



Scabies

Care Homes IPC Study Day

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Scabies – What is it?

(warning – you will experience itching during this session)

- Ancient disease – evidence of it since 500BC
- Caused by a mite called *Sarcoptes scabiei*
- Each mite is about 1/2 mm long
- Host specific





Scabies

- The mite burrows into the upper layers of the skin, where it lives and lays its eggs.
- The condition is recognised by an allergic reaction to the saliva and faecal material excreted by the mite.
- Can occur at any age but most common in children
- Common in nursing and residential care homes

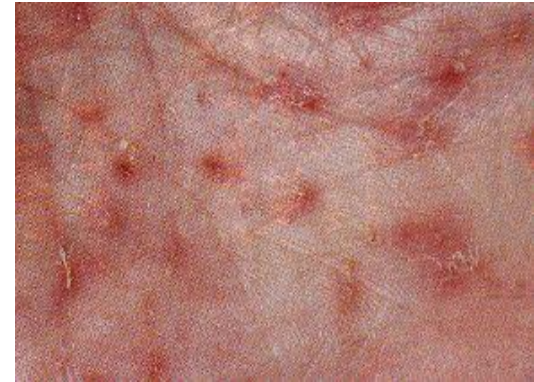


Transmission

- Spread by direct and prolonged skin-to-skin contact
- It is NOT a condition caused by poor hygiene
- It is NOT normally spread by clothes, bedding or towels
- It cannot be spread through brief contact such as shaking hands

Symptoms

- Normally 2-8 weeks after exposure
- Pimple like rash anywhere on the body but often on fingers, wrists, around the waist and on the buttocks
- Intensely itchy, especially at night



Symptoms (contd)

- Scratching can lead to a secondary bacterial infection
- You may get small nodules or bumps on the skin that are filled with pus
- Burrow marks may be visible





Identifying contacts

This can be quite difficult and may be quite a lot of people

- Exercise - Make a list of everyone you have had more than 5 minutes skin to skin contact with in the past 8 weeks



Contact tracing

Unless the source of the infection and all contacts are identified and treated, the disease will continue to spread.

- Identify anyone who may be infected and advise them of treatment options.
- Contacts are all those who have had prolonged or intimate skin to skin contact in the previous 2-8 weeks
- All contacts should be treated at the same time as the resident.
- No need for contacts to refrain from work, unless symptomatic.

Treatment

- Treated with insecticide cream or lotion common ones are Lyclear (permethrin) or Derbac-M (malathion)
- It is important that the cream/lotion is applied to the whole body including the face, neck, scalp, soles of the feet, under the nails and ears.
- Should be left on for between 8-24 hours (check manufacturers instructions)
- The index case and all close contacts should be treated simultaneously.



Treatment tips



- Apply to cool, dry skin.
- Hot baths should be avoided
- Cover the whole body
- Allow cream to dry before dressing
- Reapply after washing hands



Treatment tips

- Clothing and linen can be washed as normal on a hot wash cycle
- Staff should wear gloves when applying cream to residents
- Treatment to be repeated 7 days later on symptomatic cases – although not infectious once first treatment has been completed



Treatment tips

- Secondary infection should be treated with antibiotics
- Antipruritic creams or lotions such as 1% hydrocortisone cream can help control severe itching
- Itching may continue for 2-3 weeks following treatment – only consider treatment failure if still present after 4 weeks





Single resident diagnosed with scabies

- Identify contacts
- Treat resident and contacts on the same day
- Affected resident or symptomatic contacts - repeat treatment in 7 days



Outbreak

- 2 or more cases diagnosed by GP or dermatologist
- Inform PHE - 0845 279 7879
- Care home identifies contacts
 - Residents – GP prescribes treatment
 - Relatives – GP prescribes treatment
 - Staff – home purchases treatment
- This may be a large number of people so liaise with local pharmacy to ensure sufficient supply



Plan treatment

- Treatment should be carried out by all cases & contacts on the same day – this will need planning
 - Ensure everyone has their treatment
 - Ensure they know how to use it
- If this does not happen there is a risk of treatment failure and the process will need to be repeated if the outbreak is ongoing



Summary

- Caused by the scabies mite
- Symptoms are an allergy – long time to develop
- Treatment must be applied all over
- Cases and contacts need to be treated at the same time
- Symptoms can take 2-3 weeks to go away