



Scabies information sheet (created October 2024)

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What is Scabies?

Scabies is a skin condition caused by tiny mites burrowing beneath the skin, leading to intense itching. The main symptom is an itchy rash, often appearing between the fingers, wrists, skin folds, or genital area. Scabies is primarily spread through prolonged skin-to-skin contact with an infected person, while transmission through casual contact like handshakes is rare. Scabies requires treatment and does not go away on its own.

People with weakened immune systems may develop a rare and highly contagious form of scabies called crusted scabies, which causes a flaky, crusted rash, typically affecting the elbows, knees, hands, and feet.



Treatment

Treatment can either be bought over the counter in a chemist or prescribed by a doctor. Permethrin 5% is the most common treatment. It is applied all over from the neck down and



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left for 8-14 hours before washing off. The medication doesn't get rid of the eggs, so the treatment must be repeated 7 days later.

Occasionally, severe cases (such as crusted scabies) don't respond to treatment. In this case the patient will have to go to their GP. Itching may persist for several weeks post treatment due to allergic reactions to dead mites. Antihistamines can reduce the itching, but they do not treat the infestation itself. If uncertain that the treatment has been completed successfully (for example rubbing off the cream prematurely or inability to provide full cream coverage) consult your GP who can advise you about alternative treatment.

Management

If a single case of scabies is identified:

- Refer the individual to a GP or pharmacist for treatment.
- Identify close contacts (up to 8 weeks prior) and ensure they are referred for treatment.
- Advise affected individuals to avoid close contact with others until 24 hours after treatment (stay in their room if possible).
- Staff and visitors should use appropriate PPE until the initial 24-hour treatment is completed.
- For cases acquired from a sexual partner, an STI screening should be advised.

If two or more cases are identified (considered an outbreak):

- Contact the local Health Protection Team (HPT) for support (contact details below).
- Assess all individuals in the setting (staff and residents) for infection.
- Co-ordinate treatments of all cases and contacts linked to the setting. Everyone in the setting is required to have the treatment within 24 hours of each other – irrespective of whether they have symptoms or not.
- Avoid transfers to other settings during treatment and provide hygiene and exclusion guidance.
- Consider isolating residents or excluding staff until mass treatment is completed.

Prevention

- Regularly wash clothes, bedding, and towels in hot water (at least 50°C). Items that can't be washed should be sealed in a plastic bag for at least 4 days.
- Handle contaminated items using appropriate PPE. Collect these in soluble laundry bags and wash at 50°C, followed by tumble drying on a hot cycle for at least 10 minutes.
- Avoid direct skin-to-skin contact with infected individuals and refrain from sharing personal items.



- Vacuum furniture and floors to remove mites and vacuum mattresses after an infected person has left the setting, as mites can live on surfaces for 2-3 days.
- For those moving into supported accommodation with scabies, clothes and bedding should be washed at over 50°C or sealed in a plastic bag for 4 days.

Advice for Treatment

- Ensure someone can help apply lotion correctly, especially to hard-to-reach areas.
- Encourage the infected person to identify close contacts from the past 8 weeks, as they may also need treatment.
- Use industrial washing machines to wash large items like duvets. Or place the duvet in a plastic bag for 4 days to kill the mites.
- Provide free soap powder and protective equipment (disposable gloves, gowns, etc.) for staff handling infected clothing and bedding.

Accepting New Transfers During an Outbreak

Management should consult social care commissioners, community infection control, or the HPT to assess whether to pause new admissions during a scabies outbreak. New admissions may be allowed after a risk assessment that considers:

- Separating new admissions from infected individuals.
- Pre-existing conditions that could make new admissions more vulnerable.
- Delaying admissions until the first 24 hours of treatment are completed.
- Difficulties in controlling the outbreak, such as coordinating mass treatment.

Declaring the Outbreak Over

An outbreak can be considered over when all cases and contacts have completed the full treatment regimen (e.g., two doses of topical cream). However, ongoing monitoring and heightened surveillance should continue for 12 weeks (two mite incubation cycles) from the last known case's symptom onset date. During this time, regularly reassess staff and residents to ensure symptoms are resolving and to detect new cases.

If no new cases are identified within 12 weeks, the outbreak can be declared over. It is important to note that nodules may take several months to fully resolve after treatment.



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Health protection team contact details

North London Health Protection Team (to find other areas visit this [website](#)).

61 Colindale Avenue

London

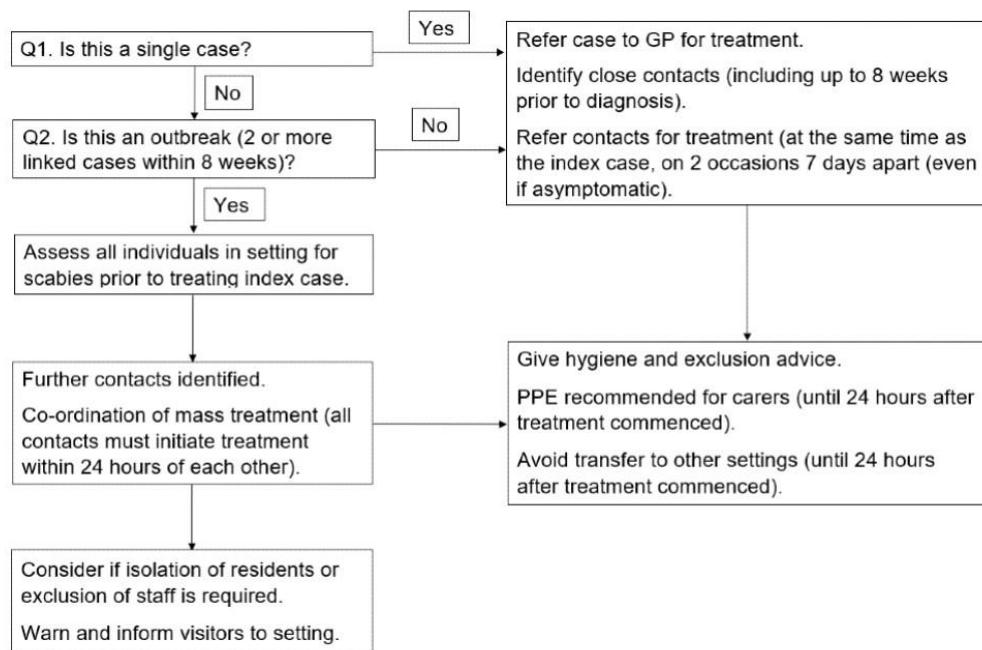
NW9 5EQ

london.region@ukhsa.gov.uk

Telephone: 0300 303 0450

Out of hours for health professionals requesting urgent advice: 0300 303 0450

Flowchart of actions to take



Further reading

[Prevention and control of infection in care homes](#)

[UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings](#)