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
**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:

• 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

- 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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