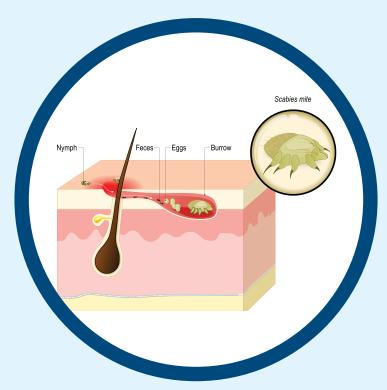
Scabies

Scabies is a skin infestation by mites, which are tiny invisible insects that burrow into the upper layer of skin to lay eggs. The body reacts to the mite by causing extremely itchy skin.



Scabies mites

Female mites lay 2-3 eggs per day that hatch in 3-4 days. On a person, it can live for 4-6 weeks. Off a person, mites do not survive for 4-6 weeks or exposed to a temperature of at least 50 degrees Celsius for 10 minutes.

Transmission

Scabies is spread by prolonged, direct contact with the skin of a person who has scabies or from contact with clothing, bedding, towels, furniture or carpeting which may be infested.

Signs

Common sites of infestation are elbows, abdomen, buttocks, thighs, genital area, and between fingers. The skin is generally extremely itchy, and this may be worse at night. White, curvy, thread-like lines, tiny red bumps, or scratch marks on the skin are usually the only sign of infestation.

Scabies does not usually affect the scalp or face.

Crusted (Norwegian) scabies presents as a crusty, scaly dermatitis, usually of the hands and feet. Some may have generalized rash on the skin. Itching may be minimal as compared to typical scabies, and crusted scabies can be mistaken for psoriasis. Crusted scabies is highly contagious due to the large number of mites present.



Symptom onset

It may take up to 2-6 weeks before the rash appear or before the itching develops, during which time re-infection/exposure is also possible.

Risk factors

Institutions such as Long-Term Care homes (LTCHs), Retirement Homes (RHs), other Congregate Living Settings (CLS) such as group homes, shelters, penitentiaries and other congregate settings (e.g., child care centres).



Treatment

Topical Permethrin cream or oral Ivermectin are used to treat scabies. Directions should be followed carefully. In cases of crusted scabies or intolerance to permethrin, oral ivermectin can be used). Do not treat more often than recommended and consult with your physician.



Itching may last for 1-2 weeks after treatment. This is caused by the dead mites and eggs remaining under the skin. The itching will clear as the skin sheds naturally.

Contact tracing

Treat all close contacts (e.g., health care workers, family, visitors, sexual partners and other residents (LTCH, RH, CLS, etc.).



Laundry/cleaning

Collect all clothes, towels, and bed linens used in the last 72 hours by the affected individuals - wash items in hot water and dry at hottest setting. Items that cannot be washed can be stored in an airtight plastic bag for 1 week to kill the mites. Furniture can be steam cleaned.



Specimen collection

Use the flat edge of a scalpel or a tongue depressor (if skin is very flaky) for skin scraping and collect scrapings in a container (screw capped jar with 70% ethanol). Specimen kits are available at the health department, and specimens can be submitted to the **Public Health** Laboratories.



Turn around time is generally 2 days, and a general test requisition is used to submit.

Prevention

Routine practices include gloves for skin contact for typical scabies. However, contact precautions are required for crusted scabies. These precautions must be continued for 24 hours after application of treatment for typical scabies and until resolution for crusted scabies.



Keep fingernails short to help prevent infection caused by scratching.

Do not share clothes, towels, or other personal items.

Staff cases should consult with their occupational health & safety team.

Scabies is not a reportable disease of public health significance. However, facilities may contact Durham Region Health Department to discuss IPAC/outbreak measures.









