

SCABIES

SPECIFIC DISEASE PROTOCOL

Scabies is an infestation of the skin by the human itch mite, *Sarcoptes scabiei*. *The most common symptoms of scabies are intense itching and a pimple-like skin rash.* It can spread easily where close body and skin contact occurs.

Scabies occurs worldwide in all socioeconomic conditions, but are common in crowded situations, without regard to age or sex. [9.3.9.4](#)



On a person, scabies mites can live for as long as 1-2 months. Off a person, scabies mites usually do not survive more than 72-96 hours. Scabies mites will die if exposed to a temperature of 50°C (122°F) for 10 minutes. [9.4](#)

A **typical scabies** rash presents on the hands, webs of fingers, wrists, and extensor surfaces of elbows and knees, as well as outer surfaces of feet, armpits, buttocks, and waist.

Crusted scabies, also called **Norwegian scabies**, is a severe form of scabies that can occur in persons who have a weak immune system. Crusted scabies presents as a crusty, scaly dermatitis usually of the hands and feet. The thick crusts of skin contain large numbers of scabies mites and eggs. Persons with crusted scabies are very contagious to other persons and can spread the infestation easily both by direct skin-to-skin contact and by contamination of items such as their clothing, bedding, and furniture.

Early detection of infested persons is essential for preventing further transmission in any Healthcare setting. Maintain a high index of suspicion that scabies may be the cause of undiagnosed skin rashes. [9.4](#)

Infection Prevention & Control Measures

ELEMENT	ACUTE CARE	LONG TERM CARE	COMMUNITY	
			CLINIC SETTING	HOME SETTING
ROUTINE PRACTICES	<p>Scabies transmission may be prevented by following good hand hygiene, and other Routine Practices at all times. Refer to the Routine Practices section of the Infection Prevention and Control Manual and/or the Routine Practices Policy for specific information.</p>			
CONTACT PRECAUTIONS	<p>Typical scabies: Maintain Contact Precautions until 24 hours after initiation of treatment</p> <p>Crusted scabies: Maintain contact Precautions until lesions have resolved (However, these cases are best managed on a case by case basis)</p>			
SIGNAGE				
PERSONAL PROTECTIVE EQUIPMENT (PPE)	<p>Gowns and gloves</p> <p> Faith or cultural head covering do not require covering or removing</p>			

ELEMENT	ACUTE CARE	LONG TERM CARE	COMMUNITY	
			CLINIC SETTING	HOME SETTING

ACCOMIDATION	Single room
ENVIRONMENT/ EQUIPMENT CLEANING	<p>Clean and disinfect shared equipment (i.e.: blood pressure cuffs), thoroughly with an IP&C approved disinfectant before use on another patient/resident/client (P/R/C).</p> <p>Dedicate personal items such as slings and transfer belts. Material/fabric items need to be laundered when soiled, with discontinuing additional precautions and in between users.</p> <p>CLEAN AND DISINFECT: Maintain routine cleaning practices</p> <p>When the prescribed treatment is completed coordinate environmental cleaning (terminal clean in healthcare facilities) with laundering of clothes and bedding, and the P/R/C bath/shower. If you want to do an overnight scabies treatment, plan for P/R/C shower/bath, cleaning the environment and laundering the next morning.</p> <p>All clothing, bedding, towels and used 4 days prior to finishing treatment:</p> <p>WASH using hot water and dry on hot cycle BAG and store items that cannot be washed for one week (7 days) in a sealed plastic bag (CPS).</p> <p>VACUUM: All cloth upholstered items that cannot be bagged (PHAC) Include all mobility aids (e.g., walkers, wheelchairs, etc).</p> <p>Household contacts should be treated (PHAC) with healthcare provider directed treatment (including eradicating mites in the environment).</p> <p>Crusted Scabies: the frequency and intensity of environmental cleaning may be enhanced; consult IP&C.</p>

ELEMENT	ACUTE CARE	LONG TERM CARE	COMMUNITY	
			CLINIC SETTING	HOME SETTING
PATIENT/RESIDENT/CLIENT TRANSPORT <ul style="list-style-type: none"> • Transport within facilities • Transport between facilities • Discharge • Day Pass 	Follow Contact Precautions			
EQUIPMENT AND SUPPLIES	<p>Dedicate if possible:</p> <p>If reusable equipment must be used, clean and disinfect with IP&C Approved Disinfectants prior to removal from room or use on another P/R/C</p> <p>Minimize supplies entering room or residence. Do not overstock</p> <p>Use dedicated personal supplies (e.g., combs, razors, lotions, creams and soaps)</p> <p>Discard supplies/equipment that are disposable or cannot be appropriately cleaned, disinfected or sterilized when the person is discharged, deceased, or Contact Precautions is discontinued</p> <p>Review ENVIRONMENT/EQUIPMENT CLEANING section for cleaning directions.</p>			

ELEMENT	ACUTE CARE	LONG TERM CARE	COMMUNITY	
			CLINIC SETTING	HOME SETTING
HANDLING THE PATIENT/RESIDENT/CLIENT CARE RECORD	Routine Practices			
PREVENTION	<p>Education, skin assessments/early detection and treatment.</p> <p>Implementation of appropriate Routine Practices and Additional Precautions are essential in preventing scabies transmission/outbreaks.</p> <p>Health care workers should maintain a high index of suspicion that undiagnosed skin rashes and conditions may be scabies, even if characteristic signs or symptoms of scabies are absent (e.g. no itching).^{9.4}</p> <p>Where cases noted, restrict group activities.</p>			
CONTACT FOLLOW-UP	<p>Typical: Contacts fit the definition of exposure to Typical Scabies.</p> <p>Crusted: Contacts fit the definition of exposure to Crusted Scabies.</p> <p>Contacts should seek assessment for Scabies from their healthcare provider. Treatment or prophylaxis should be considered.</p> <p>Most recent reports recommend a proactive approach to preventing and controlling scabies in healthcare, particularly when crusted scabies is confirmed or suspected.^{9.4}</p>			

ELEMENT	ACUTE CARE	LONG TERM CARE	COMMUNITY	
			CLINIC SETTING	HOME SETTING
DISCHARGE TEACHING FACT SHEETS	<p>PRC to notify new care teams if treatment has not been completed.</p> <p>Symptoms can persist up to 2 weeks after treatment.</p> <p>ScabiesFactSheet.pdf (wrha.mb.ca)</p> <p>Instruct client/family to call Health Links/Info Santé for any questions: (204) 788-8200 or 1-888-315-9257.</p>			
HANDLING OF DECEASED BODIES	<p>Maintain Contact Precautions.</p>			
VISITORS/VISITING OTHER PATIENT	<p>Follow Contact Precautions.</p> <p>Consider limiting visitors/visits until after effective treatment completed.</p>			

ELEMENT	ACUTE CARE	LONG TERM CARE	COMMUNITY	
			CLINIC SETTING	HOME SETTING
OTHER IP&C CONSIDERATIONS	<p>Following treatment of typical scabies, pruritus may persist for several weeks even though the mites are dead. This does not typically require that the patient be managed on contact precautions beyond what is recommended in the clinical presentation/infectious disease table. This is not an indication of treatment failure, but rather a reaction to the dead mites. It is not an indication to retreat unless new burrows are identified.</p> <p>Crusted scabies is sensitive to the same treatment as typical scabies; however, the large number of mites and the unusual accompanying rash make repeat treatment mandatory.</p> <p>Family members rooming in with a pediatric patient with scabies should receive treatment. Parents with scabies visiting in the NICU should use Contact Precautions until 24 hours after treatment. Mothers with scabies delivering healthy infants should be treated; the infant can room with the mother. Other family members should also be treated. Avoid skin to skin mother/infant contact until after the mother had completed and washed off the treatment</p> <p>Consider an outbreak if there is evidence of transmission.</p> <p>Control measures for an outbreak involving one or more cases of crusted scabies should involve rapid detection/diagnosis, treatment and implementation of appropriate infection control strategies.^{9.4}</p> <p>If there is evidence of transmission of scabies from client to staff, staff to client, or client to client as this may indicate a scabies outbreak and Public Health should be notified of the outbreak.</p> <p>In the community health setting if a diagnosis is confirmed as crusted/Norwegian scabies, Public Health must be consulted for case management.</p> <p>Control of a scabies outbreak is typically achieved by treatment of the entire population at risk over the same 24 - to 48-hour period, whether or not symptoms are present.^{9.1}</p>			

1. EPIDEMIOLOGY / CAUSE

1.1 Scabies mite (*Sarcoptes scabiei*).[9.5](#)

2. DEFINITIONS

Exposure to Typical Scabies: Direct skin-to-skin contact with the person infested with Scabies during the period of communicability (4-6 weeks before symptoms develop until 24 hours after initiation of appropriate therapy). Indirect, by contact with personal articles (e.g., clothes, bedding) of a person infested with Scabies.

Exposure to Crusted Scabies: Minimal direct or indirect contact with the person infested with scabies during the period of communicability (until successful treatment) Only minimal contact is required with crusted scabies because of the large number of mites present on the source person. Indirect exposure of crusted scabies can include exposure to the heavily infested individual's clothing, bedding, other personal fabric articles and/or furniture.

Typical Scabies: A skin infestation caused by a mite; *Sarcoptes scabiei*.[9.1](#)



Crusted Scabies: (also known as Norwegian). Crusted scabies is highly contagious owing to the large numbers of (*Sarcoptes scabiei*) mites present (ranging from thousands to millions compared with 3 to 50 for typical scabies).[9.1](#)

3. CLINICAL PRESENTATION (SIGNS & SYMPTOMS)

3.1. Complications

Scratching often produces bleeding and scab formation, thus leading to secondary bacterial infection, typically caused by group A streptococci and/or *Staphylococcus aureus*.[9.1](#)

3.2. Scabies Presentation and Images

<p>Typical Scabies: Presents in most P/R/Cs as a rash with intense itch (pruritus), which is usually more severe at night.^{9.1}</p>	<p>Crusted (Norwegian) Scabies: Presents as a crusty, scaly dermatitis usually of the hands and feet, and can affect nails. Some affected individuals may have generalized skin redness (erythema). Despite the large number of mites, itching is remarkably minimal.^{9.1}</p>
	

Images courtesy of Dr. Joseph Conlon, CDC and the [Indian Journal of Dermatology, Venereology and Leprology \(ijdv.com\)](http://www.ijdv.com)

4. ROUTE OF TRANSMISSION

Transmission of the mite is by direct skin-to-skin contact and indirect contact. Indirect contact can occur from undergarments, or bedclothes contaminated by a person with untreated scabies to an uninfected person. Scabies can be easily passed by an infected person to household members and sexual partners. Transmission can occur as long as the infested person remains untreated and until 24 hours after treatment. The mites do not live for more than 3 to 4 days without contact with skin. An infested person can spread scabies even if they have no symptoms.

Environmental fomites have been well documented as a source of transmission in many scabies outbreaks. Live mites have been recovered from bed linens, chairs, and the floor surrounding the infested p/r/c's bed. Shared walking belts, skin creams, and lotions have also been shown to be a means of transmission.[9.1](#)

Crusted scabies is highly infectious because of the large number of mites in the exfoliating skin scales. Minimal, unprotected contact is all that is required for transmission. Persons with crusted scabies should receive prompt and aggressive medical treatment for their infestation to prevent outbreaks of scabies.[9.4](#)

5. INCUBATION PERIOD

Without previous exposure: two to six weeks until symptoms; after re-exposure: one to four days.[9.5](#)

6. PERIOD OF COMMUNICABILITY

Until mites and eggs are destroyed by treatment, usually after one or occasionally two courses of treatment, a week apart.[9.5](#)

7. DIAGNOSIS

7.1. Screening/Specimen Collection

Testing/samples should be performed/obtained and examined carefully by a person who is trained and experienced in identifying scabies mites.[9.4](#)

7.1.1 **Dermatology consult**

7.1.2 **Skin scrapings** – refer to [Cadham Provincial Guide to Service](#)

7.1.3 **Burrows Ink Test** – care provider to consult dermatology.

8. OCCUPATIONAL & ENVIRONMENTAL SAFETY AND HEALTH (OESH)

Contact Occupational and Environmental Safety and Health (OESH) for staff assessment and/or concerns

9. REFERENCES

- 9.1. Association for Professionals in Infection Control and Epidemiology (APIC) Text of Infection Control and Epidemiology, 4th Edition, June 2014
- 9.2. Cadham Provincial Laboratory: Guide to Services (2020), page 58 [Guide to Services 2020 \(gov.mb.ca\)](#)
- 9.3. Canadian Pediatric Society (CPS). [Scabies](#) (2021)
- 9.4. Centers for Disease Control and Prevention. Parasites -Scabies: Resources for Health Professionals, (September 2020) [CDC - Scabies - General Information - Frequently Asked Questions \(FAQs\)](#)
- 9.5. Manitoba Health: Routine Practices and Additional Precautions: [Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care \(gov.mb.ca\)](#) (June 2019)