Management of Scabies in Community Settings

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Identifier: NHSG/XXX/XXX/XXX	**Review Date:** May 2026	**Date:** 22 May 2023

UNCONTROLLED WHEN PRINTED

VERSION 2

NHS Grampian Health Protection Team on 01224 558520

Title: Management of Scabies in Community Settings

Identifier: NHSG/XXX/XXX/XXX

Across NHS Boards	Organisation Wide	Sector Wide	Clinical Service	Sub Department Area
	✓			

Review date: May 2026

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Policy application: NHS Grampian

Purpose: Management of Scabies Infection in Community Settings

Responsibilities for implementation:

Organisational: NHS Grampian
Sector: Public Health Directorate
Clinical Service: Health Protection team

Policy statement:

Review: This guidance will be reviewed every three years.

Approved by: Susan Webb Date: 22 May 2023

Designation: Director of Public Health

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Published by
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1. SUMMARY

This revision supersedes all previous NHS Grampian Scabies guidance and has been developed in partnership with NHS Grampian's Dermatology Service to promote a consistent approach to the management of Scabies in community settings including health and social care settings such as care homes.

2. INTRODUCTION

Scabies is a parasitic skin disease caused by the mite *Sarcoptes scabiei* which burrows into the outer layer of the skin where it lives and lays its eggs. The infection is common and clusters are reported in hospitals, care homes, prisons and childcare settings. Human scabies **cannot** be caught from animals.

Scabies is thought to affect 300 million people worldwide and despite effective treatments it shows a cyclical pattern of anywhere between 7 and 30 years.

If someone has never had scabies before, the time between catching scabies and actually showing any symptoms can be as long as 4-6 weeks. The typical itch and rash are due to an allergic reaction to the presence of the mite and its faeces. In any subsequent infections with scabies, individuals can display symptoms within 1-4 days.

The itch and rash may persist for a few weeks following treatment due to the continuing presence of dead mites in the skin. Topical emollients or oral antihistamines may be used to alleviate severe symptoms.

The mite seldom survives for long outside the human host, as it rapidly becomes dehydrated.

A scabies information leaflet is available (Appendix 7) to hand out when dealing with cases of scabies.

3. TRANSMISSION

Scabies is spread mainly by prolonged, direct skin-to-skin contact with an infected person. It is possible for someone to spread scabies before they have developed symptoms. Those most at risk of acquiring scabies are the family members and close and sexual contacts of the affected person.

Transmission occurs during the skin to skin contact when the female mite migrates from the affected person to the new host, burrowing into the epidermis. The female lives for about 3 weeks and lays 2-3 eggs each day which hatch 2-4 days later. They mature at about 10-14 days, mating and laying more eggs.

Transmission does not usually occur via the bedding or the clothing of an infected person.

An extreme form of infection, known as “crusted” or “Norwegian” scabies, may occur in immunocompromised individuals and the elderly, presenting with an atypical rash. In this form there is a much greater concentration of mites in the skin and therefore a slightly increased possibility of transmission via bedding or clothing – specialist dermatological advice about treatment should be sought.

4. DIAGNOSIS

There is often no sign of infection for 4-6 weeks after exposure. This is because it takes time for the allergic reaction to the mite excretions to develop. This often presents as an itchy, symmetrical rash. In an individual who has previously had scabies the time between exposure and developing symptoms can be as little as 1-4 days. It is possible to identify the mite from skin scrapings or even by extracting a mite using a needle tip, from its burrow. However, these are not a reliable means of diagnosis as there may only be 10 mites present on an infected individual and local NHS Grampian laboratories do not process skin scrapings.

Signs and symptoms include:

- Characteristic lesions of a wavy linear burrow more commonly found in skin folds, finger webs or wrists.
- Intensely itchy, often symmetrical rash. The rash may be papular or vesicular or resemble eczema and appears later. The itch is often worse at night. It is not uncommon for the rash to occur away from the burrows (e.g. on the trunk), particularly in children.

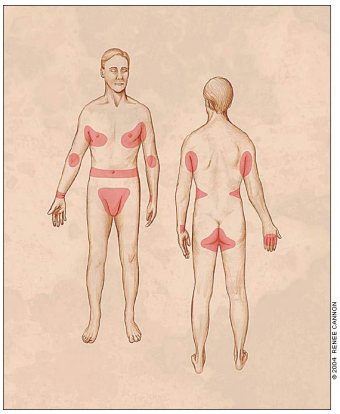

Diagram of rash distribution

5. TREATMENT

5.1 First choice agent

Permethrin 5% cream (Lyclear®) should be applied to the whole body apart from hair bearing scalp unless elderly or immunocompromised.Care should be taken to treat the webs of fingers and toes, under the nails, the ears and any areas where there are skin folds. The treatment should remain on the skin for a period of 8 to 12 hours and then washed off. Treatment should be reapplied to any area that is washed during the 8 to 12 hour period of application (e.g. hands).

Repeat after 7 days.
Permethrin should not be used if the patient is allergic to chrysanthemums. (See Appendix 1 for further information on how to apply permethrin cream)

5.2 Second choice agent (for previous treatment failure or allergy to permethrin)
Malathion 0.5% (Derbac-M®) should be applied to the whole body apart from hair bearing scalp unless elderly or immunosuppressed. Care should be taken to treat the webs of fingers and toes, under the nails, the ears and any areas where there are skin folds. The treatment should remain on the skin for a period of 24 hours and then washed off. Treatment should be reapplied to any area that is washed during the 24 hour period of application (e.g. hands).

Repeat after 7 days.

5.3 General advice

- Having a hot bath/shower is **NOT** advised prior to application as this may increase the risk of the cream being absorbed into the body away from the skin.
- Some people may need to use more than one tube/bottle to ensure total body coverage, but no more than two will normally be required for a single application. If more than 2 tubes are necessary to ensure total body coverage, the advice of the person's GP should be sought. They may exercise clinical discretion and increase the amount of cream used to ensure effective treatment.
- All members of the household and/or intimate contacts should be treated within the same 24 hour period.
- Bedding and clothing are not considered major risk factors in the spread of scabies, however they should be laundered at the hottest wash possible for the fabric and tumble dried, if possible once each treatment is complete.
- If an item of clothing cannot be machine washed, keep it sealed in a plastic bag for 72 hours to keep any remaining mites contained until they die naturally.
- It is NOT necessary to fumigate any living areas to eradicate mites.

5.4 Third choice agent
Oral Ivermectin may be considered for use in difficult to treat scabies but **only** as advised by the Consultant Dermatologist in collaboration with the Health Protection Team.

6. MANAGEMENT OF SINGLE CASES

6.1 Care Homes
In residential settings, such as care homes, where there is a single case with no evidence of spread within the establishment, it may be appropriate to treat the index case only (+/- very close contacts) and monitor for any subsequent cases.

If two or more cases occur in a health or social care setting, the Health Protection Team (HPT) should be informed by the manager (or deputy) of the premises. The HPT can be contacted by calling 01224 558520. The HPT will undertake a risk assessment in liaison with the relevant general practice/s and the Dermatology service to determine if a “blanket” treatment should be implemented. (A “blanket” treatment is where all cases and their close contacts, fellow residents and staff receive treatment in a coordinated way to ensure all are treated within the same two 24 hour periods.)

6.2 Hospital Settings

If a hospital patient is suspected to have scabies, medical confirmation should be sought from the Department of Dermatology, ARI. If scabies is confirmed, the Infection Prevention and Control Team should be informed on 01224 (5)50998.

Where there is a single case with no evidence of spread within the clinical area to patients or staff it may be appropriate to treat the index case only (+/- very close contacts) and monitor for any subsequent cases.

As the transmission of scabies requires prolonged skin to skin contact, implementation of routine infection prevention and control measures should mean that very few patients or staff are likely to have had significant exposure to a risk of infestation. Occupational Health will advise any staff who develop signs or symptoms of scabies and, if appropriate, refer staff to their own General Practitioner for diagnosis and treatment. Infected staff members should stay off work until they have completed their first application and removal of treatment. Advice can be sought from the Infection Prevention and Control Nurse whether any further action is required in the work setting(s)

6.3 Other residential settings, e.g. Prison

In other residential settings, such as prison, where there is a single case with no evidence of spread within the establishment, it may be appropriate to treat the index case only (+/- very close contacts) and monitor for any subsequent cases.

If two or more cases occur in a residential setting, the Health Protection Team (HPT) should be informed by the attending GP. The HPT can be contacted by calling 01224 558520. The HPT will undertake a risk assessment in liaison with the relevant general practice/s and the Dermatology service to determine if a “blanket” treatment should be implemented. (A “blanket” treatment is where all cases and their close contacts, fellow residents and staff receive treatment in a coordinated way to ensure all are treated within the same 24 hour period.)

6.4 Schools, Nurseries and Playgroups

Once a diagnosis has been made in a child or member of staff, they should not attend until the day after the first treatment has been completed.
Usually there is no need to issue letters to all parents to advise them of the case. Advice should be sought from the Health Protection Team.

7. MANAGEMENT OF OUTBREAKS IN RESIDENTIAL SETTINGS

An outbreak (i.e. two or more linked cases of scabies) in a residential setting, such as a care home, should only be declared once the diagnosis has been confirmed by a senior member of the dermatology team. A member of the Health Protection Team may visit the setting to assess the situation **however a consultation by an experienced member of the dermatology department to confirm the diagnosis in all those affected must be undertaken before a blanket treatment is undertaken.** This may be undertaken by a resident attending the dermatology department for examination or by "near me" consultation. The HPT will discuss the situation with dermatology, however usually an urgent GP referral will be required.

The Dermatology Service can be contacted on 01224 (5)53955 and advice sought from the Duty Dermatologist/Nurse practitioner.

7.1 Blanket treatments

Where an outbreak has been confirmed it is likely that a blanket treatment will need to be implemented to bring the outbreak to an end. Blanket treatments are a major undertaking within a care home setting, often requiring in excess of 100 residents and staff to undergo coordinated treatment. They are complex to organise, resource intensive (often requiring substantial additional nursing input) and difficult to implement effectively. A blanket treatment **should not** be undertaken until:

1. the diagnosis of scabies has been confirmed in two or more linked cases by a senior member of the Dermatology Service (ideally the residents should be seen in clinic at ARI or Dr Grays Hospital, however "Near Me" or good quality photographs may aid the diagnosis) , **and**
2. the HPT have completed a risk assessment and confirmed a blanket treatment required.

A Problem Assessment Group (PAG) may be stood up to assist the assessment process.

In non-NHS settings, the Health Protection Team will coordinate implementation of the blanket treatments including the supply of treatment in liaison with:

- Dermatology Service
- GP(s)
- Manager of the residential establishment
- Health and Social Care Partnership (HSCP)
- Pharmacy colleagues

Where large numbers of residents are to be treated, additional nursing support to the care home by the Health and Social Care Partnership Community Nursing team leader may be required but will be discussed at the PAG.

7.2 Treatment of Residents

A Patient Specific Direction (PSD) (Appendix 2) will be used to authorise treatment of residents. Most care homes are aligned to a single GP practice. However, where more than one practice is involved, the HPT will liaise with them all to establish which one will take the lead and provide the required PSD. Treatment administration should be documented on the MAR chart in the care home.

Letters advising the residents and their next of kin of the planned treatment will also be issued by the HPT in collaboration with the care home.

7.3 Treatment of Staff

Organising treatment for staff will depend on their numbers and how many GP practices staff are registered with. Where only a few GP practices are involved, the HPT will contact these practices to request treatment for individual staff members. If multiple practices are involved, the CPHM may sign a PSD (Appendix 3) to include all staff members and treatment will be arranged through the relevant HSCP pharmacist.

A record of supply to staff (Appendix 4) should be completed by the care home managers (or deputy) responsible for issuing the treatment to staff under the PSD.

A Treatment Record for staff should be maintained and returned to HPT when completed (Appendix 5).

Staff who have since left the employment of the setting, bank or agency staff, visiting professionals, will be written to advising of the outbreak and their potential presence at the time, requesting they take the letter to their GP/Community Pharmacy to arrange treatment if appropriate.

The decision on how treatment will be managed for staff rests with the HPT or PAG/IMT and will be organised depending on the circumstances of each incident.

Appendix 1

How to apply Permethrin Cream

It is important that all people who have been exposed to scabies are treated at the same time, even if they do not have any symptoms. If they are not treated, re-infection could occur. Permethrin cream should not be used on someone with an allergy to chrysanthemums.

- Carefully apply a thin layer of cream to the whole body except apart from hair bearing scalp paying particular attention to the areas between the fingers and toes and under the nails and areas where there are skin folds. Treatment can be massaged under fingernails and toenails using an old toothbrush (which should be sealed in a bag and thrown away afterwards).
- Treatment should be applied to cool, dry skin and not after a hot bath (applying after a hot bath increases absorption into the body and removes the drug from the treatment site).
- You will require some help to apply the cream to hard to reach areas such as your back.
- The cream will vanish completely once applied, you do not need to see the cream on the surface of the skin.
- Once the cream is applied you should put on clean clothes/nightclothes.
- You should change bed linen after each application of cream and wash the removed bed linen and clothes in a wash that reaches at least 50ºC. Clothes that are not suitable for washing at such temperatures should be placed in a plastic bag and set aside for 72 hours before washing in the recommended way.
- Permethrin needs to be left on for 8 to 12 hours.
- After 8-12 hours you should wash the cream off, preferably in a shower.
- If you wash during this time (for example, washing your hands), you should reapply the treatment.
- Follow-up treatment after seven days is **ALWAYS** required to make sure the treatment is successful. This is to ensure that any mites that have hatched from existing eggs will be killed by the second application. The second treatment should be applied in the same way as the first.

Appendix 2

Patient Specific Direction for the supply of Permethrin 5% cream to all residents, of _____

On confirmation that there are no exclusions and that the patient does not wish to discuss treatment options further, supplies of Permethrin cream may be provided for all persons named below :-

- **__ x 30g Permethrin 5% cream**

  Adults and children aged 3 years and over.
  To be applied to the whole body apart from hair-bearing scalp (consider if elderly or immunosuppressed) avoiding close contact to the eyes. Wash off after 8-12 hours. If hands or any part of the body are washed within that time, then the cream must be reapplied to that part.

  A second application must take place a week later, following the same process.

- A further __ x 30g Permethrin 5% cream may be supplied if required for the second application.

- **Adults and children 13 years and over** - 30 g tube may be used as a single application. Some people may need to use more than one tube to ensure total body coverage but will usually not require more than 2 tubes. If more than 2 tubes are required – advice should be sought from GP.

_____ – Residents undergoing treatment for scabies

Surname	Forename	DOB/CHI	Date of 1st Treatment	Date of 2nd Treatment

Authorised by (Doctor or Nurse Prescriber): _____ Signature: _____

GMC/NMC number: _____ Date: _____

* Any resident with any signs of new infection should be reported to GP/dermatologist

Appendix 3

Patient Specific Direction for the supply of Permethrin 5% cream to all staff, of _____

On confirmation that there are no exclusions and that the patient does not wish to discuss treatment options further, supplies of Permethrin cream may be provided for all persons named below :-

- **__ x 30g Permethrin 5% cream**

  Adults and children aged 3 years and over.
  To be applied to the whole body apart from hair bearing scalp avoiding close contact to the eyes. Wash off after 8-12 hours. If hands or any part of the body are washed within that time, then the cream must be reapplied to those areas.

  A second application must take place a week later, following the same process.

- A further __ x 30g Permethrin 5% cream may be supplied if required for the second application.

- **Adults and children 13 years and over** - 30 g tube may be used as a single application. Some people may need to use more than one tube to ensure total body coverage but will usually not require more than 2 tubes. If more than 2 tubes are required, advice should be sought from the individual's GP.

Supplies can be provided to staff from __/__/____ but only to be used on dates specified by the Health Protection Team

i.e. __/__/____ for the first treatment and __/__/____ for the second treatment.

Staff Surname	Forename	DOB/CHI

Authorised by (Doctor or Nurse Prescriber): _____ Signature: _____

GMC/NMC number: _____ Date: _____

* Any staff with signs of new infection should contact the Health Protection Team on 01224 558520

Appendix 4

Record of Supply of Permethrin 5% cream to Staff of _____

Date	Staff Member Full Name	Date of Birth	Batch Number	Expiry	Quantity Supplied (for self and contacts if needed)	Stock Balance Starting Balance _____	Signature of Supplying Nurse/Manager	After first treatment confirm if both tubes were opened to identify if a further supply is required for the second treatment	
								Quantity used	Quantity Required for Second Supply

Staff undergoing treatment for scabies				Signs of scabies at 14 days?*	Signs of scabies at 21 days?*
Name	Date of Birth	Date of Treatment 1	Date of Treatment 2	Circle Yes/No	
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No

Appendix 5

Staff Treatment Chart **Name of Care Home ……**

Patient Information Leaflet

SCABIES

What is scabies?

Scabies is a contagious skin infection caused by the parasitic skin mite called ***sarcoptes scabiei***. The female mite tunnels into the outer layers of the skin forming "burrows". These burrows have a lining of scar tissue which prevents them from collapsing and killing the mite.
The mites cannot leave the burrow for long without the risk of dehydration and death. Therefore unless there is relatively prolonged, constant skin to skin contact, the mites are unwilling to leave the safety of their burrow.
The mite's excrement (faecal pellets) remains in the burrow and the rash appears as the allergy to these pellets develops.

How is the disease spread?

Prolonged skin to skin contact with an infected person is required to pass on scabies. If the affected person is host to large numbers of mites, this transmission time may be less. Those people most at risk are family members and close, intimate contacts of the affected person. Scabies can be acquired from an infected person, even if they have not yet developed symptoms.

Remember, the mite cannot survive for long outside the human skin as they quickly dehydrate and die.

Commonly the transfer of the scabies mite occurs when holding hands and during intimate contact which is why scabies is often associated with families, courting couples, the elderly and others within hospitals and homes. The mite cannot jump, run or fly, so everyday social contact, will not allow transmission.
Bedding and clothing are not considered major risk factors in the spread of scabies, however they should be laundered at the hottest wash possible for the fabric and tumble dried, if possible once treatment is complete.

What are the symptoms?

People with Scabies may not display symptoms for up to 8 weeks after the initial invasion of the mites. It can take this long for the patient to become sensitive to the allergen if they have never had scabies before. Those who have previously had scabies will display symptoms in as little as 1-4 days.

It is usually very difficult to identify the person from whom the condition was contracted. The hands are often the first area to be affected, particularly between and on the sides of the fingers. Affected people describe an intensely itchy rash, worse at night and when the body is warm. Although widespread, the rash very rarely affects the centre of the back, palms of the hands or the soles of the feet.

NHS Grampian Health Protection Team on 01224 558520

The commoner sites of the rash are:

- Fingers
- Wrists
- Waistline
- Lower buttocks
- Web spaces
- Underarms
- Sides of body

What precautions must I take?
When caring for someone who has Scabies avoid prolonged skin to skin contact. This can be done by wearing gloves when prolonged contact is required.
Ensure strict hand hygiene within the household will lower the risk of infection.
Bedding and clothing should be washed after treatment at the hottest wash possible for the fabric and tumble dried if possible.

Will treatment be necessary? YES.
There are several lotions and creams on the market for the treatment of Scabies. Your doctor will prescribe the appropriate one for you.
The lotion/cream must be applied to the whole body including face, scalp and ears, paying particular attention between fingers and toes and under the finger and toe nails.
The length of time you must leave the lotion/cream on your skin will depend on the one you use.
If you need to wash your hands once treatment is applied, remember to reapply the lotion/cream.
The treatment must be re-applied in the same way seven days after the first application.

Please ensure you read the instructions carefully before use and follow them in detail. This will make the difference between your treatment being effective or not. Ensure that household and intimate contacts are treated at the same time to prevent reinfection.

Once the first application and removal of treatment has been completed there is no need to stay away from work or school, etc. If itching is causing distress your GP may prescribe an antihistamine with a mild sedative effect to be taken at night.

Further information can be found at: https://www.nhsinform.scot/illnesses-and-conditions/skin-hair-and-nails/scabies#introduction