

Guidelines for Scabies Outbreaks in Institutions (Hospitals, LTCF, Prisons, Dormitories, Shelters)

Define the outbreak...

Outbreak Definition: two or more consecutive cases of scabies among residents/staff within 4-6 week of each other.

Case Definition: *Confirmed case:* is an individual who has skin scraping with identified mites, mite eggs or mite feces. *Probable case:* is an individual with clinical symptoms of scabies (persistent pruritic rash). *Contact case:* is anyone with a close skin-to-skin contact with a case including household, sexual and close contacts during one month prior to the onset of symptoms. .

Incubation Period: 2-6 weeks for first time infection and 1-4 days for repeated infection

Communicability: 2 weeks after the original infestation even with asymptomatic individuals. A patient is no longer infectious 24 hours after effective treatment

When you have an outbreak...

- 1- Report the outbreak immediately to your local health department
- 2- Confirm the diagnosis→ refer to a physician or consult a dermatologist (It is preferred that a single physician should evaluate ALL symptomatic individuals)
- 3- Begin line listing of ill persons (including residents, staff, and close contacts), complete for duration of outbreak (until you have no new case for two incubation periods 6-12 weeks.
- 4- Conduct a thorough search for atypical or unrecognized cases
- 5- Institute mass education of residents and staff and provide information to visitors and staff family members
- 6- Consider holding new admissions to the affected units until the outbreak is controlled

To help control the spread of infection...

1. Cases and contacts
 - Isolate confirmed and suspected cases under contact precautions and exclude from social activities until 24 hours after treatment
 - Patient should be placed in a clean room with a clean bedding and dressed in clean clothes
 - Patient with crusted or atypical (Norwegian) scabies should be isolated until negative skin scrapings or patient is asymptomatic
 - Identify, treat and educate all close contacts. Cases should be simultaneously treated with contacts to avoid reinfection.
 - Cohort staff so only one group cares/attends the ill residents.
 - Do not transfer patients without notifying the accepting facility of the diagnosis of scabies
2. Treatment
 - Day 1 (p.m.) clip nails → bathe or shower→ apply 5% Permethrin cream to all skin areas from the neck down and under nails
 - Day 2 (a.m.) bathe or shower to remove the cream and note that itching may continue for weeks
 - Day 14 and Day 28: reexamine and retreat if there are persistent or recurrent lesions
3. Ill staff and their contacts should be treated similarly before returning to work. Offer treatment to household contacts of ill staff
 - Ill staff should return to work the day after treatment
 - Ill staff should use gloves for one week after treatment during direct patient care, change gloves between patients after hand hygiene
4. Environmental measures:
 - Machine wash and dry bedding and clothing of scabies patients using the hot water and hot dryer cycles.
 - Items that cannot be laundered or dry cleaned should be placed in sealed plastic bags for 7 days
 - Routine cleaning and vacuuming should provide adequate environmental control

REMEMBER: Outbreaks are immediately reportable to your local health department! For further questions or information contact the Infectious Disease Epidemiology Division at 304-558-5358, extension 1 or 800-423-1271, extension 1 or visit us on the web at www.wvdeop.org