

Scabies Control and Prevention

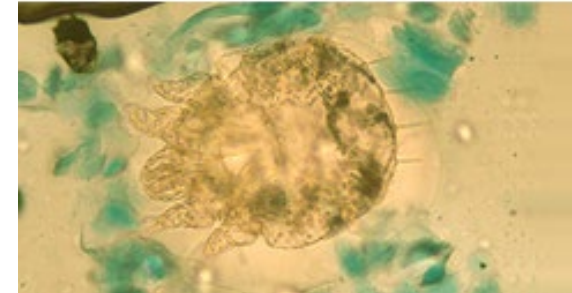
Infection Preventionist Training for Skilled Nursing Facilities
Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



Objectives

- Identify signs and symptoms of typical and crusted scabies
- Discuss scabies detection
- Describe elements of a scabies control plan
- Review scabies prevention

What is Scabies?



- Mites burrow under the skin and lay eggs
- Severe itching due to allergic reaction
- Infestation causes non-specific bumps with short, wavy, elevated lines or burrows
- Rash can mimic other infections (such as ringworm, insect bites, contact dermatitis, psoriasis, impetigo, eczema, etc.)
- Typical scabies not usually transmitted via inanimate objects

CDPH Scabies Fact Sheet, 2008

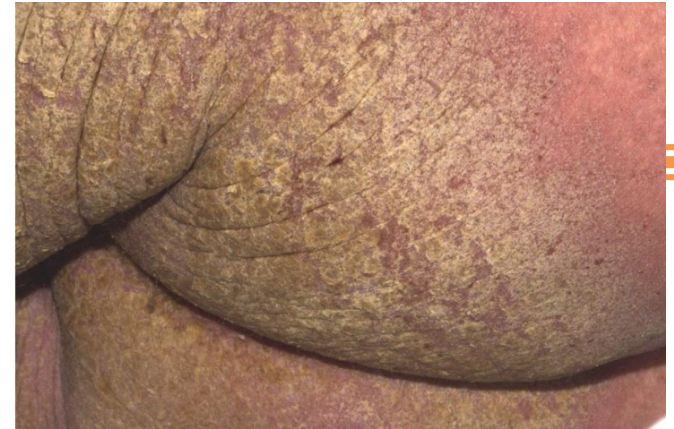
Typical Scabies

- Affects people with normal immunity
 - Mildly contagious
 - Takes 15–50 skin mites to cause infection
 - Usually presents in the finger webs
 - More likely to cause infection in LTC or residential care
 - No signs/symptoms for 4-6 weeks after infestation
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- If previously infested, symptoms occur in 48 hours with reinfestation



Atypical “Crusted” Scabies

- Formerly Norwegian scabies
- Extremely contagious
- Thick, crusted lesions
- Infested with millions of mites
- Occurs with immune suppression (such as steroid treatment, chemotherapy, psoriasis)
- Often misdiagnosed

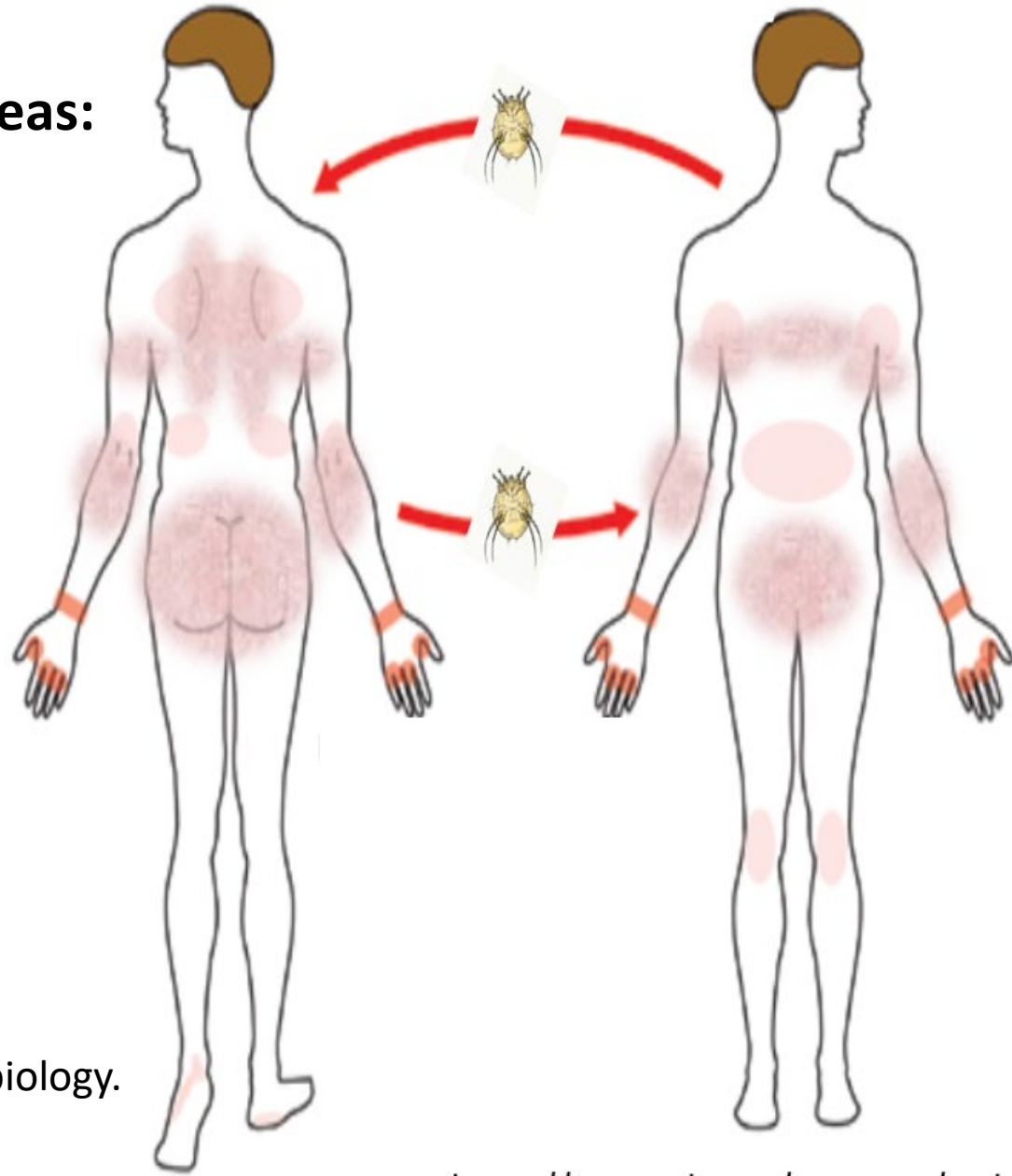


[CDC Crusted Scabies Cases](http://www.cdc.gov/parasites/scabies/health_professionals/crusted.html)

(www.cdc.gov/parasites/scabies/health_professionals/crusted.html)

Recognizing Scabies

- **Commonly affected areas:**
- Between fingers
- Armpit
- Wrist
- Elbow
- Waist
- Penis
- Nipple
- Buttocks
- Shoulder blades



[CDC Parasite Biology](http://www.cdc.gov/parasites/scabies/biology.html)

(www.cdc.gov/parasites/scabies/biology.html)

Scabies Prevention

1. Educate HCP on how to identify scabies
 2. Assess skin, hair and nail beds of all new admissions as soon as possible following arrival
 3. Document pruritus, rashes and skin lesions
 4. Notify nursing supervisor and the attending physician
 5. Repeat skin assessment at least every 4 weeks
 6. Instruct HCP, visitors and volunteers to report any exposure to scabies in the home or the community
 7. With ANY rash (non-intact skin) and suspected scabies, use gloves, and gown when giving care such as linen change and bed bath (contact precautions)
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Scabies Detection

1. Prevent outbreaks through early identification
2. **Educated healthcare workers recognize possible scabies**
3. Test for scabies promptly
 - Skin scraping is the standard test
 - Done by physician, or trained healthcare provider
4. Initiate contact precautions until the diagnosis is confirmed and appropriately treated or ruled out
5. Immediately search for additional cases when scabies suspected

CDPH Management of Scabies Outbreaks in California Health Care Facilities, 2008

Scabies Treatment

- Refer to CDC and CDPH Guidance
- Treatment options
 - Permethrin cream 5%
 - Sulfur ointment
 - Ivermectin – oral – (resistance has increased)
 - Lindane and Crotamiton lotions (not for children)
 - Benzyl benzoate 25% (with or without tea tree oil)
- Leave treatment on for recommended time
- Treat all close personal contacts
 - Treat at same time to prevent reinfection
- Scabies have become resistant to some treatments like ivermectin. If no improvement in symptoms, may need to use another type of treatment

[CDC Scabies Treatment](#)

(www.cdc.gov/parasites/scabies/treatment.html)



That 'ick' factor

- Many healthcare workers are sure they have contracted scabies if it is diagnosed in a resident
 - Ask if they handled the resident without gloves, and gown if they gave a bed bath
 - Ask if they handled linen from the bed immediately after the resident leaves the bed, without wearing gown and gloves
 - If yes, then they should **monitor for symptoms**
- Staff may ask for a 'prophylactic' to keep them from contracting scabies. There is *none*.
 - Treatments like permethrine are insecticides, and can become toxic if used improperly

Cleaning Resident and Family Belongings

- Clean bedding and clothing worn or used next to the skin during the 3 days before treatment
 - Machine wash and dry using the **hot water and hot dryer cycles or use dry-cleaner**
 - Place items unable to be cleaned or laundered **in a tightly closed plastic bag for several days to a week**
- Scabies mites generally do not survive more than 2 to 3 days away from human skin.

[CDC Scabies Prevention and Control](http://www.cdc.gov/parasites/scabies/prevent.html)

(www.cdc.gov/parasites/scabies/prevent.html)

Scabies Outbreak

1. Develop scabies outbreak control plan
2. Document training of staff to recognize and report scabies signs and symptoms
3. Treat symptomatic cases and contacts
4. Pre-determine scabies outbreak threshold
 - Two cases of typical scabies in a 2 week period
 - One case of crusted scabies
5. Report outbreak to L&C and local public health

CDPH Management of Scabies Outbreaks in California Health Care Facilities, 2008

Summary

- Educate staff on early identification and treatment of scabies
- Break transmission cycle
- Presumptively isolate potential cases
- Know facility scabies policy:
 - Scabies detection
 - Scabies outbreak control plan
 - Scabies prevention

Resources

- [CDPH Guidance on Prevention and Control of Scabies in California Healthcare Settings \(PDF\)](#)
(www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/PrevControlScabiesHealthcare.pdf)
- [CDC Scabies Prevention and Control](#)
(www.cdc.gov/parasites/scabies/prevent.html)

Questions?

For more information,
please contact

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Post Test

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Click on the “Post Test” link
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