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BCCDC Non-certified Practice Decision Support Tool **Scabies**

SCABIES

DEFINITION

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

CAUSE

Sarcoptes scabiei

PREDISPOSING RISK FACTORS

- Close person to person contact (e.g., skin to skin) 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

May or may not have had sexual contact.

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

- Hands (finger webs)
- Axilla
- Wrists
- Nipples
- Waist
- Abdomen
- Genitals
- Thighs
- Intense nocturnal itching and/or irritation when showering/bathing

Physical Assessment

Track-like lesions from burrowing of the parasite under skin surface causing irritation such as:

- Papules or nodules, from scratching, often found in the genital area
- Secondary infection of the skin
- Immunosuppressed 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

- Reduce transmission
- 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 on for 8 hours then shower off, and wear clean clothing.

Notes:

- Refer to physician or nurse practitioner (NP) for clients who are pregnant or breastfeeding.
- Refer to physician or NP for clients with extensive damage or excoriation to skin for dose modification or alternate treatment.

ALTERNATE TREATMENT

Refer to nurse practitioner (NP) or physician.

PREGNANCY AND BREASTFEEDING

Refer to nurse practitioner (NP) or physician.

PARTNER COUNSELLING AND REFERRAL

- Treatment is recommended for recent sexual partners and household contacts.
- Partner notification completed by client.

MONITORING AND FOLLOW-UP

- Follow-up, if indicated.
- Recommend STI screening, if appropriate.

POTENTIAL COMPLICATIONS

Pyoderma or secondary bacterial infection from skin excoriation.

CLIENT EDUCATION

Counsel client:

- Sexual partners and household contacts within the previous month require treatment.
- Follow the directions closely on package insert of the treatment they are using.
- Clothes, bedding and fomites (e.g., pillows) should be washed in hot water (50° C), or dry-cleaned. Alternatively, place in plastic bags for one week.
- Mattresses can be vacuumed.
- Pruritus may persist for several weeks. Itching can be controlled by antihistamines.
- Re-treatment is indicated if new lesions can be seen in 7-10 days after the first treatment.
- Secondary skin infections can occur

CONSULTATION AND/OR REFERRAL

Consult physician or NP for the following clients:

- Pregnant.
- Breastfeeding.
- Extensive dermatitis or pre-existing skin condition.
- Require an alternate treatment.
- Have new lesions appearing 7-10 days following treatment.

DOCUMENTATION

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

REFERENCES

- Centers for Disease Control and Prevention. (2010). 2010 sexually transmitted diseases treatment guidelines. Retrieved from: <http://www.cdc.gov/std/treatment/2010/default.htm>
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