

## SCABIES

**SCABIES** is an infestation of the skin by a mite called *Sarcoptes scabiei*. It causes intense itching and can be spread from one person to another through close skin-to-skin contact. Fortunately, effective treatments for scabies are available.

### HOW SCABIES IS SPREAD

Scabies is usually passed from one person to another through close skin-to-skin contact. It takes about three to four weeks for signs or symptoms of a first scabies infection to develop after infection. People who have been infected with scabies previously may develop symptoms within a few days after another exposure.

The most common mode of transmission between young adults is sexual contact, although the infection can be passed without sexual activity.

The mites that cause scabies only survive for 24 to 36 hours once they are no longer in contact with the skin; however, they may survive longer in colder conditions. As a result, scabies tends to be more common in the winter than in the summer.

Although uncommon, it is possible for a person to get scabies by wearing or handling heavily infected clothing, or sleeping in an unchanged bed recently occupied by an infected individual.

Animals can also become infected with scabies (a condition called mange), although animals are affected by a different type of mite. This mite can tunnel under the skin and cause itching in humans, but it does not reproduce and does not require treatment because symptoms resolve when the mite dies (usually within a few days). People who suspect that their pet has mange should have the animal evaluated by a veterinarian. Getting the proper treatment for the pet will prevent new mites from infecting the human.

### SCABIES SYMPTOMS

The primary symptom of scabies is widespread itching, which may be severe and is usually worse at night. Scabies also causes visible lesions (reddish bumps or blisters) on the skin; however, these are often very small and can be difficult to see. These bumps or blisters if you scratch frequently.

A person may also notice a "burrow" or tunnel sign, a thin, visible line in the skin that extends from 2 to 15 millimeters (0.08 to 0.6 inches). Although not everyone with scabies has visible burrows, the presence of such marks strongly suggests scabies.

The following parts of the body are more likely than others to be affected by scabies

- The fingers and webbing between the fingers
- The skin folds around the wrists, elbows, and knees
- The armpits
- The area surrounding the nipples (particularly in women)
- The waist
- The male genitalia (penis and scrotum)
- The lower buttocks and upper thighs
- The sides and bottoms of the feet

The back is usually not affected, nor is the head.

Scabies lesions can become more irritated and inflamed with scratching, which may lead to infection.

## **SCABIES MANAGEMENT**

### **Getting rid of mites**

The most commonly used treatment for scabies is a topical (cream) medication such as permethrin 5% cream (Elimite). Permethrin is applied to all areas of the skin from the neck to the feet and is washed off in a shower or bath after 8 to 14 hours. This should be repeated after one week. An oral medication (ivermectin) is available but cannot be used in pregnant or lactating women or small children. Permethrin is safer than oral ivermectin or other creams and is usually the preferred treatment.

In order for any treatment to be successful, it must be used correctly. Creams or lotions must be applied carefully to cover all skin from the neck down, and rinsed off according to instructions.

### **Treat Household Members**

In some cases, household members (family, roommates or housemates) and close contacts of a person with symptoms need treatment for scabies, even if there are no symptoms, to avoid a repeating cycle of infection.

Although scabies is less frequently spread by touching the clothing or bedsheets of an infected person, it is still a good idea to wash or isolate any clothing, bedding, towels, pajamas, or underwear that the person has touched within three days before treatment. It is not usually necessary to wash other items. Reasonable options for eliminating mites from these items include placing them in plastic bags for at least five days, machine washing and then ironing or drying in an electric dryer on the hot setting, or dry cleaning.

Crusted scabies is more likely to be spread through shared clothing or objects than typical scabies.

### **Relieving itching**

Antihistamines may help to control itching. Non-sedating antihistamines, such as (loratadine/Claritin) (cetirizine/Zyrtec), fexofenadine/Allegra are generally recommended during the day while sedating antihistamines (eg, diphenhydramine/Benadryl) can help to control itching and improve sleep at night. Avoiding long, hot showers or baths is recommended as they tend to strip the skin of natural oils. Applying moisturizers after showering lessens dry skin and helps lessen itching.

Itching may persist for several weeks after mites are eliminated; a steroid cream or a course of oral glucocorticoids may be recommended if itching is severe. If symptoms persist or become worse, the person may have become re-infected.

### **Treating secondary bacterial infection**

The skin usually heals without difficulty after mites are treated. Keeping the skin clean and dry and avoiding scratching can help to prevent infection. However, if signs of a skin infection develop (eg, redness, swelling, pus, pain), oral antibiotics are generally recommended.

### **Return to work/class**

You can usually return to class and work after one treatment for scabies. Classmates, professors and coworkers do not usually need to be treated unless there are signs or symptoms of scabies infection.