

## West Virginia Bureau for Public Health Scabies Outbreak Report Form

**Instructions:** Please complete this report form for all Scabies outbreaks in institutions. Be sure to fill in all fields to ensure completeness of the report. Sharing a copy of this report with the facility will aid the facility in prevention and control efforts. **Local Health Departments are encouraged to complete this report and give a copy to the facility at the earliest possible time after the outbreak is reported so that the facility has adequate recommendations for outbreak control.** The outbreak may be closed as soon as the report is generated and shared with the facility. The facility should be advised to report any additional unanticipated cases after closure. Please fax completed forms to the Division of Infectious Disease Epidemiology (DIDE) at (304)-558-8736.

Outbreak number: \_\_\_\_\_

Contact information for person who first notified health department about the outbreak:

Reported by: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Date Reported: [Click here to enter a date.](#)

Person Contacted: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Date investigation initiated by the agency: [Click here to enter a date.](#)

Name(s) Report Prepared By: \_\_\_\_\_ Title(s): \_\_\_\_\_

County: \_\_\_\_\_ Region: \_\_\_\_\_ Telephone: \_\_\_\_\_

### INTRODUCTION AND BACKGROUND

At the time of the initial report:

# of Ill Residents/Attendees		# of Ill Staff	
Total # of Residents/Attendees		Total # of Staff	

Facility name: \_\_\_\_\_

Name of Facility Contact: \_\_\_\_\_

Facility address: \_\_\_\_\_

Facility type: ☐ Nursing home ☐ Assisted living ☐ School ☐ Prison  
☐ Dormitory ☐ Shelter ☐ Day-care ☐ Other, specify: \_\_\_\_\_

Date of first onset: [Click here to enter a date.](#) Date of most recent case: [Click here to enter a date.](#)

### METHODS

**Case Definitions** (check definition used for this outbreak):

☐ Confirmed Case Definition

An individual who has skin scraping with identified mites, mite eggs, or mite feces.

☐ Probable Case Definition

An individual with clinical symptoms of scabies (persistent pruritic rash).

☐ Contact Case Definition

Anyone with a close skin-to-skin contact with a case.

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**Investigation Methods (check all that apply):**

- ☐ Spoke with infection preventionist/administrator  
☐ Site visit  
☐ Conference call with facility  
☐ Defined & identified cases  
☐ Conducted interviews or survey  
☐ Confirmed diagnosis  
☐ Performed environmental assessment  
☐ Other, specify: \_\_\_\_\_

**Data Collection (Check all that apply):**

- ☐ Line list  
☐ Facility report of cases  
☐ Other, please specify: \_\_\_\_\_

**Data Analysis:**

- ☐ Descriptive (e.g. Epi Curve, attack rates)  
☐ Other, please specify: \_\_\_\_\_

**RESULTS** *Attach any epidemic curve and/or other data analysis (Section is to be completed at time of outbreak closure)*

☐ The number of cases has not changed from the initial report. Please see "Introduction and Background"

Residents/Attendees		Staff	
Final # of ill*:		Final # of ill*:	
Final # of contacts:		Final # of contacts:	
Total # of residents/attendees:		Total # of staff:	

\*Number who meet probable or confirmed \* case definition used for outbreak

**Clinical Illness Characteristics: Predominant Symptoms** *(Check all that apply):*

- ☐ Rash  
☐ Itching  
☐ Other, please specify \_\_\_\_\_

**Laboratory** (attach copies of any laboratory results):

Laboratory tests done? ☐ Yes ☐ No

If yes, please describe results \_\_\_\_\_

☐ Other results \_\_\_\_\_

**CONCLUSION/DISCUSSION**

A person-to-person outbreak of Scabies occurred at \_\_\_\_\_ facility that affected \_\_\_\_\_ residents/attendees and \_\_\_\_\_ staff members. Illness onsets ranged from [Click here to enter a date.](#) to [Click here to enter a date.](#) Treatment was given to \_\_\_\_\_ residents and \_\_\_\_\_ staff. \_\_\_\_\_ Prophylaxis was given to \_\_\_\_\_ contacts and \_\_\_\_\_ households.

**Additional Information, if needed:** \_\_\_\_\_

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## RECOMMENDATIONS

The following recommendations should be used to help control the outbreak.

### Infection Control & Treatment:

- ☐ Identify all infested persons.
  - In a facility, a single physician (usually a dermatologist) should evaluate ALL patients on affected unit(s) and ALL symptomatic staff
  - If there are any questions about the diagnosis, skin scrapings or other diagnostic evaluation should be considered.
- ☐ Identify ALL contacts of ALL infested persons.
  - Contacts are defined as persons with prolonged skin-to-skin contact during the 1 month prior to the onset of symptoms
  - Contacts include household, sexual and close contacts.
- ☐ Treat ALL infested persons and ALL contacts on the same day.
  - A list of appropriate medications ("scabicides") are available at: [http://www.cdc.gov/parasites/scabies/health\\_professionals/meds.html](http://www.cdc.gov/parasites/scabies/health_professionals/meds.html)
  - Follow label directions for application and removal of scabicides.
  - Infested persons and contacts should dress in clean clothes after treatment.
  - Patients should be placed in a clean room with clean bedding after treatment.
- ☐ Staff may return to work the day after treatment. Staff with symptoms must do the following:
  - Wear gloves during direct patient contact for up to 1 week after treatment to assure that no transmission occurs from staff to patients.
  - Change gloves between patients and wash hand with soap and water or use hand sanitizer, as appropriate.
- ☐ Bedding, clothing and towels used by ALL infested persons and ALL contacts should be decontaminated by:
  - Washing in hot water and drying in a hot air dryer; OR
  - Dry-cleaning; OR
  - Enclosing in a plastic bag for 72 hours.
- ☐ Isolate (no direct skin contact) infested persons for 8 hours after appropriate treatment with a scabicide.
- ☐ Patients who still have itching more than 2-4 weeks after treatment or patients who experience new burrows or lesions should be evaluated by a physician as soon as possible.
- ☐ Skin sores that become infected should be evaluated by a physician.

### Special considerations for extensive outbreaks.

Given that multiple cases have occurred on/within [Click here to enter text.](#) (please specify facility or unit):

- ☐ Consult a dermatologist. Evaluate all patients in [Click here to enter text.](#) (please specify facility or unit) to identify if there are patients with undiagnosed scabies, including crusted scabies.

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- ☐ Line list infested persons to be certain that all risk groups have been identified.
  - Line list all staff who have cared for infested patients within the 2 months prior to onset of symptoms (the incubation period for scabies is sometimes prolonged and this information may be needed later).
- ☐ Treatment of all patients and staff on/within [Click here to enter text.](#) (please specify facility or unit) coupled with treatment of all their close contacts is indicated. Use an appropriate scabicide according to label directions.
- ☐ Bedding, towels, clothing and other personal items for all patients, staff and contacts should be managed as above.

**Special considerations for managing an outbreak associated with a case of crusted scabies:**

- ☐ Place the patient in contact precautions
  - This includes use of gloves, gowns and shoe covers.
  - Patients with crusted scabies shed large numbers of organisms into the environment.
  - Contact precautions should be continued until treatment has been completed and signs and symptoms are resolved.
- ☐ Consult a dermatologist.
  - Evaluate all symptomatic persons and all patients and staff who have had contact with the patient.
- ☐ Identify all patients and staff who have had contact with the patient with crusted scabies or bedding, clothing, towels, furniture and other items used by the patient with crusted scabies.
- ☐ Treat all these contacts with an appropriate scabicide at the same time as the patient with crusted scabies.
- ☐ Machine wash and dry all contaminated items (bedding, clothing, towels, and other personal items) using hot water and high heat cycles - temperatures of at least 50C/122F for 10 minutes
- ☐ Regular daily cleaning and good terminal cleaning is mandatory for the patient with crusted scabies.

**ADDITIONAL RECOMMENDATIONS**

- ☐ Provide educational in-service
- ☐ Improve timeliness of reporting to the local health department
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Other, please specify: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Link to DIDE Guidelines for Scabies Outbreaks in Institutions:**

<http://www.dhhr.wv.gov/oeps/disease/AtoZ/Documents/Guidelines%20for%20Scabies%20Outbreaks.pdf>

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