

Useful websites

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SCABIES LEAFLET

PATIENT INFORMATION LEAFLET

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Infection Prevention and Control Department

Sunderland Royal Hospital

So far this century there have been three epidemics of Scabies occurring at approximately 20 - 30 year intervals. The recent climatic rise in the incidence of the disease would suggest that we are encountering a fourth epidemic.

What is Scabies?

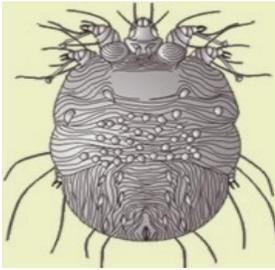
Scabies is the body's allergic response to the mite *SARCOPTES SCABIEI*. The female mite burrows through the epidermal layer of the skin leaving her eggs and faecal pellets behind. It is the body's reaction to the proteins within the faecal pellets, which causes the allergic response. As with any allergy the appearance of symptoms is delayed, taking anything from four to eight weeks to develop, therefore, allowing plenty of time for the disease to be passed onto others unknowingly.

In the majority of the population the most common symptom is a widespread itchy rash, which is most severe at night-time, following a bath or exercise when the body is warm.

The distribution of the rash varies in adults, it tends to be absent from the centre of the chest, back and head, but in infants the rash may be found in these areas also.

A typical Scabies - is very difficult to diagnose and affects the very young, the elderly, patients who are immunosuppressed, those with Downs Syndrome and alcoholics. Itching may be very slight or absent. Many of these cases can be found in geriatric wards, hospitals and old peoples homes etc.

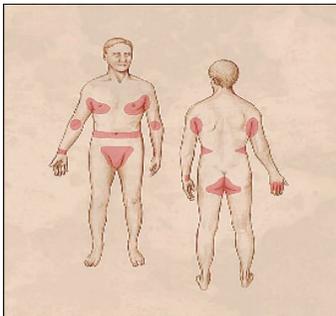
Crusted Scabies - is an extreme form of the disease that affects individuals who are severely immunosuppressed. In those cases many thousands of mites are present and therefore the patient is highly infectious and special nursing care will be required.



Sarcopes Scabiei

How is it Spread?

Scabies is transmitted by prolonged skin-to-skin contact and since the mite is most often found on the hands and wrists, transmission occurs most frequently from holding hands. This does not include a casual handshake.



Distribution of the Rash

The mite makes no discrimination against age, sex, race, wealth or profession. Anyone with whom there is skin-to-skin contact (10-20 minutes contact) could be the donor.

Bedding and clothing do **not** play any part in the transmission of the disease. Normal hygiene and washing of laundry is all that is required. The most important factor is to treat the infected person and all contacts e.g. sleeping partner, children and nursing staff caring for the infected patient.

Advice on the Treatment of Scabies

All application prescribed for the treatment of Scabies should be applied to clean, cool skin, preferably with someone else applying the treatment to ensure no part of the skin is missed. **DO NOT** have a hot bath before treatment. All contacts must be treated on the same day. It is important to treat the whole body, including the head (up to the hair line or all over if the person is bald) paying particular attention to the webs of the fingers and toes, under the nails and the genital areas.

Do not wash or bathe for 24 hours. Hands or other parts of the body that must be washed during this period should be re-treated immediately; therefore it will be necessary to carry a bottle of the lotion with you for the first 24 hours following treatment. It is important to repeat the treatment between 3 to 7 days.

The rash and irritation may persist for some time after treatment, this is caused by the dead mites and faecal pellets which will gradually be rubbed off as the outer layers of the skin undergo normal renewal.

Your doctor can prescribe antihistamines and or hydrocortisone cream to relieve the symptoms. The most effective recommended treatments currently prescribed in the U.K. are Malathion (Derbac M) and Permethrin (Lyclear).