

**LTHT Infection Control Policies  
Policy No. 26**

SCABIES

Scabies is an infestation of the skin with the microscopic mite called *Sarcoptes scabiei* which can rapidly spread in crowded conditions where there is frequent skin-to-skin contact between people, such as in hospitals, institutions, child-care facilities, and nursing homes.

The signs and symptoms of Scabies are pimple-like irritations, burrows or rash of the skin, especially the webbing between the fingers; the skin folds on the wrist, elbow, or knee; the penis, the breast or shoulder blades, and in children, the soles of the feet.

SCOPE OF POLICY

This policy applies to:

All healthcare staff and students working in LTHT

All patients at LTH.

**Aims:**

To prevent and control the spread of Scabies within the LTHT.

KEY POINTS

- Scabies is a common public health problem which has an estimated prevalence of 300 million worldwide. It affects all ages and all races.
- Isolation precaution should be based on risk assessment.

The transmission of scabies usually occurs from person to person via prolonged direct skin contact With a person already infested with scabies (a quick handshake or hug will usually not spread infestation). Prolonged contact is defined as at least 10 minutes of continuous skin to skin contact

- People with weakened immune systems, and the elderly are at risk for a more severe form of scabies, called Norwegian or crusted scabies which is highly contagious with thousands of scabies mites.

- Scabies is commonly spread amongst families and sexual partners. It can also spread in hospitals and nursing homes.
- The scabies mite cannot jump or fly. Transmission is thought to occur when mites crawl from one person to another. Infestation may also occur by sharing clothing, towels, and beddings therefore precautions should always be observed.
- Infection Control should be informed of patient cases, staff contacts should be referred to Occupational Health for treatment options.
- A person is considered to be infectious from the time of infestation until the treatment is successfully completed when 2 applications has been appropriately applied 7 days apart.

**In cases where more than one person is affected, all the affected people should be treated at the same time.**

### **What is the problem?**

Scabies is an infestation of the skin with the microscopic mite *Sarcoptes scabiei*. Infestation is common, found worldwide, and affects people of all races and social classes. Scabies spreads rapidly under crowded conditions where there is frequent skin-to-skin contact between people, such as in hospitals, institutions, child-care facilities, and nursing homes.

The prevalence of the disease is cyclical with peaks about every 15 years, which last for 2-3 years. The female mites, which are barely visible to the human eye burrows into the skin and lay their eggs. Approximately three weeks later the eggs hatch and a new generation of itch mites are ready to reproduce..Once away from the human body, the mites do not survive more than 48-72 hours. When living on a person, an adult female mite can live up to a month.

It will take about three weeks from the time of infection before the itch starts. The itching which is characteristic of a scabies infestation is thought to be due to an allergic reaction to the faecal pellets (*scybala*) produced by the mites in the burrows. Typically in normal scabies the host is infested with about 12 of the scabies mites, however, in crusted or Norwegian scabies the host may be infested by thousands of the mites.

## How are people affected?

- Scabies will not disappear by itself; it requires treatment. If not treated, there is a risk of eczema or other kinds of chronic skin diseases.
- The main symptom of scabies is a pruritic rash which is particularly itchy especially at night and covers most of the body.
- Scabies mites have their favourite areas of the body - the web spaces of the fingers and toes; palms and soles; the wrists; the armpits; the skin around the navel; the women's nipples.
- Sores on the body caused by scratching can sometimes become infected with bacteria.
- Symptoms of scabies occur two to six weeks after contact with affected individuals, although in individuals who have had a previous infestation with scabies, symptoms may occur much sooner than this. You do not become immune to an infestation.
- Severe, persistent itching can also be debilitating and may lead to depression.

## What to do if you have a suspected case of Scabies on the ward

- Cases of suspected scabies should be nursed where possible in source isolation until diagnosis is confirmed and treatment instigated.
- **Diagnosis can be made by medical staff on the ward. If there is any doubt about the diagnosis or for diagnostic advice contact the Dermatology department.**
- Standard precautions should be used when caring for patients with suspected or confirmed scabies. In addition to Standard Precautions single use gloves and aprons should be worn when touching the patient or performing care.
- Suspected cases of scabies should be reported to the Infection Control Department.

In cases of suspected outbreaks of scabies on a ward where staff may also be affected, please also contact the Occupational Health department. In these situations, a staff contact list should be drawn up. This should include **all** those who have had **continuous** skin to skin contact for at least ten minutes, including nurses, doctors, physiotherapists, occupational therapists, play therapists, ward housekeepers etc. The Occupational Health staff will decide who requires treatment and will arrange for the lotions for those people to be made available from Pharmacy.

## Treatment

- Anyone who is diagnosed with scabies should be treated along with any of their close contacts. In situations where there are number of Scabies in the ward, all those affected and any close contacts should be treated all at the same time including household contacts who should be referred to their GP for treatment.
- The treatment for scabies is simple and efficient. The medicines used are Malathion Liquid (eg. Derbac-M, Prioderm or Quellada-M) or 5% Permethrin Dermal Cream (Lyclear dermal cream), all of which can be bought from pharmacies without a prescription
- Medical advice should be sought before using Malathion on children under six months of age, and before using Permethrin on children under 2 years old.
- Pregnant staff should consult with the Occupational Health Department prior to commencing treatment
- Treatment should be undertaken as soon as possible after confirmation of scabies. Malathion is applied to the whole body and washed off after 24 hours. Permethrin is applied to the whole body and washed off after 8 to 12 hours. Make sure you carefully follow the directions for use supplied with the medicine. The lotion needs to be re-applied following hand washing.
- A second application of treatment is now recommended after seven days. In cases of crusted or Norwegian scabies more applications of treatment may be needed.
- Clothing and bed linen should be placed in red infected linen bags and sent to the laundry. (Patients' own clothing should also be laundered, including dressing gowns and slippers.)
- The symptoms of itching may persist after successful treatment of scabies. In these cases symptomatic relief should be given. Nails should be kept short to prevent trauma to the skin from scratching

## References

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