Guidance for Mitigation of Scabies in Community Congregate Settings

Background

Scabies is caused by an infestation of the skin by the human itch mite. These mites are microscopic and burrow into the upper layer of the skin where it lives and lays eggs. Scabies can be found worldwide and across all races and social classes. The spread of the scabies mite is through direct, prolonged, skin-to-skin contact with a person who has scabies. Scabies can be treated with medicated lotions or creams that are prescribed by a medical provider for those who are infested with scabies and for those who are identified as close contacts to the case.

Clinical onset of Scabies

Symptoms Associated with Scabies:

Symptoms of scabies include intense itching (pruritus), especially at night, and a pimple-like (papular) itchy rash. The itching may affect much of the body or be limited to common sites such as the wrist, elbow, armpit, and webbing between fingers, nipple, penis, waist, belt-line, and buttocks. The rash can also include blisters and scales. In instances where intense scratching causes skin sores, these sores can become infected with bacteria. Additionally, tiny burrows sometimes can be seen on the skin; these are caused by female scabies mites tunneling just beneath the surface of the skin. More information on the symptoms of scabies can be found here.

How long does it take from exposure to onset of symptoms?

For primary (or first) infestations, symptoms occur as soon as 10 days but is typically 4-6 weeks and up to 8 weeks from exposure. Because of previous infection, symptoms for guests with reinfestations usually appear in 1-3 days following a repeat exposure.

Risk Factors Associated with Contracting Scabies:

Scabies can be passed easily by an infected person to his or her household members and sexual partners.
Scabies in adults is frequently acquired through sexual contact. Scabies can spread easily under crowded conditions where close body and skin contact is common. Scabies outbreaks in congregate settings, including shelters, can spread rapidly without proper mitigation. More information on risk factors associated with scabies can be found here.

Some immunocompromised, elderly, disabled, or debilitated persons are at high risk of a severe form of scabies called crusted, or Norwegian, scabies. Persons with crusted scabies have thick crusted skin that contains large numbers of scabies mites and eggs. The mites in crusted scabies are not more virulent than in non-crusted scabies; however, they are more numerous. In those who have crusted scabies, they are able to shed more mites that can

contaminate clothing, bedding, and furniture. Persons with crusted scabies should receive quick, aggressive medical treatment for their infestation to prevent outbreaks of scabies.

Immediate Next Steps for Case Treatment and Monitoring:

Upon the identification of symptoms consistent with scabies:

1. Have the guest cover all rashes and exposed skin, (when possible) move them to an area where they will not have any direct contact with others and notify medical providers regarding clinical symptoms immediately.
2. The medical provider should conduct a physical exam and confirm the diagnosis of scabies before starting the guest on a scabicide treatment. Treatment is not available "over-the-counter" and must be prescribed.
3. Notify your CDPH shelter-settings team regarding the probable/confirmed case of scabies immediately for guidance.
4. Bedding and clothing used by the confirmed case 3 days prior to treatment should be bagged and machine washed and dried using **hot** water and dryer cycles.
5. All staff who must come into contact with the case or their belongings should follow contact precautions, wear a gown and gloves, and preform hand hygiene before and after contact has occurred. Properly dispose of PPE in a closed bag upon exiting the room.

Isolation of a confirmed case of scabies should take place for the duration of treatment or until the medical provider has deemed the case no longer infectious. If keeping the guest in a single occupancy room is not possible, physically distance them from other guests and be careful not to allow contact with contaminated bedding and belongings. It is important for guests to follow the instructions for use of the scabicide appropriately and that clean clothing is worn after the scabicide has been applied. Itching can continue for several weeks after treatment even if mites and eggs are all killed. If itching is still present 2-4 weeks after treatment or new burrows are identified, retreatment may be necessary.

Identification of Close Contacts to the Case of Scabies:

Contact tracing within the shelter should take place after the identification of a guest with scabies in order to
determine extent of exposure and who else may require treatment. Both sexual and close personal contacts that have been identified as having had close, skin-to-skin contact with the case **within the preceding month** should be examined by medical staff and treated with a scabicide to prevent an outbreak of scabies in the shelter. Everyone who is considered a close contact should be treated at the same time to prevent infestations.

Contact Information when Responding to a Case of Scabies:

After the identification of a probable/confirmed case of scabies, notify your CDPH contact, LCO/Community Medical Provider, and internal administration immediately. Below is a list of contacts:

Organization	Email	
Community Congregate Settings--CDPH	**Reporting link:** https://redcap.link/specpopreport	**Contact Us:** specialpops@cityofchicago.org
LCO	**Lawndale Christian Health Center** sheltercare@lawndale.org	**Heartland Alliance Health** sheltercare@heartlandalliance.org

More information on scabies can be found here:
https://www.cdc.gov/parasites/scabies/index.html