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## Community Infection Prevention and Control Guidance for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

# Scabies

SCABIES

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# GP 17

SCABIES

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**This guidance document has been adopted as a policy document by:**

Organisation: .....Brigstock Skin and Laser..... …

Signed:  .....

Job Title: Business Manager .....

Date Adopted: 16/02/2019 .....

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| If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums. |
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SCABIES

## Contents Page



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# SCABIES

## 1. Introduction

Scabies is a skin infection caused by mites known as Sarcoptes Scabie. After mating with adult male mites, the females burrow into the skin, laying eggs as they go. The new mites hatch from the eggs in 10-13 days, tunnel up to the skin surface and grow into adults. The main symptoms of scabies are due to the body's allergic reaction to the mites and their waste. Symptoms include an itchy, widespread rash (often worse at night) which occurs mainly between the fingers, on the waist, armpits, wrists, navel and elbows. It usually affects both sides of the body alike. The rash does not correspond to where the mites are located on the body.

There are two forms of scabies both caused by the same mite. The most common form of 'classical scabies' has fewer than 20 mites all over the body, whereas the rarer type of 'crusted scabies' can have thousands of mites causing a more severe reaction in the skin.

Symptoms occur on average 3-6 weeks following infection, however, if a person has had scabies in the past, symptoms will develop more quickly.

Untreated scabies is often associated with secondary bacterial infection which may lead to cellulitis, folliculitis, boils, impetigo or lymphangitis. Scabies may also exacerbate other pre-existing dermatoses such as eczema and psoriasis.

## 2. Transmission

- Direct skin to skin contact with a person who is infected with scabies (approximately 10 minutes uninterrupted skin-to-skin contact).
- The mite cannot jump from person to person, but can crawl from one individual to another when there is skin to skin contact for a short period of time, e.g. holding hands.
- Transmission from clothes or bed linen is uncommon.

## 3. Diagnosis

Diagnosis of scabies is usually made from the history and examination of the affected person, in addition to the history of their close contacts.

Misdiagnosis is common because of its similarity to other pruritic skin disorders, such as contact dermatitis, insect bites, and psoriasis.


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### Classical scabies

Diagnosis should be confirmed by a GP or Dermatologist.

### Crusted scabies (Norwegian scabies)

A diagnosis by a Dermatologist is essential.

This form of scabies is uncommon and may be seen in immunosuppressed individuals.

It usually presents itself in the form of 'crusted lesions' which are found mainly around the wrist areas, but can also affect other parts of the body. An erythematous rash is usually found covering the body which appears crusted, but may not be itchy.

Thousands of mites can be present and are capable of disseminating into the immediate environment due to the shedding of skin from the crusted lesions, surviving for a day or two in warm conditions.

Management and treatment of this form of scabies must be undertaken in association with your local Community Infection Prevention and Control (IPC) or Public Health England (PHE) Team and Dermatologist.

## 4. Topical preparations for treatment

Treatment is in the form of a lotion or cream that is available on prescription or from a pharmacy:

| | |
|---|---|
| Lyclear Dermal Cream (permethrin 5%) | Low toxicity. 8 hour treatment. Babies and children under 2 years to be treated under medical supervision |
| Derbac – M (malathion) | 24 hour treatment. Children under 2 years to be treated under medical supervision. Treatment of choice in pregnancy |

**Adults usually need 2-3 x 30g tubes for one treatment application and 4-6 tubes for two treatment applications. Insufficient lotion is a contributory factor to treatment failure.**

## 5. Management and treatment

Your local Community IPC or PHE Team can be contacted for advice regarding management and treatment of scabies. It is essential that the advice provided is followed explicitly to ensure treatment is effective.

- Application of the cream or lotion is best done in the evening.

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- The cream or lotion must be applied to cool dry skin to be most effective. It is **not** recommended that patients have a hot shower or bath prior to any application.
- The cream or lotion must be applied all over, from top to toe, including the scalp, in between buttocks, fingers, toes, navel, behind the ears, on the palms of hands, soles of feet, under nail edges and genital areas. The cream or lotion should be applied to the face, but avoid the lips and eye area.
- The cream or lotion must be re-applied to any parts of the body which have been washed during the 8-24 hour period, e.g. hands, buttocks.
- If a lotion is used rather than cream, it can be poured into a bowl and a disposable sponge or disposable cloth used to apply it.
- Mites can harbour themselves under the nails, therefore, the affected persons nails should be kept short.
- After the duration of the treatment, 8 or 24 hours, clean clothing or nightwear should be worn and bed linen changed.
- Clothing, nightware and bed linen should be washed as normal.
- Treatment should be repeated 1 week later.
- Disposable gloves and an apron should be worn when applying the treatment to a patient.
- In a care home setting other patients, staff members, relatives or close contacts may also require treatment. Advice should be obtained from your local Community IPC or PHE Team.
- Following treatment, itching often persists for several weeks and is not an indication that treatment has been unsuccessful. Antipuritic treatment may be beneficial.

For instructions on the application of treatment, see Appendix 1.

## 6. Treatment in an outbreak situation

If an outbreak (2 or more cases) is suspected in a care establishment, contact your local Community IPC or PHE Team who will confirm diagnosis. They will give advice to the home and help coordinate arrangements for treatment of identified individuals to take place at a specified time and date.

Treatment should take place on the same day for all patients, staff and close relatives, who have been advised treatment, see Appendix 2.


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## 7. Suspected treatment failure

Evidence shows that unsuccessful eradication is usually due to failure to adhere to the correct outbreak procedures and treatment instructions. Treatment failure is likely if:

- The itch still persists at least 6 weeks after the first application of treatment (particularly if it persists at the same intensity or is increasing in intensity)
- Treatment was uncoordinated or not applied correctly, e.g. scalp and face not treated
- New burrows appear (these are not always easily seen) after the second application of the treatment

## 8. Management of treatment failure

- Consider alternative diagnosis.
- Re-examine the person to confirm that the diagnosis is correct and look for new burrows.
- If all relevant patients, staff members, relatives or close contacts were treated simultaneously and treatment was applied correctly, give a course of a different treatment:
  - If permethrin 5% dermal cream was used initially, then prescribe malathion 0.5% aqueous solution; or
  - If malathion 0.5% aqueous solution was used initially then prescribe permethrin 5% dermal cream
- If contacts were not treated simultaneously or treatment was incorrectly applied, either re-treat with the same treatment, or use a different treatment.
- All relevant patients, staff members, relatives or close contacts should be re-treated at the same time.

## 9. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Practice in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

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- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

## 10. References

Burgess I (2006) *Medical Entomology Centre Insect* R&D Ltd Cambridge

NICE Clinical Knowledge Summaries (2011) cks.nice.org.uk/scabies

Public Health Laboratory Service (2000) *Lice & Scabies. A health professional's guide to epidemiology and treatment*

## 11. Appendices

Appendix 1: Scabies Treatment Instructions for application of cream or lotion

Appendix 2: Action Plan for the Management of Scabies in Health and Social Care Establishment


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# Scabies Treatment

## Instructions for application of cream or lotion (for external use only)

**Do not bathe or shower before putting on the cream or lotion.**
**Make sure you have been supplied with enough product before starting to apply it.**

1. Application of the cream or lotion is best done in the evening.
2. Remove all clothing. Remember to take off all jewellery, including watches and rings. If it is not possible to remove a ring, move it to one side, then treat the skin surface that is normally underneath the ring. Wait for the skin to dry before returning the ring to its normal position.
3. The cream or lotion needs to be applied to the whole body surface including the scalp (apply externally all over the body from head to toe), only avoiding the eye area.
4. Squeeze the cream into the middle of your hand or tips of fingers. If a lotion has been prescribed, this is best applied using a small paint or pastry brush which should be disposed of after completion of the treatment.
5. Apply to the skin.
6. Take special care to get it into all the external skin creases of the body, e.g. nipples (scabies treatment should be washed off nipples before breast feeding then re-applied after breast feeding), scrotum and between the buttocks (bottom). Particular attention needs to be paid to the skin between the fingers and toes, under the nails and behind the ears. You will need someone to apply the cream or lotion to your back.
7. Let the cream or lotion dry before getting dressed or it may rub off. This takes 10–15 minutes.
8. Do the soles of your feet last after the body treatment has dried. This is best done with your feet resting on top of or dangling over the side of the bed.
9. Do not bathe or shower during the treatment period.
10. Apply more cream or lotion on any body parts that you may have to wash, e.g. hands, during the treatment period. Depending on the treatment used, this may be for up to 24 hours after first applying the cream or lotion.

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## Appendix 2: Action Plan for Management of Scabies in Health and Social Care Establishments

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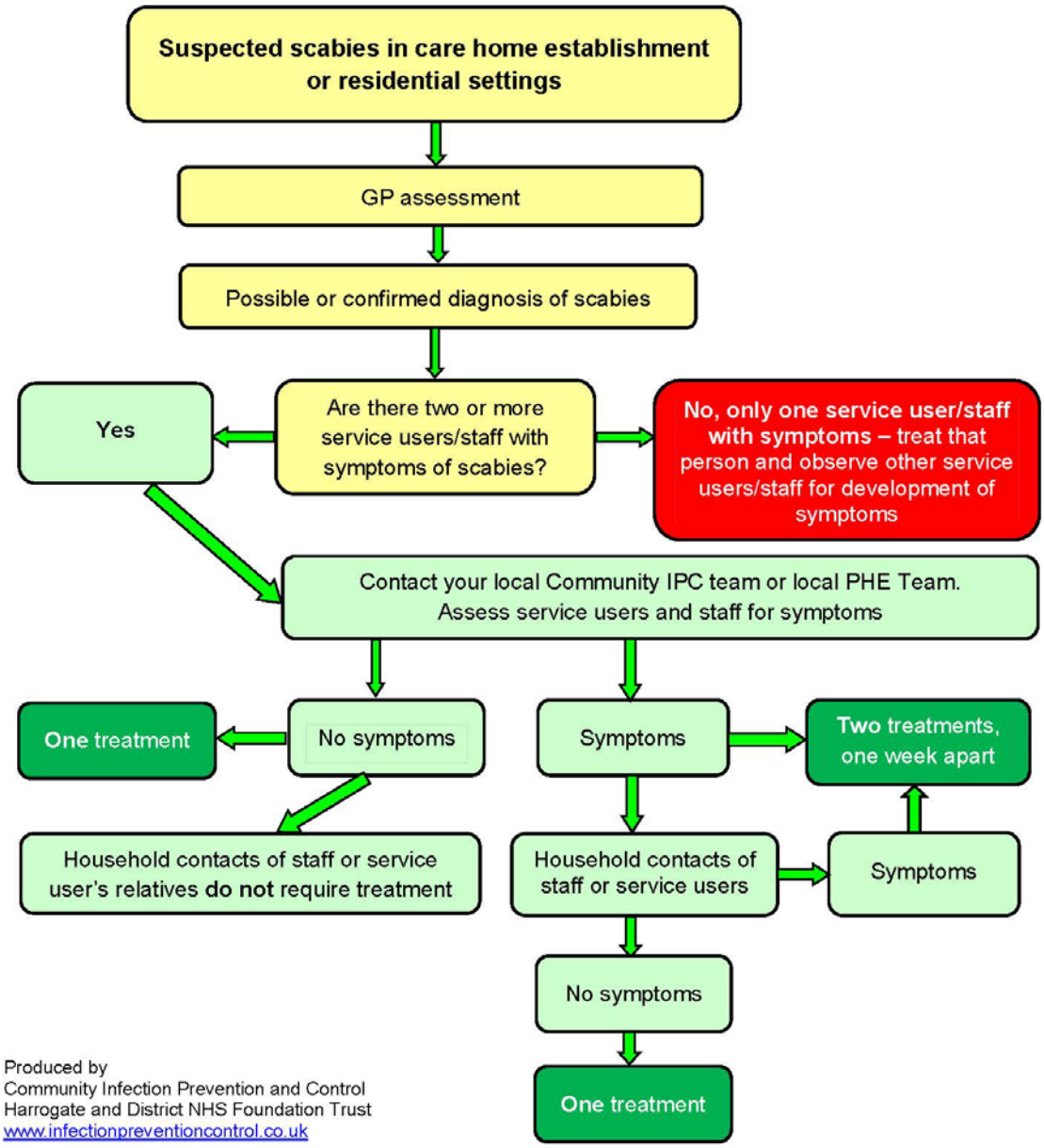
### Action Plan for the Management of Scabies in Health and Social Care Establishments

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