

Scabies

Scabies is an infestation of the skin by the human itch mite. Mites can live on the skin for 1-2 months and on objects for 48-72 hours, so scabies symptoms may take up to 4-6 weeks to appear. Outbreaks in LTCFs are common and can be prolonged if appropriate control measures are not implemented as early as possible.

- **Mode of transmission:** Prolonged, direct, skin-to-skin contact and the sharing of clothing, bedding, or towels
 - Scabies is not spread by short-term contact such as a handshake or hug.
- **Symptoms:** Intense itching and a pimple-like rash

Scabies Outbreak: One case of infestation diagnosed by a physician or dermatologist via visual inspection or skin scraping

Crusted (Norwegian) Scabies: Crusted scabies is a severe form of scabies that can occur in those who are immunocompromised, elderly, disabled or debilitated. Persons with this form of scabies are highly contagious and require aggressive medical treatment.

Precautions

- Scabies is prevented by avoiding direct skin-to-skin contact with an infested person or with items such as clothing or bedding used by an infested person.
- Maintain a record of those previously infested with scabies as they are more prone to re-infestation.
- Incorporate skin checks for scabies into routine practices to ensure early detection, especially during an outbreak.

Reporting Process

Upon suspicion of a scabies outbreak, facilities are required to notify DOH-Collier at (239)252-8226. Once notified, DOH-Collier will provide initial guidance, educational materials and two forms (listed below). These forms should be completed by the facility. With this information, DOH-Collier can provide appropriate recommendations and control measures.

Reporting forms to be completed:

1. *Outbreak Report Form*, which provides all pertinent information
2. *Line List for Scabies Outbreaks*; a list of all persons with symptoms, the line list should be continuously updated and faxed daily to DOH-Collier to monitor the outbreak.

Specimen Collection

No sample collection is needed to determine the causal agent. Diagnosis is confirmed by a dermatologist either by skin scraping or visual identification.

Outbreak Management and Control Measures

Below are suggested control measures for a scabies outbreak:

- Isolate or cohort ill patients in their rooms until treatment and cleaning are complete.
- Discourage/restrict visitation until treatment and cleaning are complete.
- Minimize the sharing of staff between units of the facility.
- Generate a health alert notice to be posted at all entrances and around the facility to alert visitors, staff, and patients of the outbreak and hand hygiene measures.
- Regularly clean and vacuum as needed.
- Handle soiled linens carefully, without agitating them, to avoid dispersal of pathogens.

Treatment

Prophylaxis or treatment of those who are not infested is highly recommended for residents and appropriate staff. It is important for treatment of multiple residents and cleaning to be synchronized to prevent re-infestation.

- Removal from body: Prescribed medication via oral consumption and/or topical ointment
- Removal from home: Wash clothing and bedding using hot water and a dryer, and vacuum any affected areas. Objects that can't be washed can be placed in a sealed plastic bag for 72 hours.

Declaring Outbreak Over

Sequential skin assessments should be implemented into routine practices for the duration of the 6-week incubation period to detect reoccurrence. If no additional infestations occur during this period, control measures can be lifted and the outbreak declared over.