# AHCA/NCAL Infection Preventionist Hot Topic Brief

## Scabies

Scabies are caused by the human itch mite, Saracoptes scabiei var. hominis. The scabies mite burrows into the upper layer of skin where it lives and lays its eggs. It more commonly spreads under crowded conditions such as schools, childcare and institutional living situations such as nursing homes.

Crusted scabies typically present with hyperkeratotic plaques that may be fissured and can have associated erythema. Residents with crusted scabies may not present with the usual signs, symptoms or lesions seen in classic scabies. Without the characteristic rash, the associated pruritus may be mild or absent. Large numbers of scabies mites and eggs may still be present on a single resident. These residents need quick and aggressive medical treatment for their infestation because of the risk of complications like bacterial infection of sores and to prevent outbreaks within the facility.

Anyone can get scabies, but some are at higher risk of developing crusted scabies are:

- Older adults
- Persons with immunocompromised conditions, such as those living with HIV/AIDS
- Persons with conditions that prevent them from itching and/or scratching, such as those with spinal cord injury, paralysis, loss of sensation, severe mental or behavioral health conditions

### Signs and Symptoms

As stated, the most common symptom of scabies is intense itching, especially at night, and a pimple-like rash. Common areas on body where symptoms occur include:

- Between fingers
- In the skin folds of the wrist, elbow, knee, or armpit, and
- On the penis, nipples, waist, buttocks, and shoulder blades.

You may see tiny burrows on the skin, caused by the female mite tunneling just beneath the surface of the skin.

Itching is caused by a hypersensitivity reaction (allergy) to mites and their feces and may continue for several weeks after treatment even if all mites are killed.

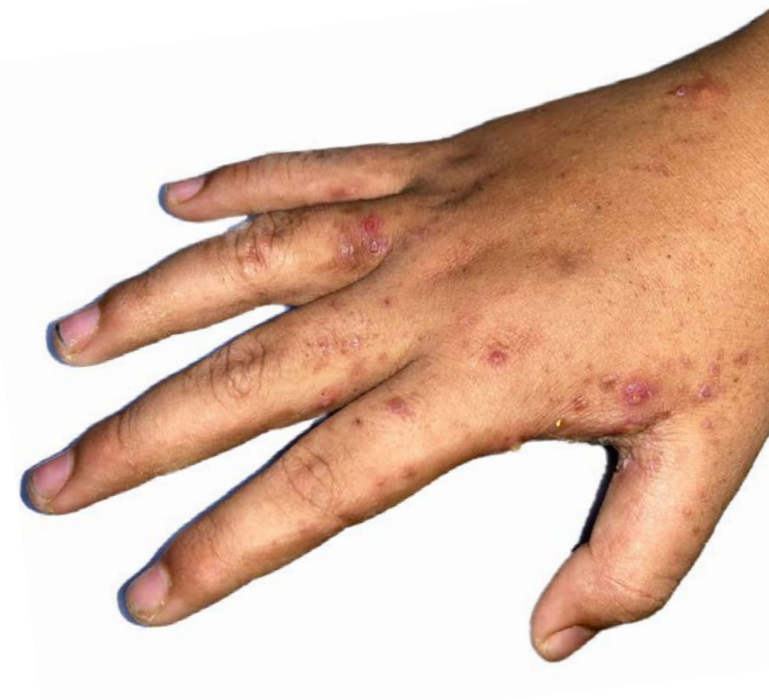
## Transmission

Scabies are transmitted to others through:

- Direct, extended, skin-to-skin contact with a person that has scabies.
- Sharing clothing, towels, or bedding recently used by an infected person that has not been correctly laundered.
- A quick handshake or hug will not usually spread scabies.

Crusted scabies are more easily spread and with shorter duration of contact including with infested clothing, bedding and furniture.

Incubation period, the interval between exposure and the onset of itching is usually 2-6 weeks.



## Diagnostic Testing for Scabies

Consult with an experienced dermatologist for assistance in differentiating between skin rashes and scabies. When there is concern for scabies in a person, skin scrapings should be obtained and examined carefully by a person trained in identifying scabies mites, keeping in mind that these skin scrapings are not 100% accurate.

## Establish Surveillance

Have an active program for early detection of infested patients/residents and staff. Determine a policy and procedure to:

- On admission, screen all new residents and observe for signs and symptoms during the admission skin assessment.
- Screen new hires as part of pre-employment screening. The Kentucky State Department for Public Health describes "...questioning new employees for either exposure to or symptoms of scabies".
- Training healthcare workers to be suspicious of any unexplained rash or pruritus that occurs in themselves or their residents, and to report these to their infection preventionist or supervisor.

## Prevention

Early detection, treatment, and implementation of appropriate isolation and infection control practices are essential in preventing scabies outbreaks. Long-term care facilities should have a high index of suspicion that an undiagnosed skin rashes or persistent itching may be due to scabies, even if the other characteristic signs and symptoms are missing. Appropriate isolation and infection control practices (e.g., gloves, gowns, avoidance of direct skin-to-skin contact, etc.) should be used when providing hands-on care to patients/residents who might have scabies. Epidemiologic and clinical information about residents with confirmed and suspected scabies should be collected and used for systematic review to facilitate early identification of and response to potential outbreaks.

Maintain a high index of suspicion that scabies may be the cause of undiagnosed skin rash; evaluate and confirm suspected cases by obtaining skin scrapings.

- If there are multiple cases, notify the local health department of the outbreak; determine if there is evidence of an increase in scabies cases in the community; notify other institutions to or from which infected or exposed patients/residents may have transferred.

## Control Recommendations if a Case is Identified

CDC has an extensive and detailed list of strategies for scabies outbreaks in institutional settings that details:

- Control and Treatment
- Environmental Disinfection
- Communication Strategies

## Reporting

Refer to your local or state department of health for the reporting requirements.

### Resources

American Academy of Dermatology Association. Scabies: Signs and Symptoms.

Cabinet for Health and Family Services, Kentucky. Guidelines for Scabies Prevention and Control.

CDC. (2024). About Scabies.

CDC. (2023). Clinical Overview of Crusted scabies.

CDC. (2023). Clinical Care of Scabies.

CDC. (2024). How Scabies Spreads.

CDC. (2023). Public Health Strategies for Scabies Outbreaks in Institutional Settings.

County of Los Angeles Public Health. (2019). Scabies Prevention and Control Guidelines for Healthcare Settings.

Kentucky State Department for Public Health, Communicable Disease Branch. (2002). Guidelines for Scabies Prevention and Control.