

## A Scabies Review

### Always regard undiagnosed skin rashes with suspicion

Scabies infestations, and the pruritic suffering they cause, are common worldwide. And because these eight-legged, microscopic mites depend on humans for survival, they have evolved as “opportunistic travellers” that hitch-a-ride from one person to the next, where they then burrow under the skin to feed and reproduce.

There are two forms of scabies infestations, **non-crusted** (the more garden variety form) and **crusted** (also called Norwegian), with both being caused by the same organism: the **Sarcoptes scabiei** mite.

The more severe crusted form of scabies tends to be prevalent among three groups: the debilitated elderly, people prescribed steroids, and/or those on immunosuppressive therapy.

When compared to the non-crusted form (where 10 or 15 mites might be involved) the skin crusts that characterize Norwegian scabies can contain millions of mites and eggs, thus are highly contagious.

Scabies can also be tricky to diagnose because with a first-time infection symptoms may not appear for a month or more, and it is during this asymptomatic phase that mites can be transferred from residents to caregivers and vice versa. Additionally, if a diagnostic skin scraping returns negative for mites, it is possible that the person is infested with only a small number of mites. Moreover, when symptoms do appear, they may mimic other, more common itchy rashes. And while scabies infestations can produce visible zigzag or S-shaped burrowing lines on the skin, these lines may not be visible without a magnifying glass.

For caregivers, the key to prevention is to suspect scabies even if itching is absent. Additionally, a scabies infection in a staff member who experiences “early symptoms” (due to having been infected before) can be a wake up call to an undetected case somewhere within the residence.

## Treatment Basics

- Lotion is prescribed (usually 5% permethrin, i.e. Kwellada), and applied to clean, dry skin, excluding the face but paying particular attention to parts of the body where mites can hide
- Residents and caregivers are treated simultaneously
- Bed linens and clothing must be laundered and upholstered furniture thoroughly vacuumed
- Signage on residents’ doors is recommended and hand hygiene is essential
- Caregivers must remain alert to multiuse equipment that should be cleaned and disinfected
- Retreatment may be required within 7 to 10 days

## More resources for treatment and control:

Wilson MM, Philpott CD, Breer WA. *Atypical presentation of scabies among nursing home residents.* The Journals of Gerontology 2001 Jul;56A(7):M424-7.

Degelau J. *Scabies in Long-Term Care Facilities* ICHE 1992 Jul;13(7):421-5

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