours after treatment. In addition, an institution-wide information program should be implemented to instruct all management, medical, nursing, and support staff about scabies, the scabies mite, and how scabies is and is not spread.

Control measures for an outbreak involving **one or more cases of crusted scabies** should involve rapid and aggressive detection, diagnosis, infection control, and treatment measures because this form of scabies is so highly transmissible. Unrecognized crusted scabies often is the source of institutional outbreaks of scabies. Infection control personnel should be involved as soon as scabies is suspected in an institution.

Until successfully treated, patients with crusted scabies should be isolated from other patients who do not have crusted scabies. Assigning a cohort of caretakers to care only for patients with crusted scabies can reduce the potential for further transmission. Direct skin-to-skin contact between a patient with crusted scabies and his/her caretakers and visitors should be eliminated by following strict contact precautions, including the use of protective garments such as gowns, gloves, and shoe covers. The patient's room should be cleaned thoroughly. Bedding and clothing used by a person with scabies should be machine-laundered using the hot water and hot dryer cycles.

All staff, volunteers, and visitors who may have been exposed to a patient with crusted scabies, or to clothing, bedding, or furniture used by such a patient, should be identified and treated. Treatment should be strongly considered even in equivocal circumstances because of the complexity of controlling an institutional outbreak and the low risk associated with treatment. All suspected and confirmed cases, as well as all potentially exposed patients, staff, visitors, and family members should be treated at the same time to prevent reexposure. Remember that symptoms of scabies can take weeks to appear the first time a person is infested; however, the person still can spread scabies during this asymptomatic period

### References:

American Academy of Dermatology  
Center for diseases control and prevention



### Information for patients

**Scabies will not go away without treatment**



**First have a warm bath or shower.**

**Then cover the whole body with cream/lotion, from the chin down to the soles of the feet, in between the fingers, under the nails and on the private parts.**

**The cream/lotion must be left on overnight.**

**If you wash your hands within this time it is important to put the cream/lotion back on your hands.**

**Next morning have a bath or shower and wear clean clothes.**

#### **To stop scabies from spreading:**

All clothes worn against the skin in the last week must be washed in hot water.

If clothes cannot be washed, dryclean them or put them in a sealed plastic bag for four days to kill any scabies.

Sheets, pillowcases, towels and facecloths should be washed in hot water.

Your doctor may advise you to repeat the treatment.

The itchiness will not go away as soon as the treatment is finished.

This does not mean that it has not worked. It might take up to four weeks for the itch to go away.

During this time you can ask your doctor about what is suitable to help the itch.

One treatment should be enough to cure scabies. If you still have the rash and itch after four weeks, see your doctor. There are other treatments for scabies that only a doctor can prescribe for, or the rash could be something else.