

## SCABIES

### Whats New

- Addition of ivermectin prescribing information
- Change to temperature range for clothes washing (now >50-60C) and tumble drying/dry-cleaning recommended
- Change to time leaving cream on now recommended for at least 12 hours

This infestation is caused by the mite *Sarcoptes scabiei*. Mites burrow into the skin where they lay eggs. The resulting offspring crawl out onto the skin and make new burrows. Any part of the body may be affected, and transmission is by skin-to-skin contact.

### Diagnosis

- Clinical - often confused with other itching conditions such as eczema
- Characteristic silvery lines may be seen in the skin where mites have burrowed
- Itchy papules on the penis are almost certainly scabetic
- Intense generalised pruritis usually worse at night
- History of itching in close contacts strengthens diagnosis
- Use a magnifying glass to examine lesions
- Offer a full STI screen
- Use of the [International Alliance for the Control of Scabies Consensus Criteria for the Diagnosis of Scabies](#) may be useful

### Management

- Avoid body contact until client, their partner(s) and all household members have completed treatment
- Itch can be managed symptomatically with antihistamines + Eurax cream. 1% hydrocortisone cream can also be used, for a maximum of 7 days.
- Potentially contaminated clothes and bedding should be washed at high temperature (>50-60°C) and drying in a hot dryer, or dry-cleaning. Contaminated clothes are those worn within the previous 4 days before treatment. If unable to wash seal in a plastic bag for 72-96 hours
- All members of the affected household should be treated simultaneously
- All sexual partners in the preceding one month should be treated

- Patients should be given a detailed explanation of their condition, and clear and accurate written information on applying the treatment.
- Itch may persist for several weeks – retreatment too soon often results in the development of hypersensitivity to scabicide, thus compounding the itch

First Line Treatment

**Permethrin 5% cream**

Apply to cool dry skin, from chin and ears downwards:  
include groin, genitals, navel, skin under nails, underneath the foreskin, between buttocks and soles of feet. Do not wash hands after application! If hands are washed within 8 hours of application, then reapply.

\*If immunosuppressed include treatment to face and scalp

Wash cream off after at least 12 hours (usually overnight)

**Repeat after 7 days**

*(large patients may require 2 x 30g tubes)*

Permethrin is safe during pregnancy or breast-feeding.( wash off before feed and reapply afterwards)

Alternative Treatments

- **Topical Malathion 0.5%** (Derbac-M, Prioderm, Quellada M) – apply to whole body and wash off after 24 hours. If hands are washed within 24 hours of application, then re-apply. Repeat treatment after 7 days
- **Oral Ivermectin** is now available in the UK for scabies. The dose for scabies treatment is 200micrograms/kg\* taken in a single dose with food, repeated 7 days later (ivermectin is not ovicidal so does not kill the eggs). Ivermectin comes as 3mg tablets and should be dosed according to nearest whole 3mg tablet (dose bands exist in the Ivermectin Summary of Product Characteristics)

*BODY WEIGHT (kg)	DOSE (number of ivermectin 3 mg tablets)
15 to 24	One
25 to 35	Two
36 to 50	Three
51 to 65	Four
66 to 79	Five
≥ 80	Six

- Oral Ivermectin may be considered if topical treatments have not resolved the symptoms and there is evidence of ongoing infestation with the presence of burrows etc.
- Topical treatments cannot be accessed or are unavailable
- In conditions where topical treatments may be difficult to apply effectively e.g. care home settings or large numbers of persons
- For crusted (Norwegian) scabies
- If Ivermectin is unavailable patients should repeat the permethrin treatment and, in addition, apply Malathion for 12 hours 3-4 days after the first and second applications of permethrin.
- Patients should be given either a HBP(5) prescription for Ivermectin to take to a community pharmacy or an outpatient prescription for use in a hospital pharmacy dispensary

**Partner/ Contact Notification**

- Trace and treat all sexual and household or institutional contacts over previous 1 month

**Follow up**

- Retreat if new burrows appear after 2 weeks of initial treatment and consider Ivermectin use (see above)

## **References**

**British Association of Dermatologists (BAD) Management of Scabies in the UK – Expert Consensus Guidance October 2023**  
**<https://cdn.bad.org.uk/uploads/2023/10/Scabies-guidance-OCT-2023.pdf>**  
**[Accessed online Sept 2024]**

BASHH (British Association of Sexual Health and HIV) Clinical Effectiveness Group): United Kingdom National Guideline on the Management of Scabies infestation (2016) [Accessed online June 2022]

Available on: <http://www.bashhguidelines.org/media/1137/scabies-2016.pdf>

Ivermectin 3mg tablet Summary of Product Characteristics  
[Ivermectin 3mg tablets - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#)

NICE Clinical Knowledge Summary: Scabies. Revised May 2024. [Accessed online Sept 2024]

Available on: <https://cks.nice.org.uk/scabies>

The 2020 International Alliance for the Control of Scabies Consensus Criteria for the Diagnosis of Scabies November 2020  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7687112/#:~:text=The%202020%20International%20Alliance%20for%20the%20Control%20of,a%20range%20of%20research%20and%20public%20health%20settings.> [Accessed Sept 2024]