



Scabies in Healthcare Facilities

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Symptoms

- In a person who has never had scabies:
 - May take 4-6 weeks for symptom onset
- In a person who has had scabies in the past:
 - Symptoms may start in 1-4 days
- May be spread PRIOR to symptom onset

What to Look for

- **Intense itching**
 - Especially at night
- **Pimple-like itchy rash**
- **May affect entire body OR common sites:**
 - Wrist, elbow, armpit, webbing between the fingers, nipple, penis, waist, belt-line, and buttocks
- **Burrows (tunnels) may be seen on the skin**
 - Tiny raised and crooked grayish-white or skin-colored lines



Transmission

- **Direct, prolonged, skin-to-skin contact with an infested person**
- **Sexual partners**
- **Household members**
- **Quick handshake/hug will usually not spread scabies**

How Long Do Mites Live?

- 1-2 months on a person
- 48-72 hours off a person
- Scabies mites will die at 122 degrees for 10 minutes



Webmd.com



Diagnosis

- **Customary appearance and distribution of the rash and presence of burrows.**
- **Confirm diagnosis:**
 - Obtain a skin scraping to examine under a microscope for mites, eggs, or mite fecal matter
 - Person can still be infested even if mites, eggs, or fecal matter cannot be found
 - Typically fewer than 10-15 mites present on the entire body
 - ****Crusted scabies may be thousands of mites and should be considered highly contagious****

How Do You Treat Scabies?



Treatment

- **Available only by prescription**
 - No "over-the-counter" products have been tested and approved for humans
- **Adults and older children:**
 - Scabicide cream or lotion is applied to all areas of the body from the neck down to the feet and toes
- **Leave medication on body per recommended time prior to washing**
- **Dress person in clean clothes after washing**
- **Change and launder bedsheets and towels**
- **Return to child care, school, or work the day after treatment**



Who should be treated?

- Household members
- Sexual contacts
- Anyone with prolonged skin-to-skin contact in the preceding month
- Treat ALL persons at the same time
- Retreat if itching continues more than 2-4 weeks after treatment *OR* if new burrows or rash continue to appear



Treatment continued...

- **Classic scabies:** one or more of the following may be used:
 - **Permethrin cream 5%** (Topical - Drug of Choice) - *FDA approved for 2 months and older*
 - **Crotamiton lotion 10% and Crotamiton cream 10%** (*Not FDA approved for children*)
 - **Sulfur** (5%-10%) ointment (multiple brand names)
 - **Ivermectin** - oral - (*not FDA approved for this use*)

Treatment continued...

- **Crusted scabies:** *both oral and topical agents should be used together*
 - **Ivermectin** - oral - (*not FDA approved for this use*)
 - **Permethrin cream 5%** (Topical - Drug of Choice) - *FDA approved for 2 months and older*
 - **Benzyl benzoate 25%** (with or without tea tree oil) (topical) - use as an alternative topical agent to permethrin ***Caution, may cause immediate skin irritation***
 - **Keratolytic cream** (topical) – may be used to help reduce crusting and aid in absorption of topical permethrin or benzyl benzoate.

Environmental Cleaning

- **Machine-wash bedding, clothing and towels used by a person with scabies in hot water and dry using the hot cycle or by dry-cleaning**
 - Bedding and clothing worn or used next to the skin anytime during the 3 days before treatment
- **Items that cannot be washed or dry-cleaned:**
 - Decontaminate by removing from any body contact for at least 72 hours
- **Crusted scabies:**
 - Carefully vacuum furniture and carpets in rooms used by these persons
 - Scabies mites will die at 122 degrees for 10 minutes



Crusted Scabies:



Publichealth.lacounty.gov

- **Frequently the result of delayed diagnosis and treatment of crusted (Norwegian) scabies**
 - Particularly in debilitated or immunocompromised patients such as: weakened immune systems (AIDS/HIV); cancer, transplant patients taking immunosuppressive drugs; those with diseases affecting the immune system
- **Treat rapidly and aggressively**
 - Institutional outbreaks can be difficult to control
 - Require a rapid, aggressive, and sustained response.
- **Rooms:**
 - Thoroughly clean and vacuum after use
- ***Pesticide sprays or fogs generally are unnecessary and are discouraged.***

Prevention Steps



Avoid an Outbreak

- **Surveillance**

- Active program for early detection
- Maintain active surveillance for at least 6 weeks following a positive case (*Symptoms may not present for 4-6 weeks following exposure*)

- **Diagnostic Services**

- **Control & Treatment**

- Establish appropriate infection control procedures and treatment

- **Environmental Disinfection**

- Establish procedures for identifying and notifying at-risk patients and staff who are no longer at the institution.



Communication



- **Establish procedures:**
 - To identify and notify at-risk patients and staff who are no longer at the institution
- **Ensure a proactive employee health service**
 - Provide information about scabies to all staff
- **Maintain open and cooperative attitude between management and staff**

Resources:

- http://www.cdc.gov/parasites/scabies/health_professionals/institutions.html
- <http://www.cdc.gov/parasites/scabies/treatment.html>
- This presentation and the Scabies State Memo (5/15/16) will soon be available to you on the online NC Communicable Disease Manual:
http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/other_diseases.html

Thank you!
Questions??

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