

[Table I: Recommended Actions and Rationale for Preventing the Transmission of Scabies in Healthcare and Residential Facilities](#)

Residents

Action	Rationale
<p>1. All patients or residents (symptomatic and asymptomatic) should be treated on the same day. A second treatment is recommended in 7-10 days. It is not necessary to repeat laundry and environmental cleaning for the second treatment if done within 7-10 days.</p>	<p>1. Signs and symptoms of scabies may not appear for several weeks in those who have been exposed in the past 2-6 weeks in persons who have never been exposed previously. These individuals may transmit scabies before they become symptomatic. Treating everyone on the same day will eliminate infectivity in both symptomatic and asymptomatic residents.</p>
<p>2. All linens (bed and bath) should be changed that day and the next day.</p>	<p>2. Mites may survive for 48-72 hours away from the human body. If mites are in bed linens or towels, it is possible they may re-infest the resident after treatment.</p>
<p>3. Only freshly laundered clothing should be worn following treatment. Any clothing worn during the 3 days before treatment should be placed into a plastic bag and secured until laundering can take place. Items that cannot be laundered should remain in a secured plastic bag for 1 week.</p>	<p>3. Clothing worn 3 days before treatment may still contain viable mites which may cause reinfestation. Placing clothing in a plastic bag will decrease the risk of transmission until the mites die or the clothing is laundered.</p>
<p>4. Finger and toe nails should be trimmed prior to treatment.</p>	<p>4. Short fingernails will eliminate the possibility that nails are harboring mites and will facilitate application of the scabicide under the nails. This will also decrease the risk of secondary bacterial infection which may result from scratching.</p>
<p>5. When patients or residents are discharged or transferred to another facility, their physicians should be notified that the patient or resident may have been exposed to scabies.</p>	<p>5. Notification will decrease the risk of transmission to other facilities or the community.</p>

Employees

Action	Rationale
1. All employees should be treated on the same day as the residents. A second treatment is recommended in 7-10 days. It is not necessary to repeat laundry or environmental cleaning for the second treatment, if done within 7-10 days.	1. Employees may also be in the incubation period, asymptomatic, and a source of transmission.
2. All employees should wear freshly laundered clothing (including all undergarments) after treatment. All clothing worn during the 3 days prior to treatment should be laundered.	2. Clothing worn 3 days before treatment may still contain viable mites which may cause reinfestation.
3. Employees should change their bed linens and use fresh towels after treatment.	3. Mites cannot survive for more than 48-72 hours away from the human body. It is possible that if the mites are in the employee's bed linens or towels, they will reinfest the employee after treatment.
4. All clothing, linens and towels should be washed in hot water (above 122E F for 10 minutes) and dried in the hot cycle of the dryer. Items which cannot be washed should be dry cleaned or placed in a sealed plastic bag for 1 week.	4. Using hot water and the hot cycle of the dryer will eliminate the mites and their eggs. Dry cleaning will also kill mites and their eggs. For articles which cannot be washed in hot water or dry cleaned, placing them in a sealed plastic bag for 1 week is also effective.
5. All environmental surfaces (floors, carpeting, rugs, mattresses, pillows, upholstered furniture) should be vacuumed on the day of treatment and the following day.	5. Vacuuming environmental surfaces will eliminate viable mites in the environment that could reinfest employees.
6. Household contacts of employees should be evaluated by a physician if they develop a skin rash or complain about itching.	6. Infected employees can transmit scabies to their household contacts, especially those they have close (skin-to-skin) contact with.

Visitors

Action	Rationale
1. Visitors should be restricted on the day of treatment and for 24 hours after treatment. If visitation must occur, the visitor must be instructed in the use of Contact Precautions and prohibited from sitting on the patient's or resident's bed or having contact with their linens.	This action will decrease the risk of transmission to visitors who may in turn reinfest the patient or resident or introduce scabies to their family or the community.
2. Visitors should be informed that scabies are present in the facility and be provided with a fact sheet (IDPH Scabies Health Beat available at http://www.idph.state.il.us/public/hb/hbscab.htm) to educate them about scabies. Visitors who report they have developed a rash and itching should seek medical attention; they should not visit until the rash is diagnosed and appropriate therapy completed.	2. Visitors may be a source of scabies in a healthcare or residential setting. If visitors have had significant contact with a patient, a resident or their environment and have become infested, they must receive treatment before visiting to prevent reintroduction of scabies into the facility.

Environment

Action	Rationale
1. All environmental surfaces (floors, carpeting, rugs, mattresses, pillows, upholstered furniture) should be vacuumed on the day of treatment and the following day.	1. Vacuuming environmental surfaces will eliminate viable mites in the environment that could reinfest patients, residents or staff.
2. Sharing of clothing or personal care items (combs and brushes, and lotions, creams and ointments) should be discouraged.	2. This will decrease the chance of transmission from patient to patient or from resident to resident.
3. Gait or walking belts should be laundered and then dedicated to individual patients or residents only.	3. Laundering the belts will eliminate viable mites that might reinfest patients, residents or staff. Dedicating belts to individuals will also prevent transmission.
4. Activity tables, therapy mats, shower chairs, commodes, wheelchairs, and all other equipment that might be shared by patients or residents should be cleaned on the day of treatment with an approved phenolic disinfectant or quaternary ammonium compound (QUAT). Careful attention should be paid to cleaning these items in between patient or resident use thereafter,	4. This will eliminate viable mites in the environment that might reinfest patients, residents or staff.

Isolation Precautions

Action	Rationale
<p>1. In addition to Standard/Universal Precautions, use Contact Precautions for all patients or residents for 24 after treatment. Personal protective equipment (PPE) must be removed before leaving the patient's or resident's room. Disposable PPE should be properly discarded into a trash receptacle. Reusable PPE should be placed into sealed plastic bags for reprocessing.</p>	<p>1. In most cases, individuals are no longer infectious 24 hours after treatment is initiated. Proper handling of soiled personal protective equipment (PPE) will prevent transmission of scabies to other patients, residents or staff.</p>
<p>2. Shoe covers should be used when caring for patients or residents with crusted or Norwegian scabies.</p>	<p>2. Patients or residents with crusted or Norwegian scabies have a very large mite population which may contaminate the floor when scales or crusts of skin are shed. These scales or crusts contain mites which may be carried on the shoes from room to room.</p>
<p>3. Laundry personnel should use a gown and gloves for handling all soiled linen, clothing and reusable PPE until 72 hours after patients or residents have received treatment.</p>	<p>3. This should assure that all linens, clothing or PPE that might contain viable mites have been removed and laundered and protect laundry workers from scabies infestation.</p>
<p>4. Laundry bags should be emptied directly into the washer.</p>	<p>4. This will decrease the risk of transmission to laundry personnel and dissemination of mites in the laundry room.</p>
<p>5. Consider placing patients or residents with the most severe or</p>	<p>5. This will decrease the risk of transmission from the most highly</p>

<p>refractory scabies in a private room and maintaining Contact Precautions until they have received a second treatment of scabicide. Cohorting patients or residents with the most severe or refractory scabies and assigning dedicated staff to only care for these cases should also be considered. Dedicated staff should not provide care or interact with patients or residents with typical scabies until the cases in their cohort have received a second treatment.</p>	<p>contagious cases to staff or to other patients or residents.</p>
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Treatment

Typical Scabies	Atypical, Crusted or Norwegian Scabies
<p>1. Permethrin 5% (Elimite) – Apply from the chin to the tips of the toes, including the soles of the feet. Care should be taken to cover every square inch of skin, including skin folds, the intergluteal cleft, navel, crevices of contracted extremities, the webs between the fingers and toes, and under the nails. If the scabicide is washed off during handwashing or perineal care, it should be reapplied.</p>	<p>Note: Crusted or Norwegian scabies is more difficult to treat because of the high mite population and a decreased immune response in the host. Refer to the Centers for Disease Control and Prevention for treatment guidance. http://www.cdc.gov/parasites/scabies/health_professionals/meds.html</p>

Note: Itching may continue for as long as 2 weeks after adequate therapy (post-scabietic pruritus) until such time as the dead mites, and their eggs and feces are shed from the skin surface. Most areas of the body have a 2 week period in which old skin is shed, but certain areas such as the hands and feet can take as long as 3 months. It is important to consider this point to prevent the overuse of scabicides. Treatment with oral antihistamines, topical corticosteroids, and, rarely in sever cases, a short course of oral prednisone will control itching.