Public Health
HEALTH AND HUMAN SERVICES

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To: North Carolina Health Care Providers and Facilities

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Subject: **Scabies in Congregate Living Facilities (2 pages)**

This memo is intended to provide information to NC clinicians and facilities regarding diagnosis, management and reporting of scabies infestation in residents of congregate living facilities.

Summary:
The North Carolina Division of Public Health has received multiple reports of scabies outbreaks in congregate living facilities over the past several weeks. In an effort to provide proactive awareness, please share this information with all facility staff. ***Outbreaks (i.e., two or more individuals with a confirmed diagnosis) should be reported to state or local public health officials.***

Clinical and Epidemiologic Features:
Severe itching, especially at night, is the earliest and most common symptom of scabies. A pimple-like (papular) pruritic "scabies rash" is also common. Itching and rash may affect much of the body or be limited to common sites such as:

- Between the fingers
- Wrist
- Elbow
- Armpit
- Penis
- Nipple
- Waist
- Buttocks
- Shoulder blades

Crusted (Norwegian) scabies is a severe form of scabies. Crusted scabies are characterized by vesicles and thick crusts over the skin that can contain many mites. Itching may be absent in crusted scabies because of a patient's altered immune status or neurological condition. Because they are infested with large numbers of mites (up to 2 million), persons with crusted scabies are very contagious.

The characteristic itching and rash of scabies can be absent in many debilitated, immunocompromised, institutionalized, or elderly persons, leading to frequent misdiagnosis and delayed or inadequate treatment and continued transmission. Scabies often is not recognized until it begins to appear among staff and less debilitated patients at the institution.

Case Management:

- A list of scabicides and general guidance for use is available at www.cdc.gov/parasites/scabies/health_professionals/meds.html.
- Consult with an experienced dermatologist if needed for assistance in differentiating skin rashes and confirming the diagnosis of scabies.
- Use the appropriate isolation and infection control practices:
  - Standard precautions must be utilized
  - Use gloves and gowns when working with infested individuals
  - Avoid direct skin-to-skin contact
  - Cohort patients or use private room for those who are infected
- Maintain records with patient name, age, sex, room number, roommate(s) name(s), skin scraping status and result(s), and names of all staff who provided hands-on care to the patient before implementation of infection control measures: ***symptoms can take up to 2 months*** to appear in exposed persons and staff.

Prevention Measures:

- Early detection, treatment, and implementation of appropriate isolation and infection control practices are important to limit spread.
- New patients and employees should be screened carefully for any skin conditions that could be compatible with scabies.
- Identify and treat all persons (e.g. staff, relatives, patients, etc.) who had prolonged, direct skin-to-skin contact with an infested person before he/she was treated.
- Offer treatment to household members (e.g. spouses, children, etc.) of staff who are receiving scabies treatment.
- Staff generally can return to work the day after receiving a dose of treatment
  - Symptomatic staff who provide hands-on care to any patient may need to use disposable gloves for several days after treatment until sure they are no longer infested.
- Use procedures that minimize risk of transmission of secondary bacterial infections that may develop with scabies.

Environmental Disinfection:

- Hot machine wash and dryer cycles should be use for bedding and clothing of scabies patients.
- Items which cannot be washed should be sealed in a plastic bag for at least 72 hours.
  - Scabies mites generally do not survive more than 2 to 3 days away from human skin.
- Environmental disinfestation is neither necessary nor warranted. Routine cleaning and vacuuming of the room should be done when a patient with scabies leaves the facility or moves to a new room.
- Use of insecticide sprays and fumigants is not recommended.

For additional information on testing and treatment options, please go to the following CDC website**:**

http://www.cdc.gov/parasites/scabies/health_professionals/institutions.html