SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	Scabies – Management of
TYPE OF DOCUMENT	Procedure
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LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 3 - Preventing and Controlling Healthcare Associated Infection Standard 3.01 3.08, 3.09 NSW Ministry of Health Policy Directive PD2017_013 Infection Prevention and Control Policy
REVIEW DATE	October 2027
FORMER REFERENCE(S)	Replacing SESLHNPD/128
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Clinical Governance and Medical Services
AUTHOR	Infection Prevention and Control Subcommittee SESLHD-InfectionControl@health.nsw.gov.au
POSITION RESPONSIBLE FOR THE DOCUMENT	Infection Prevention and Control Subcommittee
FUNCTIONAL GROUP(S)	Infection Control
KEY TERMS	Scabies, reservoir, incubation period, Norwegian scabies, outbreaks
SUMMARY	The procedure outlines the management of scabies infestation to prevent further occurrences or outbreak.

1. POLICY STATEMENT

To correctly diagnosis and treat a scabies infestation.
To reduce the transmission risk and reinfestation.

2. BACKGROUND

To assist clinicians in appropriate management of scabies.

3. DEFINITIONS

Contact: An individual who has been exposed to a contagious disease.

Incubation period: For people without previous exposure to scabies, the incubation period is 2 to 6 weeks. People who have been previously infested with scabies develop symptoms within 1 to 5 days of re-exposure.

Norwegian scabies (Crusted Scabies): Patients who are immunocompromised, elderly, disabled or debilitated are more likely to acquire crusted scabies. Crusted scabies is a more severe form of scabies in which thousands to millions of mites infest an individual. It is highly transmissible because of the large number of mites in the exfoliating scales.

Clinically, the eruption is suspected when there is marked thickening and crusting of the skin particularly on the hands, although the entire body, including the face and scalp, is often involved. The surrounding environment requires thorough and careful cleaning due to the potential for fomite transmission. Dust and skin flakes in bed linen have been shown to contain a large number of mites. An individual with crusted scabies must remain isolated with contact precautions until the resolutions of symptoms.

Reservoir: Human. It does not reproduce on animals or in bedding, carpets etc. The mite will not survive more than three days without a human host.

Scabies: A parasitic disease of the skin caused by a mite (*Sarcoptes scabiei* var. *hominis*) visible as papules, vesicles or tiny linear burrows containing mites and their eggs. It is intensively itchy.

Transmission: Scabies is transmitted when a pregnant female mite migrates from one person to another. Transmission usually occurs via prolonged, direct skin to skin contact. Scabies is often transmitted during sexual contact and to a lesser extent through contact with fomites. Scabies can be transmitted from an infected person prior to symptoms developing until the infected person has been successfully treated.

4. RESPONSIBILITIES

4.1 Employees will:

- Adhere to the management and treatment principles contained in the procedure.

4.2 Line Managers will:

- Inform all staff working in the area of infestation.
- Inform the Infection Prevention and Control Department.

- Identify staff that have had a possible exposure and might require treatment.

4.3 District Managers/ Service Managers will:

- Organise treatment and/or a medical review for staff with possible contact.
- Inform any outpatient clinics or community care services that the person has attended in the last three months.

4.4 Medical staff will:

- Diagnose the infestation and order treatment for patient/s.
- Advise all close contacts of implication and the need to be treated.
- Provide approval to clear patient from isolation and remove contact precautions.

5. PROCEDURE

5.1 Diagnosis

Scabies may mimic several other skin disorders such as eczema, contact dermatitis or impetigo. The initial infestation may remain undetected for a month or more, before an immunological response is triggered in the host.

Definite Diagnosis: is made by taking skin scrapings from burrows and identifying the mites, their eggs or faeces by microscopy.

Presumptive Diagnosis: It is often difficult to find burrows and obtain suitable specimens; therefore, presumptive diagnosis relies on history and clinical appearance.

5.2 Signs and Symptoms

It is important to note that the first time a person gets scabies they usually have no symptoms. Symptoms can typically take four to eight weeks to develop after they are infested; however, they can still spread scabies during this time. A rash develops as an allergic reaction to the mite, its waste products and its eggs. Another key symptom includes pruritus, with pruritus often being more intense during the night. The rash may be:

- Exacerbated by scratching
- Difficult to see
- Resemble little red bumps, hives, tiny bites or pimples
- May be small zigzagging trails of blister
- Pruritus is the hallmark of scabies regardless of the age of the person
- Itching is more intense during the night.

Classical sites of scabies rash:

- Between fingers
- Wrists
- Auxiliary areas
- Extensor aspects of the elbows
- Female breast notably the nipple area

- The umbilical area
- Penis and scrotum
- Buttocks
- Inside of legs
- Ankles
- Abdomen.

5.3 Treatment

Successful treatment of scabies requires:

- Correct diagnosis
- Elimination of the mites by means of scabicides (applied correctly).

5.3.1 Treatment of Symptoms

- Treatment of secondary infection if present.
- Treat all persons that have had prolonged direct skin-to-skin contact with the individual with scabies during the incubation period simultaneously.
- Identify if a women might be pregnant as some preparations such as Ivermectin, are not suitable for pregnant women or babies less than six months old. See Therapeutic Guidelines.
- All preparation should be used as instructed and any contraindication noted.
- A variety of effective topical treatments are available to treat scabies, including Permethrin, Ivermectin, Benzyl Benzoate, Malathion, Lindane.
- Permethrin five percent is the first line treatment for scabies.

5.3.2 Application of Cream/Lotion

- The persons applying treatment should wear gloves and a protective gown.
- Skin should be clean, dry and cool prior to treatment.
- The preparation to be correctly applied to the whole body excluding face and eye area, ensuring product is applied to all folds and creases in the body. Not forgetting the soles of the feet (if one burrow is spared then an infestation will occur).
- Clean clothing must be worn after treatment.
- The product is to remain on for eight to 12 hours (please read specific product information) before washing (often best time to apply is prior to bed /sleep and wash off in the morning).
- Reapply to hands if washed.
- Reapply to areas washed, if a patient is incontinent.
- Retreat persons with symptomatic scabies in seven days to reduce the chance of reinfestation.
- The itching commonly persists for up to three to four weeks following successful treatment, consider the use of an antipruritic to reduce itching and discomfort.

5.3.3 Transmission Based Precautions/Deisolation

- Contact precautions should be implemented for patients whom are suspected/confirmed to have scabies.
- Risk assessment for bed management purposes should occur. If clinically appropriate patients should be allocated a single room.

- Patients can be cohorted with patients with the same type of scabies.
- Deisolation and the cessation of contact precautions can occur for non-crusted scabies 24 hours after the commencement of treatment.
- Patients whom are suspected/confirmed to have crusted scabies (Norwegian Scabies) will require isolation and contact precautions for the duration of their crusted scabies infestation.

5.3.4 Management of Contacts

- All individuals that have had prolonged skin to skin contact with a patient with scabies or their environment within the incubation period should be treated.
- All relatives and visitors of infected patients must be informed of correct procedures i.e:
  a) hand washing and use of contact precautions.
  b) seek medical advice if symptoms develop.

5.3.5 Follow Up

- Re-examine post treatment to confirm diagnosis and that treatment was successful.

5.3.6 Linen and Clothing

- Fomites should be treated concurrently with the patient.
- Ensure that bed linen is changed after the patient showers and clean clothes are worn.
- Launder all clothing worn, bed linen and towels used by the infested persons in the 72 hours prior to treatment using a hot cycle for both washer and dryer to kill eggs and mites.
- Items of linen and clothing that are unable to be washed in the normal manner must be placed into a sealed plastic bag and left for 72 hours to ensure eradication of the mites (scabies mites generally do not survive more than two to three days away from human skin).
- Surfaces such as furniture and carpets may be disinfested with heat (such as steam) or by physically removing scabies mites (e.g. vacuuming).

5.4 Outbreaks

- It is important that all household members and close contacts are treated at the same time to prevent an outbreak.
- If the patient is from a care facility, inform them of the outbreak (so other residents whom they came in contact with can be treated, prior to the return of patient).

6. DOCUMENTATION

- Record all treatments and outcome in the patient clinical notes.

7. AUDIT

- This procedure will be audited by conducting a transmission based precautions audit.

8. REFERENCES

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9. VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
May 2003	0	Infection Control Coordinators – Illawarra Health Authorised by Clinical Quality Council
June 2006	1	Former Illawarra Health policy reviewed and merged for SESIAHS in consultation with SESIAHS Infection Control Manual Working Party
September 2010	1	SESIAHS Infection Control Manual Working Party m. cook CNS2 Contact: M. Cook Garrawarra Centre
April 2011	2	Amended to reflect change to Local Health Network
January 2012	3	Change made to review date from April 2011 to April 2014 - Michelle Bonner Acting Policy Officer on advice of Kate Clezy
August 2014	4	Former reference SESLHNPD/128. Minor amendment - National Standards included. Approved by Executive Sponsor, Director Clinical Governance
February 2019	5	SESLHD Infection Control Manual Working party

April 2019	5	Minor review approved by Executive Sponsor. Review included update to references list and formatting.
April 2019	5	Processed by Executive Services prior to publishing.
October 2021	6	Minor review by SESLHD Infection Control Manual working party. Included Section 5.3.3.
November 2021	6	Approved by Executive Sponsor.
28 October 2024	6.1	Minor review by SESLHD Infection & Prevention Control Subcommittee. Updated references and inclusion of pregnant women considerations.