

# Scabies Bite Size Guidance: Prevention and Management



## Understanding Scabies

Scabies is caused by a mite (like a tiny insect) called *Sarcoptes scabiei*. The mite is a parasite, meaning it lives off the host (a human) with no benefit to the host. It can burrow into your skin, often through your hands, and then spread around your body.



### Transmission

Close skin-to-skin contact for 15-20 minutes is typically required. The mite cannot jump or fly, making casual contact unlikely to spread the infection. The hand is the most common site to be first affected.



### Survival Outside the Host

Mites can survive away from humans for about 36 - 72 hours. While unlikely, infection from bedding, towels and soft furnishings is possible if used immediately after an infected person.



### Outbreak Scenarios

Outbreaks can happen in settings such as nursing or residential homes where individuals are frequently in close proximity. If a suspected outbreak occurs, with two or more residents or staff showing symptoms of scabies, it should be reported to the UK Health Security Agency by calling 0300 303 8162 or emailing [swhpt@ukhsa.gov.uk](mailto:swhpt@ukhsa.gov.uk)

## Diagnosis and Treatment

### Diagnosis

Diagnosis of scabies is usually based on history and examination of the affected person and their close contacts. Misdiagnosis is common due to its similarity to other itching skin disorders. A dermatologist or GP should confirm the diagnosis before treatment starts.

### Classical Scabies

Diagnosis should be confirmed by a GP or dermatologist. Treatment should be coordinated and carried out simultaneously for all affected individuals, ideally within a 24-hour period.

### Crusted (Norwegian) Scabies

A diagnosis by a dermatologist is essential. It presents as crusted lesions, mainly around the wrist areas, but can affect other parts of the body. The rash may not be itchy but can cover the body. Thousands of mites can be present.

### Management of Crusted Scabies

Management and treatment must be undertaken in association with [local community infection prevention and control](#) or [UK Health Security Agency teams](#) and a dermatologist.

### Treatment Coordination

Inform the [UK Health Security Agency](#) of all suspected cases before treatment starts. Treatment is most effective when carried out simultaneously in a coordinated way, ideally within a 24-hour period.

## Prevention and Control Measures

Effective prevention and control of scabies involve proper laundry practices, environmental cleaning, and isolation measures when necessary.

### Laundry Practices

Machine wash clothes, towels, and bed linen after the first treatment application. Use hot water (60 degrees plus) and hot dryer cycles.

Keep items that cannot be washed in plastic bags for at least 72 hours. Heat labile items should also be kept in plastic bags.

### Environmental Cleaning

Soft furnishings with cloth coverings that cannot be effectively steam cleaned e.g. sofa's, fabric armchairs, will need to be quarantined (kept out of use) for 72 hours prior to or after treatment.

Vacuum soft furnishings after the 24-hour period.

Wipe down vinyl-covered items with a hard surface cleaner.

### Isolation and Precautions

Normal scabies cases do not usually require isolation. Crusted (Norwegian) scabies cases require isolation precautions until treatment is completed.

Wear aprons and gloves for personal care of known infected cases.

For local advice and support, contact [NHS Somerset IPC team](#).

Additional resources include the [Infection prevention and control: Scabies policy for care home settings](#) and the [UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings](#).