SCABIES

Infection Control Guidelines for Long-Term Care Facilities

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Scabies is an infestation of the skin caused by a mite, *Sarcoptes scabiei* subsp. *hominis*. Scabies mites are transferred by direct skin-to-skin contact. Indirect transfer from clothing or bedding can occur only if these have been contaminated by infested people immediately beforehand. Scabies can affect people without regard to age, sex, race, or standards of personal hygiene. The most prominent symptom of scabies is intense itching, particularly at night. The itching is caused by the scabies mites as they burrow under the top layer of skin to feed and lay eggs. Symptoms will appear two to six weeks after contact in people who have never had scabies before. People who have had scabies mites before may show symptoms within one to four days after getting them again. Early recognition and rapid treatment is essential in preventing outbreaks of scabies.

Infection with scabies is not grounds for denial of admission to a long-term care facility. In 1989, 105 CMR 150.000: The Rules and Regulations for the Licensing of Long-Term Care Facilities were amended. Section 105 CMR 150.003(D)(1)-(3)(a-d), the section that allowed long-term care facilities to restrict admission to persons who had a "contagious disease in a communicable form . . . ", was **deleted in its entirety**.

Infectious Agent: *Sarcoptes scabiei* subsp. *hominis*

Reservoir: Humans

Mode of Transmission: Mites can be transmitted through direct contact with infested skin as well as during sexual contact. Indirect exposure is possible through contact with clothing or bedding if these items are contaminated by infected individuals immediately beforehand.

Incubation Period: Two to six weeks in individuals without previous exposure. Individuals who have been previously infested will develop symptoms 1-4 days after reexposure.

Diagnosis: The diagnosis can be confirmed via skin scrapings. The scabies mite tends to burrow in the interdigital folds, flexor aspects of the wrists, extensor surfaces of the elbows, axillary folds, belt line, navel, abdomen, intergluteal cleft, and buttocks. The average individual with scabies may have only 10 to 12 mites, thus making diagnosis difficult.

Treatment: Suggested treatments include 5% permethrin (Elimite Cream) or lindane (Kwell and others). **NOTE**: Lindane should not be used after a bath or used by persons with extensive dermatitis. Follow manufacturer's recommendations for treatment. Attention should be given to the hands, nails, feet, and genital areas.

Control: In outbreak situations, consider treating all patients and staff (both symptomatic and asymptomatic) on the affected ward simultaneously. Staff should **not** be floated. Treat any symptomatic employee who works elsewhere and do surveillance for spread of skin lesions on that ward. Treatment should be recommended for families of patients and staff with proven cases. Bedding and clothing worn next to the skin should be laundered in hot water (140°F) and/or dried in a hot air dryer for 20 minutes. Scabies mites do not survive more than 2 to 3 days without contact with skin. Objects that cannot be washed can be placed in plastic bags for 14 days to kill eggs as well as mites. Vacuum carpets, furniture, and mattresses. Fumigation of living areas is NOT necessary. Affected patients and staff should be re-examined on days 14 and 28 post-treatment. Pruritis (itching) may persist for several weeks after treatment.

REFERENCES

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