

PUBLIC HEALTH FACT SHEET

SCABIES

What you need to know

What is scabies?

Human scabies is caused by an infestation of the skin by the human itch mite (*Sarcoptes scabiei* var. *hominis*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs.

What are the symptoms?

- The most common symptoms of scabies are intense itching (usually worse at night) and a pimple-like skin rash.
- The rash also can include tiny blisters (vesicles) and scales. Scratching the rash can cause skin sores; sometimes these sores become infected by bacteria.
- Tiny burrows sometimes are seen on the skin. They are found most often in the webbing between the fingers, in the skin folds on the wrist, elbow, or knee, and on the penis, breast, or shoulder blades.
- Persons with crusted scabies may not show the usual signs and symptoms of scabies such as the characteristic rash or itching (pruritus).

How is it spread?

The scabies mite usually is spread by direct, prolonged, skin-to-skin contact with a person who has scabies. The mite does not jump and does not survive long in clothing (underclothes) or linens (bed sheets). An infected person can spread scabies even if he or she has no symptoms. Humans are the source of infestation; animals do not spread human scabies.

Scabies occurs worldwide and affects people of all races and social classes. Scabies can spread rapidly under crowded conditions where close body contact is frequent. Institutions such as nursing homes, extended-care facilities, and prisons are often sites of scabies outbreaks.

How is scabies diagnosed?

Recommend parents/guardians to call their healthcare providers if they suspect scabies in their household members. A skin scraping examined under a microscope for mites, eggs, or mite fecal matter (scybala).

How long after exposure do symptoms first begin?

Two to six weeks from the first exposure; one to four days if re-exposed.

Persons at risk

Scabies can be passed easily by an infested person to his or her household members and sexual partners. Scabies in adults frequently is sexually acquired.

Treatment

Products used to treat scabies are called *scabicides* because they kill scabies mites; some also kill mite eggs. Scabicides used to treat human scabies are available only with a doctor's prescription. **No “over-the-counter” (non-prescription) products have been tested and approved to treat scabies.** The instructions contained in the box or printed on the label always should be followed carefully. Always contact a doctor or pharmacist if unsure how to use a particular medicine.

In addition to the infested person, treatment also is recommended for household members and sexual contacts, particularly those who have had prolonged direct skin-to-skin contact with the infested person. All persons should be treated at the same time to prevent reinfestation.

Bedding, clothing, and towels used by infested persons or their household, sexual, and close contacts (as defined above) anytime during the three days before treatment should be decontaminated by washing in hot water and drying in a hot dryer, by dry-cleaning, or by sealing in a plastic bag for at least 72 hours. Scabies mites generally do not survive more than 2 to 3 days away from human skin.

Because the symptoms of scabies are due to a hypersensitivity reaction (allergy) to mites and their feces (scybala), itching still may continue for several weeks after treatment even if all the mites and eggs are killed. If itching still is present more than 2 to 4 weeks after treatment or if new burrows or pimple-like rash lesions continue to appear, retreatment may be necessary.

Skin sores that become infected should be treated with an appropriate antibiotic prescribed by a doctor.

Use of insecticide sprays and fumigants is not recommended.

Prevention & Control

Scabies is prevented by avoiding direct skin-to-skin contact with an infested person or with items such as clothing or bedding used by an infested person.

Items that cannot be dry-cleaned or laundered can be disinfested by storing in a closed plastic bag for several days to a week.

Children and adults usually can return to child care, school, or work the day after treatment.

Persons with crusted scabies and their close contacts, including household members, should be treated rapidly and aggressively to avoid outbreaks. Institutional outbreaks can be difficult to control and require a rapid, aggressive, and sustained response.

Rooms used by a patient with crusted scabies should be thoroughly cleaned and vacuumed after use. Environmental disinfestation using pesticide sprays or fogs generally is unnecessary and is discouraged.

For more information, call (816) 325-7204

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