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## SCABIES

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### DEFINITION

A parasitic infestation of the skin caused by *Sarcoptes scabiei*.

### POTENTIAL CAUSES

- *Sarcoptes scabiei*

### PREDISPOSING RISK FACTORS

- Close person to person contact with an individual who has scabies
- Sharing of personal articles such as clothing or bedding with someone who has scabies.
- Sexual contact.

### TYPICAL FINDINGS

#### Sexual Health History

Client may currently be experiencing itching and/or irritation to the follow areas:

- Hands (finger webs)
- Axillae
- Wrists
- Nipple
- Waist
- Abdomen
- Genetailia
- Thighs

Intense nocturnal itching

May or may not have had sexual contact

#### Physical Assessment

Track-like lesions in irritated areas caused by burrowing of the parasite under skin surface

- Papules or nodules, which results from scratching, often found in the genital area
- Pyoderma of the penis
- Immune-suppressed individuals may present atypically with crusted or “exaggerated” scabies, and/or lesions to hands and feet.

#### Diagnostic Tests:

- No diagnostic testing available
- Diagnosis based on clinical findings and the sexual health history

### CLINICAL EVALUATION

The following clients require treatment:

- Clients diagnosed with scabies based on signs and symptoms detected through the history and on physical exam.

### MANAGEMENT AND INTERVENTIONS

#### Goals of Treatment:

- Treat infection
- Prevent complications

## TREATMENT OF CHOICE

- Permethrin 5% Cream (e.g. Kwellada-P Lotion or Nix 5%)
  - Apply to the body neck down; leave for 8 hours then shower off and wear clean clothing

### OR

- Lindane 1% cream or lotion (e.g. Kwellada Lotion)
  - Apply to the body from the neck down; leave for 8 – 14 hours then shower off and wear clean clothing

**Note 1:** Lindane lotion is contraindicated in children under 2 years of age, in pregnant women, lactating mothers and in clients who are experiencing extensive dermatitis.

**Note 2:** Refer to physician or nurse practitioner for clients who are pregnant or breast feeding

## ALTERNATE TREATMENT

Refer to physician/NP

## TREATMENT IN PREGNANCY AND OF NURSING MOTHERS

Refer to physician/NP

## PARTNER COUNSELLING AND REFERRAL

- Partners notification is completed by client
- Treat sexual partners and household contacts

## POTENTIAL COMPLICATIONS

- Pyoderma or secondary bacterial infection from skin excoriation

## CLIENT EDUCATION AND FOLLOW UP

Counsel client:

- that sexual partners and house hold contacts within the previous month require treatment
- to follow the directions closely on package insert of the treatment they are using
- that clothes and bedding should be washed in hot water or dry cleaned, alternatively articles can be placed in plastic bags for one week.
- to vacuum mattresses.
- that pruritus may persist for several weeks. Itching can be controlled by antihistamines.
- that re-treatment is indicated if new lesions can be seen in 7-10 days after the first treatment.
- that secondary skin infections can occur.

## CONSULTATION AND/OR REFERRAL

Consult physician or nurse practitioner for the following

- Pregnancy
- Lactating mother
- Clients with excessive dermatitis or a pre-existing skin condition
- For alternate treatment
- If new lesions appear 7-10 days after treatment.

## DOCUMENTATION

- Infection is not reportable.
- As per agency guidelines.

## REFERENCES

BC Centre of Disease Control STI Clinical Practice Certificate On-line Course. Retrieved April 22, 2009 from <http://bccdc.knowmoodle.ca/moodle/>

Canadian Guidelines on Sexually Transmitted Infections: 2008 Revised Edition.

Provincial Health Nurses Pre-Determined STI Treatment Schedule. February 2007. STI/HIV Prevention and Control. BC Centre for Disease Control.

STI/HIV Clinic Prevention and Control Clinic Manual: BCCDC. 2007