

Scabies - Management Protocol

Scabies is an intensely itchy skin infestation caused by the human parasite 'Sarcoptes Scabiei'. Scabies outbreaks are more common within residential environments and in low socioeconomic communities; it is spread through close physical contact. Untreated scabies is often associated with secondary bacterial infections. Scabies persists indefinitely if untreated, but is curable if treated correctly.

Symptoms:

- Itching
- Red rash with burrows (fine wavy, grey or silvery lines) especially in between fingers, wrists, axilla.

Diagnosis:

See GP if diagnosis in doubt and/or to assess severity of infestation, secondary lesions (eczema, secondary infection), and risk of sexually transmitted infections.

Management:

Treat all members of the household and close contacts as soon as possible (even in the absence of symptoms) as this minimises reinfestation.

Use interpreters to explain the importance of treatment and how to apply treatment.

On the first day of treatment wash all bed linen, clothes worn and towels at a temperature above 50 degrees centigrade. Items that cannot be washed can be placed in a plastic bag for at least 72 hours; after this time the scabies mites will have died. In severe cases, vacuum carpets, soft covered furniture and mattresses.

Apply insecticide twice with applications one week apart. Permethrin 5% is the preferred treatment as per N.I.C.E. guidelines which suggest application to the whole body including scalp, neck, face and ears (BNF 2013). Include between fingers and toes and under nails. Using a cheap paint brush can provide good coverage of the cream and avoids missing these areas. Apply treatment to cool, dry skin (not hot i.e. after a bath or shower). Allow to dry before dressing. Wash off after 8-12 hours (with Permethrin) then reapply to areas washed off during this period (i.e. after washing hands).

Treat associated itching with Crotamiton cream. Hydrocortisone 1% can also be used for up to 7 days if applied thinly. Hydroxyzine can be used at night if itching is affecting sleep (Chlorphenamine is not licenced for pruritis but can be used off label use).

Treat all new residents on arrival, even if asymptomatic; wash their clothes after treating to prevent further outbreaks. If there are multiple cases re-treat all residents, close contacts (including staff) and repeat process as above.

It can take up to 4 weeks for general itching to resolve.

Treatment Failure:

Refer to GP for re-assessment, if symptoms not resolved within 6 weeks despite 2 courses of insecticide treatment.

www.evidence.nhs.uk: N.I.C.E. Guidelines 2011.

