

**Resource pack for the management of scabies within care homes**

May 2022

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| **Review** | **Date** | **By** | **Designation** |
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| **Amendments** | **Date** | **By** | **Comments** |
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**Aims of this resource pack**

* To raise the level of awareness and understanding about the issues concerning infection with scabies
* To provide reference documents for the diagnosis, treatment and control of scabies
* To ensure a consistent approach is taken by all staff when dealing with cases of scabies

**Scabies**

Scabies is a contagious disease caused by a mite, *Sarcoptes scabei*, which lives just under the top layer of the skin. This mite is transparent and too small to see with the naked eye. Scabies appears all over the world, but is especially common in schools, care homes, and amongst the poorer people of the world living in cramped and difficult conditions.

**Clinical signs and symptoms**

**Classic:**

First-time sufferers can carry scabies for up to six weeks before showing any sort of reaction to it. Those who have had it before will react within 2-3 days.

Once there is a reaction, the patient will develop an intense itchy rash which is worse at night, and when the body is warm. Due to the irritation caused by the rash, the patient will often have long scratch marks on their body and limbs.

The rash is an allergic reaction of the body to the mite, its waste products and the eggs deposited by the mite as it burrows under the skin. Therefore, the rash does not directly correspond with the location of the mites. It is always bilaterally symmetrical, that is, it is found equally on both sides of the body. However, it does not appear in the centre of the back or chest.

**Crusted (Norwegian):**

This can occur in people who have an impaired immune system.

The itchy rash does not occur. Eventually areas of scaling and crusting may appear anywhere on the body.

This form of scabies is very contagious and is often at the centre of an outbreak of classical scabies amongst family members or residents in a nursing or residential home.

**Atypical:**

Classical and Crusted scabies are relatively easy to recognise but atypical scabies in can be harder to diagnose. Frequently itching is absent and there is no rash, scaling or crusting, although the mites may be present anywhere including the head.

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**Diagnosis**

Diagnosis is made via a history and clinical appearance.

Most commonly, the mite is found between the fingers and around the wrists, although it may be transferred to other parts of the body through touch. Hence, it is also found on the outside of the elbows and knees, and around the ankles, waist, breasts and genital area. On the very young, elderly and those who are chronically ill, the mites can be found on the ears, face and head.

Skin scrapings (to identify mites) can be obtained ideally from between the fingers. The presence of a symmetrical rash on the body together with itching, which is worse at night, is suggestive of scabies.

**Transmission**

Scabies can be transferred by prolonged skin-to-skin contact with someone who already has the infection e.g. by hand holding. The contact must be prolonged e.g. 2-6 minutes or more, to give the mites time to transfer on to the new host.

*Sarcoptes scabei* is host specific i.e. it lives only on humans. Therefore, scabies cannot be caught from pets or other animals.

The scabies mite needs a humid environment in which to survive. This is provided by the tunnels that it makes just under the skin. The humidity on the surface of the skin is not high enough for the mite to survive any great length of time. Therefore, the mites do not crawl out into clothing or bedclothes, and there is no need to change bed linen daily or boil, disinfect or dispose of bedclothes or clothing. It would however be good practice for patient to change into clean clothing and change bed linen on day of treatment.

**Treatment**

First line treatment is usually a cream, such as **Lyclear Dermal Cream®,** or a lotion like **Derbac M®**. All treatments contain an acaricide, which is a substance that kills mites. The lotion or cream should be applied to cool, dry skin. It is not necessary to take a hot bath or scrub the body beforehand. Such action may result in the treatment being absorbed into the bloodstream too quickly and being made harmless before the mites are affected.
Crusted scabies is more difficult to treat and usually requires several applications of a scabicide (see: frequency of treatments). Advice should be sought from the Health Protection Team.

Where crusted scabies are observed, softening and gently removing some of the crusts will enable to topical treatment to be absorbed more easily. It may be necessary however, to apply 2 or 4 applications on consecutive days to ensure that enough penetrates the skin crusts to kill all of the mites.

## Ivermectin (oral treatment for Scabies)

## Ivermectin is an oral treatment used in cases of Crusted (Norwegian) Scabies. It has proved successful in patients where response to topical treatment alone has failed. It is only available for use in the UK on a named patient basis so would need to be prescribed on individual assessment by a GP or dermatologist. Where possible this would be a coordinated treatment given in conjunction with a topical application of a scabicidal treatment.

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## Treatment of contacts:It is important that close and intimate contacts should receive treatment, even though they may not yet show signs of having scabies. This should include all other members of the household. In the care home setting this would also include regular visitors to symptomatic patients and close contacts of staff.

**Frequency of treatments:**

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| A person who has had contact with someone infected with scabies but has no symptoms | 1 treatment |
| A person with symptoms | 2 treatments given 7 days apart |
| A person with crusted areas of skin or one where treatment has previously failed  | May need up to 4 treatment – this should be clarified with the doctor in charge.May need single oral treatment of Ivermectin. |

**Management of an outbreak in an institutional situation**

* Before commencing treatment, a definite diagnosis should be made by a GP (preferably a Dermatologist)
* Assess the extent of the problem by identifying all residents and staff with recent rashes or undiagnosed itching
* Two or more suspected cases would qualify as an outbreak
* Inform the Health Protection Team and local Infection Prevention and Control Team
* Mass treatments are recommended in outbreak situations and preparation and timing is crucial for success. The HPA will advise on how best this should be approached for optimum results

**Post-Treatment Rash**

Itching can continue for 2-4 weeks after treatment even if the treatment has been successful. Keeping the skin cool will help, however antihistamines may be prescribed to ease discomfort.

In an institutional situation – monitoring of symptoms and observing for new cases should continue for up to six weeks post treatment. If known cases show signs of new lesions or new cases are identified the HPT should be contacted for further advice.

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**Links to resources: Appendix 1**

[**UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings**](https://www.gov.uk/government/publications/scabies-management-advice-for-health-professionals/ukhsa-guidance-on-the-management-of-scabies-cases-and-outbreaks-in-long-term-care-facilities-and-other-closed-settings)

[**Scabies policy for care home settings**](https://www.infectionpreventioncontrol.co.uk/content/uploads/2020/08/CH-24-Scabies-July-2020-Version-2.00.pdf)

[**Scabies policy for domiciliary settings**](https://www.infectionpreventioncontrol.co.uk/content/uploads/2021/05/DC-16-Scabies-April-2021-Version-2.00.pdf)

[**Action plan for the management of scabies in health and social care settings**](https://www.infectionpreventioncontrol.co.uk/content/uploads/2022/04/Action-plan-for-management-of-scabies-in-Health-and-Social-Care-settings-April-2022.pdf)

[**Scabies treatment: Resident instructions for application of cream or lotion**](https://www.infectionpreventioncontrol.co.uk/content/uploads/2021/09/Scabies-treatment-Patient-instructions-July-2020.pdf)

**[Scabies training and awareness presentation for staff](Scabies%20Presenatation.pptx)**

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**Contacts: Appendix 2**

**UK Health Security Agency (UKHSA)**



**Public Health - Somerset County Council**

Team email: SCCPHincidentroom@somerset.gov.uk

Incident Room Telephone Number: 01823 356100

**Somerset CCG - Infection Prevention and Control Team**

Team email: somccg.infectionpreventioncontrolteam@nhs.net

Website: www.somersetccg.nhs.uk

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