

## Scabies

### Key Points

**Classical Scabies is an intensely itchy skin infection caused by the human parasite *Sarcoptes scabiei***

**Apart from crusted scabies ('Norwegian' Scabies) these organisms are rarely a problem of cross infection**

**Simple hygienic precautions will protect health care workers and prevent transmission to other patients**

### Introduction

The Scabies mite burrows and lays eggs in the skin, causing a rash on wrists, elbows, axillae and sometimes waist and thighs. This rash represents an allergic reaction to the faeces of the mite and may not correspond to the sites of burrowing. Burrows are characteristically seen around the wrists but mites are not visible to the naked eye. Each burrow contains a fecund female which lays eggs which eventually emerge on the skin. A simple skin scrape and examination under low power microscopy will reveal the adult and eggs.

Crusted scabies (Norwegian scabies) is a rare form of the disease which affects people with impaired immune systems or the elderly. It is a hyper-infestation, with thousands or millions of mites present in scales of exfoliated skin.

### Transmission

- Close physical contact for 10-20 minutes is necessary for transmission
- Transmission by casual contact such as a handshake or a hug is unlikely
- Crusted scabies is highly contagious and in addition to transmission by direct contact, is easily transmissible via bedding, towels, clothes and upholstery
- Transmission is most likely to occur before the diagnosis is made

## Guidance

### *Management of Scabies*

#### New admissions

- If a patient presents with an itching rash diagnosed as scabies, they should be cared for in a single room with contact precautions. Precautions are maintained for 24 hours after the completion of appropriate treatment.
- Should the patient be admitted from a nursing or residential care home, the Infection Prevention & Control Team (IPCT) / Consultant in Communicable Disease Control (CCDC) should be informed.

#### Two or more cases in a healthcare environment

- If patients or staff present with unexplained rash or itching, scabies must be considered.
- Once a diagnosis of Scabies is confirmed the following action should be taken:
  - In hospital Inform the IPCT
  - In community settings inform the unit manager, GP or CCDC as appropriate
  - Generate a list of affected persons. If Staff are involved the Occupational Health Department must be alerted
  - All affected patients and staff should commence treatment
  - The movement of staff to and from the infected area should be restricted if possible
  - The movement of patients to and from the infected area must be restricted until all patients have been treated
  - Inform the relatives of symptomatic patients of the situation and advise them to contact their GP regarding treatment

### *Infection Control Measures within an Acute Hospital Setting*

- Isolate the patient in a single room until treatment is carried out.
- Staff should wear plastic aprons and disposable gloves when carrying out treatment.
- Bath/ shower patient thoroughly. Allow the patient to cool down prior to painting the scabicide lotion over the entire body using gauze swabs.
- Laundry is to be handled as 'infected': placed into an alginate bag, then into a secure outer bag.
- Disposable gloves, aprons and cotton wool balls used in the application of the scabicide should be placed into yellow clinical waste bags.



### ***Infection Control Measures within a Residential Care Home***

- Residents do not normally require isolation. However, people with crusted scabies require isolation, until treatment has been completed.
- When a resident is diagnosed as suffering from scabies the nurse in charge is to ensure that the residents GP is aware and also inform the Infection Prevention & Control Team (IPCT) / Consultant in Communicable Disease Control (CCDC).
- If two or more cases are identified, the decision to treat all staff and clients is based on a risk assessment and consultation with the CCDC.
- Treating all clients and staff is an intensive process and advice must be sought from an Outbreak team before initiating.
- Staff (or family members) should wear plastic aprons and disposable gloves when carrying out intimate care where there is likely to be significant skin contact.
- Bath/ shower patient thoroughly. Allow the patient to cool down prior to painting the scabicide lotion over the entire body using gauze swabs.
- Laundry for Crusted Scabies: machine wash (at 60°C or above clothes, towels and bed linen on the day of application of the first treatment).
- Disposable gloves, aprons and cotton wool balls used in the application of the scabicide should be placed into yellow clinical waste bags.

**NOTE:** the itch may persist for two weeks after treatment and can be relieved by antipruritics. Do not retreat simply because of itching.

### **References**

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2. Fox, G.N. and Usatine, R.P. (2006) Itching and rash in a boy and his grandmother. *Journal of Family Practice* 55(8), 679-684.
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