Infection Prevention and Control Recommendations for Scabies in Congregate Settings

(Nursing Homes, Hospitals, Prisons, Dormitories, Shelters, Etc.)

Active Surveillance

1. Maintain ongoing surveillance for scabies among all patients and staff to identify new or unsuccessfully treated cases of scabies.
    - Screen all residents, patients, and staff for scabies.
    - Consider scabies with undiagnosed skin rash; suspected cases should be evaluated and confirmed by obtaining skin scrapings.
    - Infested individuals can spread scabies before becoming symptomatic. Symptoms can take up to two months to appear in exposed individuals.
2. When scabies are suspected in a facility, screen patients and staff to identify potential cases.
    - Confirmed cases are individuals who have skin scrapings with identified mites, mite eggs, or mite feces.
    - Probable cases are individuals with clinical symptoms of scabies (persistent pruritic rash).
    - If there are questions about the diagnosis, consider skin scrapings or other diagnostic evaluations.
    - Preferably, a single physician (usually a dermatologist) should evaluate ALL symptomatic and/or potential cases.
3. Isolate confirmed and suspected cases under contact precautions and exclude from social activities until 24 hours after treatment.
4. Identify all contacts of cases.
    - Contacts are defined as anyone with close skin-to-skin contact with a case, including household, sexual, and close contacts during one month prior to the onset of symptoms.
5. Treatment of a case and all contacts of that case should occur at the same time to prevent re-exposure and further transmission.
    - A list of appropriate medications ("scabicides") is available at: Clinical Care of Scabies
    - Follow label directions for application and removal of scabicides.
    - Cases and contacts should dress in clean clothes after treatment.
    - Patients should be placed in a clean room with clean bedding after treatment.
    - If itching is still present two to four weeks after treatment or if new burrows or pimple-like rash appear, retreatment may be necessary.
6. Staff may return to work 24 hours after treatment. Staff with symptoms must do the following:
    - Wear gloves during direct patient contact for up to one week after treatment to assure that no transmission occurs from staff to patients.
    - Change gloves between patients and wash hands with soap and water or use hand sanitizer, as appropriate.

Environmental Cleaning

1. Bedding, clothing, and towels used by ALL infested persons and ALL contacts should be decontaminated:
    - Machine wash and dry bedding and clothing of cases using the hot water and hot dryer cycles. Temperatures in excess of 50°C or 122°F for 10 minutes will kill mites and eggs.
    - Items that cannot be laundered should be placed in sealed plastic bags for seven days.
    - Ensure bedding and clothing used by a person with crusted scabies is collected and transported in a plastic bag and emptied directly into the washer to avoid contaminating other surfaces and items.
    - Laundry personnel should use protective garments and gloves when handling contaminated items.
2. Routine cleaning and vacuuming of the room should be done if and when a patient/resident with scabies leaves the facility or moves to a new room. Discarding mattresses are generally not necessary.

REMEMBER: Outbreaks are immediately reportable to your local health department.

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Additional Considerations for Managing Cases of Crusted (Norwegian) Scabies

Crusted scabies is a severe form of scabies. Patients form thick crusts of skin containing large numbers of scabies mites and eggs. Crusted scabies is extremely contagious and should involve aggressive measures when only a single case is identified. Transmission can occur from only *brief* skin-to-skin contact or contact with objects contaminated with skin scales of a case.

In addition to the recommendations given above for typical scabies infections, the below control measures should be followed:

1. Isolate cases of crusted scabies under contact precautions with protective garments (e.g., gowns, disposable gloves, shoe covers, etc.) until skin scrapings are negative.
    - Cohort staff to care only for patients with crusted scabies.
    - If testing isn't available, isolation and contact precautions can be discontinued after treatment has been completed and signs and symptoms have resolved.
2. For cases of crusted scabies, both oral and topical agents should be used. Multiple treatments over the course of one to two weeks may be necessary.
    - Oral Ivermectin may be necessary for successful treatment. A list of appropriate medications is available at: Clinical Care of Scabies
3. Identify and treat ALL contacts.
    - For crusted scabies infestations, a contact is considered anyone with brief contact to a case or anyone with contact to a case's clothing, bedding, or furniture one month prior to the case's onset of symptoms.
    - Strongly consider treatment even in equivocal circumstances. An outbreak involving crusted scabies can be very difficult to control and the risk associated with treatment is low.
4. Daily cleaning of a patient's room is necessary.
    - Large numbers of scabies mites and eggs are shed in the skin crust and scales.
    - A thorough terminal cleaning and vacuuming of a patient's room is imperative once the patient is moved to another room or facility.
5. Contaminated clothing and bedding should be dry-cleaned **OR** machine-washed and dried using hot water and hot dryer cycles.
    - Temperatures of at least 50°C/122°F for 10 minutes are needed to kill mites and eggs.
    - Clothing and bedding used during the three (3) days before treatment of an infested patient should be laundered as well.
6. Visitors should use the same contact precautions and protective clothing as staff. Consider limiting visitation for patients with crusted scabies.

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