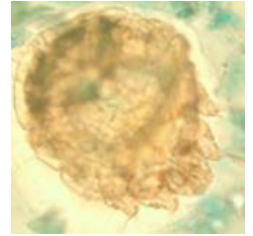


# Scabies

## What is scabies?

- Scabies is an infestation of the skin by the human itch mite.
- The microscopic mite burrows into the upper layer of the skin to live and lay its eggs.
- Scabies outbreaks occur worldwide and affect people of all races and social classes.
- Scabies mites generally do not survive more than 2 to 3 days away from human skin.



## What are the symptoms?

- The most common symptoms of scabies are intense itching and a pimple-like skin rash.
- The rash is caused by an allergic reaction to mites' proteins and feces.
- First time infestation may not appear for up to 2 months.
- The head, face, neck, palms, and soles often are involved in infants and very young children, but usually not adults and older children.



## How does scabies spread?

- Person-to-Person: Usually spread by direct, prolonged, skin-to-skin contact with a person who has scabies; however, crusted (Norwegian) scabies can easily spread by brief, direct skin-to-skin contact with a person who has scabies.
- Surface-to-person: Spread by contact with surfaces touched by a person infected with scabies such as clothing, towels, bedding, and furniture.
- Scabies can spread rapidly under crowded conditions, nursing homes, extended-care facilities, and prisons, where close body contact is frequent.



## How do I treat scabies?

- Products used to treat scabies are called scabicides because they kill scabies mites; some also kill mite eggs.
- Scabicides used to treat human scabies are available only with a doctor's prescription.
- Treatment is recommended for the infested person, their household, sexual, and close contacts (anyone with prolonged direct skin-to-skin contact within the preceding month).
- All persons should be treated at the same time to prevent reinfestation.
- Apply scabicides to clean body, from the neck down to feet and toes.
- All bedding, clothing, and towels used during the three days before treatment should be decontaminated by washing in hot water and drying in a hot dryer, dry-cleaning, or by sealing in a plastic bag for at least 72 hours.
- Change all bed linens, towels and clothes daily until treatment is completed.
- Individuals may return to child care, school, or work the day after treatment.

## Where can I find more information?

- Go to [cdc.gov](http://cdc.gov) and type Scabies in SEARCH box.



Alabama Department of Public Health

Infectious Diseases & Outbreaks Division, 201 Monroe St, Montgomery,

800-338-8374 [www.alabamapublichealth.gov/infectiousdiseases](http://www.alabamapublichealth.gov/infectiousdiseases) 11/01/2017

# Scabies Outbreak Institutional Guidelines

Scabies outbreaks have occurred among patients, visitors, and staff in institutions such as nursing homes, long-term care facilities, prisons, and hospitals. A scabies outbreak can occur as the result of a delayed diagnosis and treatment. Crusted scabies (Norwegian scabies) is a severe form of scabies that can occur in some persons who are immunocompromised (have a weak immune system), elderly, disabled, or debilitated. Persons with crusted scabies have thick crusts of skin that contain large numbers of scabies mites and eggs. Persons with crusted scabies may not show the usual signs and symptoms of scabies such as the characteristic rash or itching (pruritus).



## Recommendations for treating and preventing scabies

- Immediately consult with physician or dermatologist about a definitive diagnosis of scabies and treatment options.
- Diagnosis of scabies can be made based on customary appearance and distribution of the rash and the presence of burrows or by obtaining skin scrapings from suspected persons.
- Once confirmed by physician or lab, begin treatment. If treated with scabicide lotion, include the entire body from the neck down, especially under well-trimmed fingernails. Keep the fingernails trimmed to prevent secondary skin infections.
- Notify the local health department of any scabies outbreak.
- Notify any institutions that may have recently treated persons or staff suspected or confirmed with scabies.
- Treat all suspected and confirmed cases of scabies and prophylactically treat staff, other patients, visitors, or family members who may have had skin-to-skin contact at the same time to prevent exposure.
- Avoid direct skin-to-skin contact with persons suspected or confirmed with scabies for at least 8 hours after treatment by implementing strict contact precautions, including handwashing and personal protective equipment (PPE) such as gowns, gloves, and shoe covers.
- To prevent the spread of scabies during treatment, restrict suspected or confirmed people to one designated area. Limit the number of staff exposed to them by assigning one set of caretakers.
- Notify transport companies and receiving facilities that the person is suspected or confirmed with scabies so they can implement infection control measures. Consider a stay-in policy for persons suspected or confirmed of scabies until successfully treated.
- Linens, towels and clothing used by persons suspected and confirmed with scabies must be sealed in water soluble plastic bags prior to leaving the room, machine-laundered using hot water and hot dryer cycles, or dry-cleaned. Scabies mites will die if exposed to a temperature of 122 degrees Fahrenheit (F) for 10 minutes.
- Bedding, clothing, rugs and furniture used by persons suspected or confirmed with scabies that cannot be laundered or dry-cleaned, must be sealed in a plastic bag or wrapped in plastic and removed from human contact for 3-6 days.
- Educate all patients or inmates, staff, visitors, and family members about scabies, how to treat, and prevent the spread.
- Document names of suspected and confirmed persons with demographic information, onset date, treatment dates, response to treatment, follow-up date, and ordered test and results.
- Screen all new clients and staff entering the facility for scabies.
- If itching is still present 2-4 weeks after treatment, any skin sores become infected, or if new burrows or pimple-like rash lesions reappear, notify the physician.



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