CHICAGO

COVID-19
Chicago Long Term Care Roundtable

4.24.25

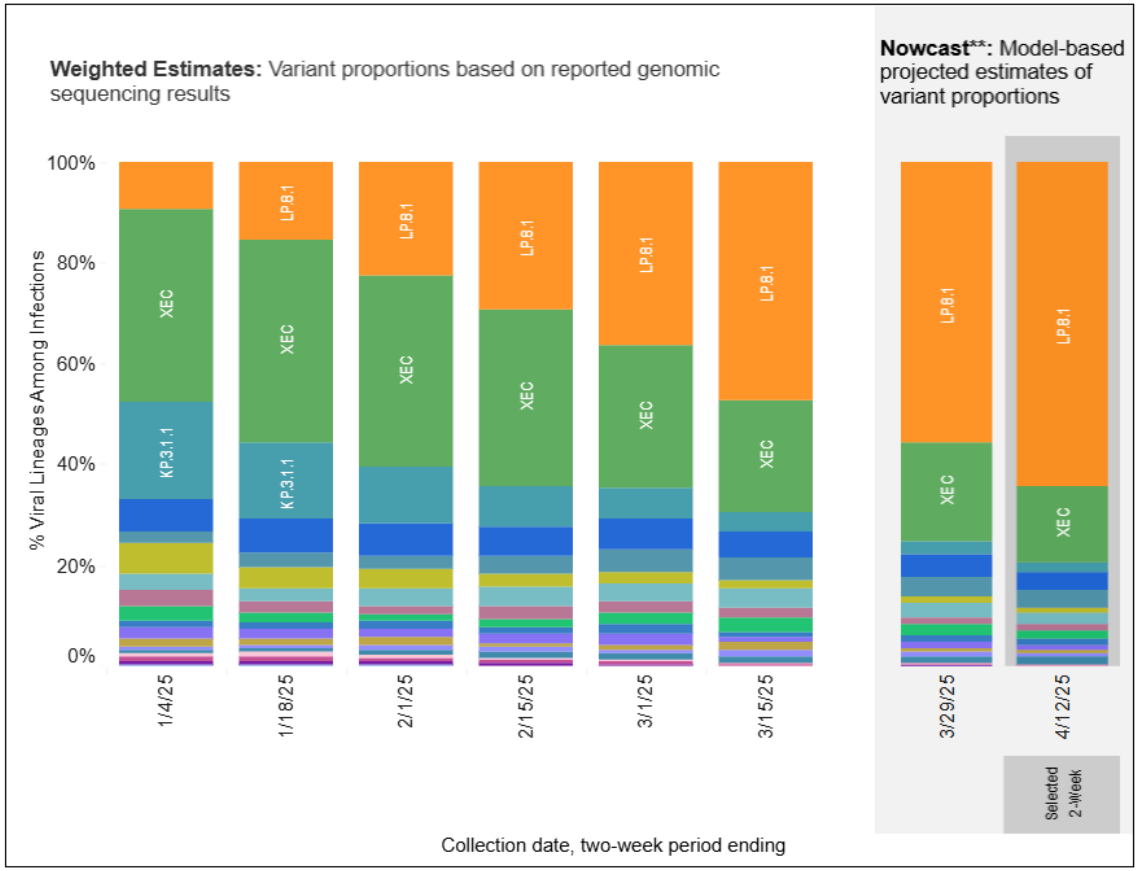
Agenda

- Respiratory Disease Epi & Surveillance
- Measles Reminders
- Scabies Overview
- AWARE Project
- Questions & Answers

COVID-19 Variant Proportions

Weighted and Nowcast Estimates in United States for 2-Week Periods in 12/22/2024 – 4/12/2025

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



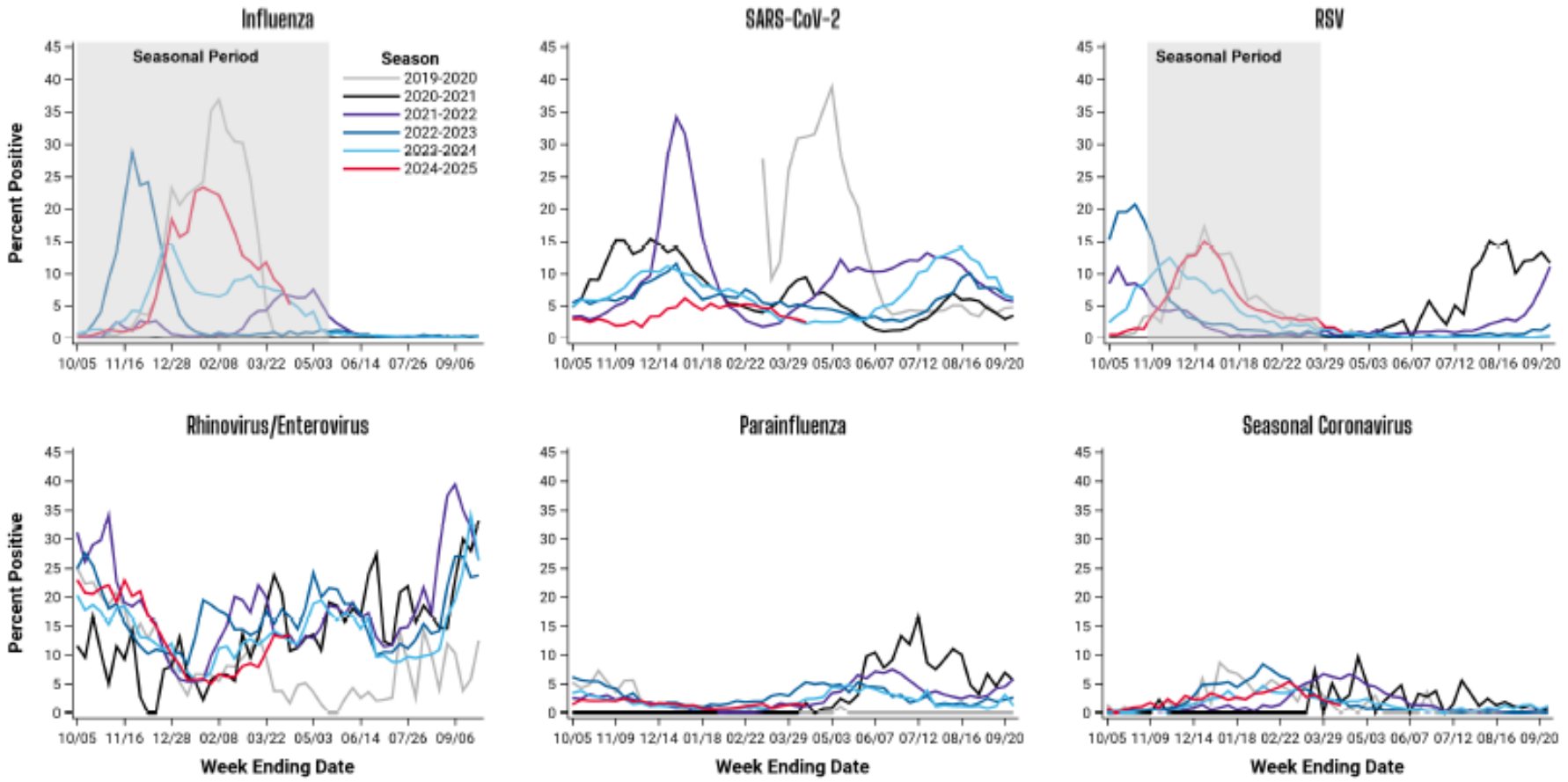
Nowcast Estimates in United States for 3/30/2025 – 4/12/2025

USA

WHO label	Lineage #	%Total	95%PI
Omicron	LP.8.1	64%	59–70%
	XEC	15%	12–18%
	MC.10.1	4%	1–9%
	LF.7	4%	2–7%
	LB.1.3.1	2%	1–4%
	KP.3.1.1	2%	1–3%
	XEC.4	2%	1–3%
	MC.28.1	1%	1–3%
	MC.19	1%	1–2%
	KP.3	1%	1–2%
	XEQ	1%	0–2%
	MC.1	1%	1–1%
	LF.7.2.1	1%	0–2%
	XEK	1%	0–1%
	JN.1.16	0%	0–1%
	JN.1	0%	NA

Source: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative



Source: Chicago Respiratory Virus Weekly Surveillance Report

Chicago Respiratory Virus Surveillance Report – Seasonal Trends

	Week Ending April 12, 2025		Since September 29, 2024	
Respiratory Pathogen	# Tested	% Positive	# Tested	% Positive
Influenza*	2,260	5.2	104,084	11.5
RSV*	1,669	0.9	83,347	5.9
SARS-CoV-2*	1,718	2.5	84,851	4.1
Parainfluenza	1,518	1.3	56,652	1.5
Rhinovirus/Enterovirus	603	13.4	29,996	12.7
Adenovirus	603	3.6	29,968	1.7
Human Metapneumovirus	609	5.4	30,392	1.1
Seasonal Coronaviruses†	1,512	1.3	46,910	2.7

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.

Source: Chicago Respiratory Virus Weekly Surveillance Report

Current U.S. Measles Outbreaks

U.S. Cases in 2025

Total cases

800

Age
Under 5 years: **249 (31%)**
5-19 years: **304 (38%)**
20+ years: **231 (29%)**
Age unknown: **16 (2%)**

Vaccination Status
Unvaccinated or Unknown: **96%**
One MMR dose: **1%**
Two MMR doses: **2%**

U.S. Hospitalizations in 2025

11%

11% of cases hospitalized (85 of 800).

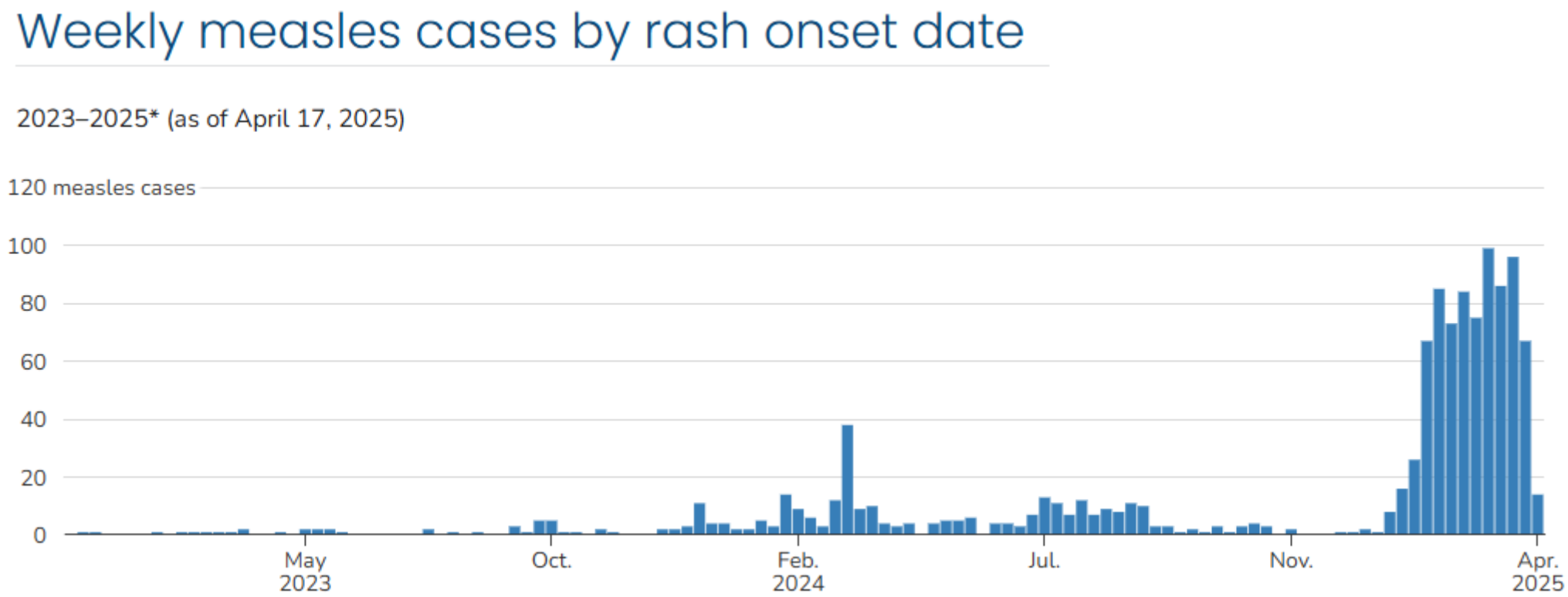
Percent of Age Group Hospitalized
Under 5 years: **19% (47 of 249)**
5-19 years: **7% (21 of 304)**
20+ years: **6% (15 of 231)**
Age unknown: **13% (2 of 16)**

U.S. Deaths in 2025

3

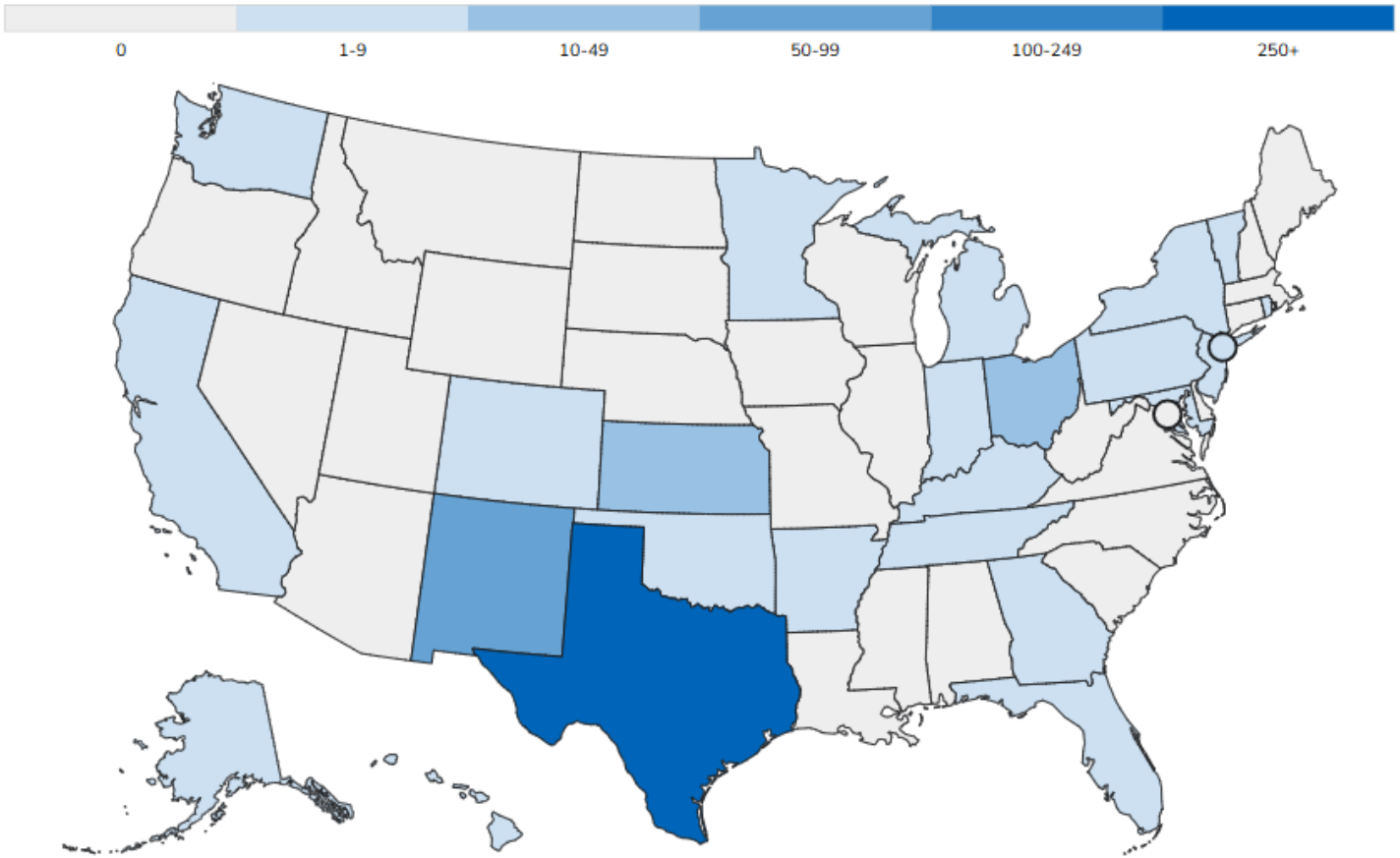
Source: https://www.cdc.gov/measles/data-research/index.html

U.S. Measles Cases by Week, 2003-2005



Source: https://www.cdc.gov/measles/data-research/index.html

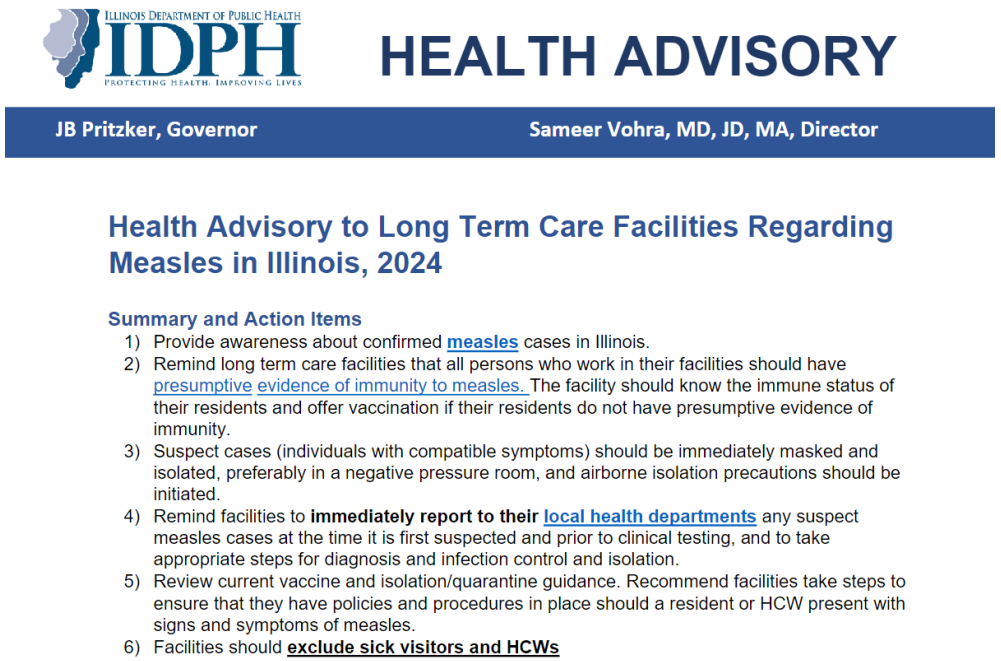
2025 Measles Cases by State



Source: https://www.cdc.gov/measles/data-research/index.html

Health Advisory for Long Term Care Facilities Regarding Measles

- IDPH released a SIREN alert last year which provides information on guidance related to measles in long-term care facilities, including:
  - Prevention
  - Diagnosis and Treatment
  - Reporting
  - Transmission
  - Infection Prevention Precautions
  - Additional Resources



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

HEALTH ADVISORY

JB Pritzker, Governor | Sameer Vohra, MD, JD, MA, Director

Health Advisory to Long Term Care Facilities Regarding Measles in Illinois, 2024

Summary and Action Items

1) Provide awareness about confirmed measles cases in Illinois.
2) Remind long term care facilities that all persons who work in their facilities should have presumptive evidence of immunity to measles. The facility should know the immune status of their residents and offer vaccination if their residents do not have presumptive evidence of immunity.
3) Suspect cases (individuals with compatible symptoms) should be immediately masked and isolated, preferably in a negative pressure room, and airborne isolation precautions should be initiated.
4) Remind facilities to **immediately report to their** local health departments any suspect measles cases at the time it is first suspected and prior to clinical testing, and to take appropriate steps for diagnosis and infection control and isolation.
5) Review current vaccine and isolation/quarantine guidance. Recommend facilities take steps to ensure that they have policies and procedures in place should a resident or HCW present with signs and symptoms of measles.
6) Facilities should **exclude sick visitors and HCWs**

Presumptive Evidence of Measles Immunity

- At least one of the following must be true:
  - Written documentation of 2 doses of live measles or MMR vaccine administered at least 28 days apart
  - Laboratory evidence of immunity (positive serum IgG)
  - Laboratory confirmation of previous measles disease
  - Birth before 1957

Resident Vaccination Records

- For residents born after 1957 without written documentation of receipt of two measles or MMR vaccines, facilities with access to ICARE can search the registry to see if the resident has documented MMR shots.

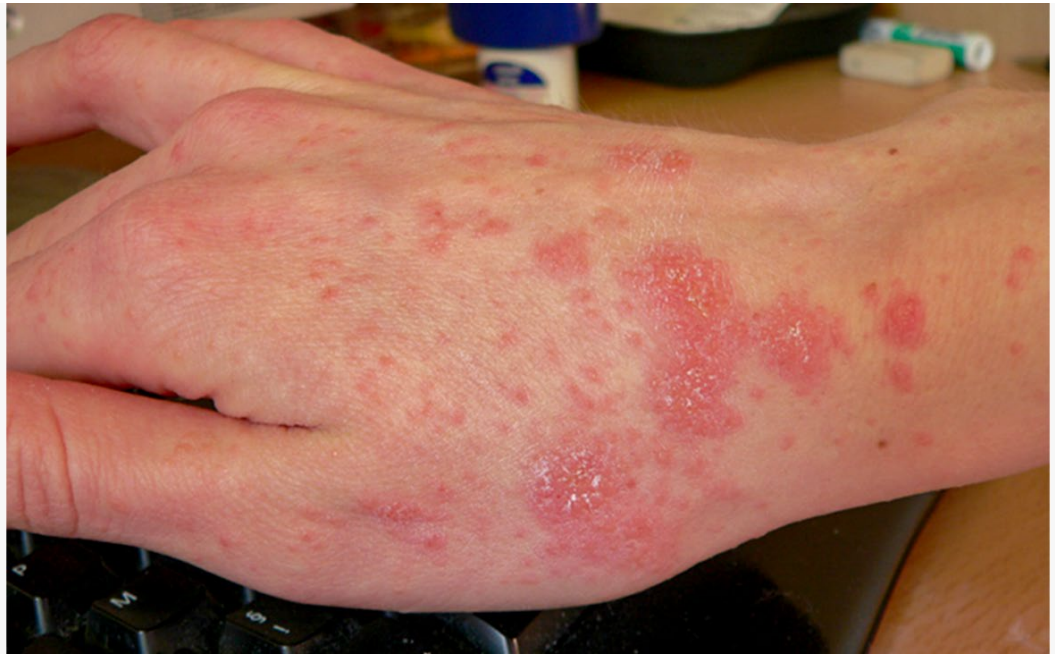
- Under Section 300.650 of the IL Administrative Code, "facilities shall maintain a confidential medical file for each employee that shall contain health records, including the employee's vaccination and testing records…"
  - Staff can request their own vaccination records using VaxVerify.
  - Facilities are **NOT** permitted to use ICARE to look up staff vaccination records.

Recommendations

- Assess immunization records for all staff and residents (unless residents were born before 1957)
- Offer vaccinations if possible
- Make a plan for what you will do if:
  - a staff member cannot find their vaccination records
  - a staff member tests positive
  - a resident tests positive
  - a staff member without documented immunity is exposed to a case (e.g., a household member who has measles)

Scabies 101

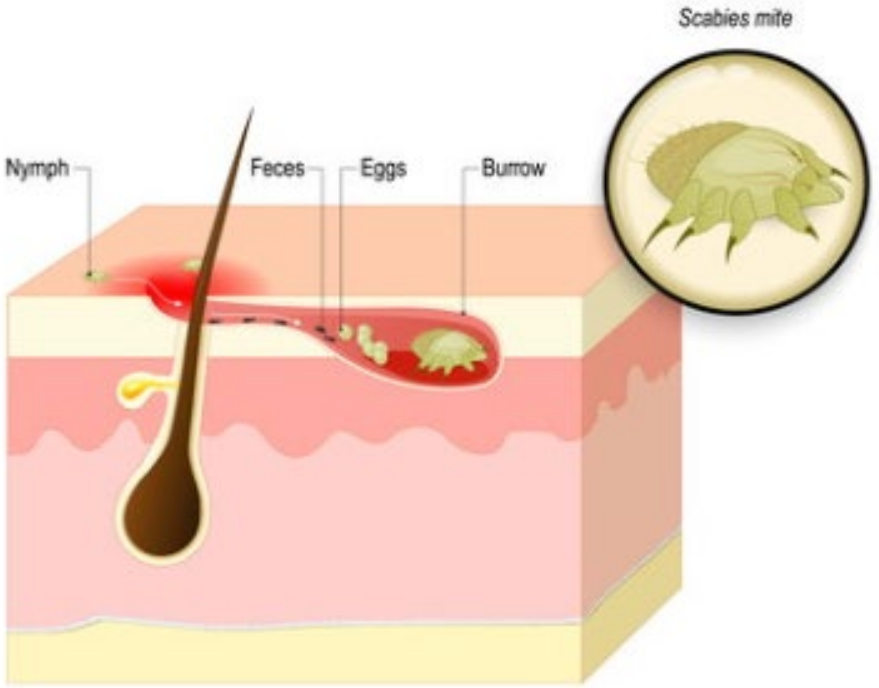
- Scabies is a skin infestation caused by the *Sarcoptes scabei* mite
  - Typical scabies infestations involve <50 mites on the skin at any given time
- Spread from person to person via direct contact or by indirect contact with contaminated items
- Incubation period can be as long as 2-6 weeks
  - Those who have had previous exposure to scabies generally have much shorter incubation periods



Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf

Scabies 101

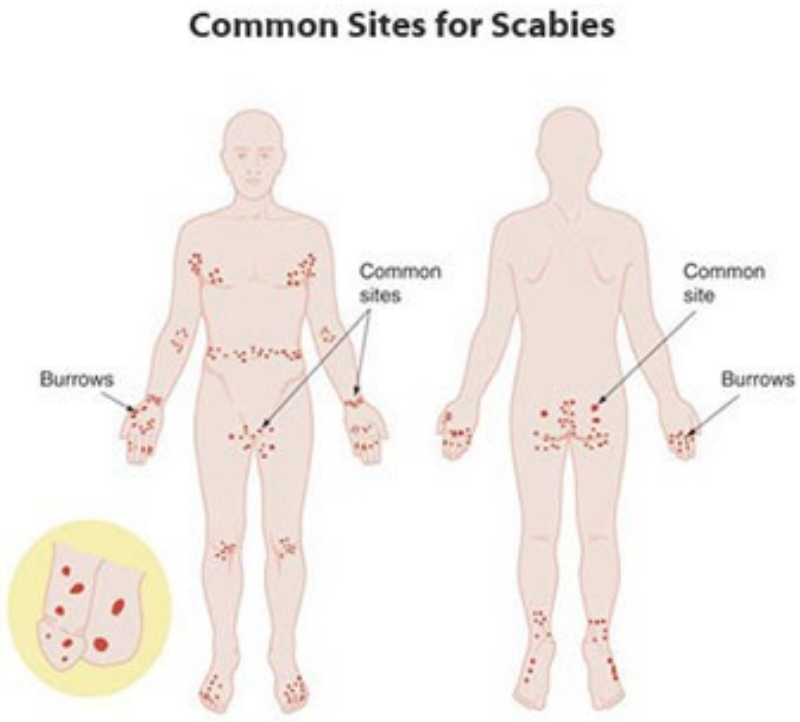
- Mites reproduce on the skin's surface and then burrow into the skin to lay eggs
  - An adult female mite can walk on the skin at a rate of one inch per minute and can burrow beneath the skin's surface in two and a half minutes
- Without treatment, mites can live on skin for months
- Off the human body, mites typically do not survive more than 48-72 hours



Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf

Scabies 101

- Symptoms include a pimple-like a rash and intense itching that usually gets worse at night
- Commonly impacted areas include the hands, wrists, elbows, axilla, abdomen, genitals, buttocks, knees, and toes
- Scratching the infected area can lead to secondary bacterial infections



Source: https://www.youtube.com/watch?v=W3bSvAEQxJA

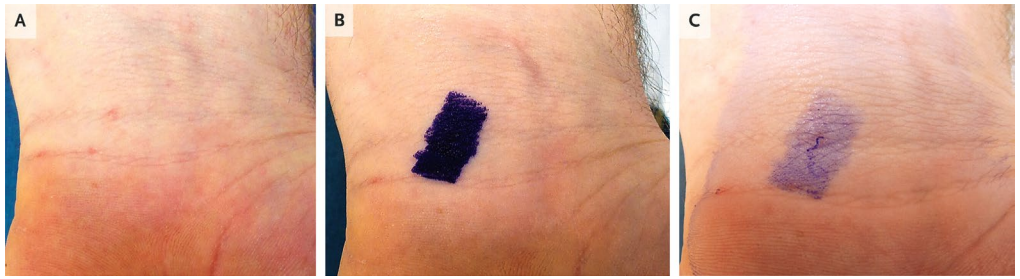
Norwegian Crusted Scabies

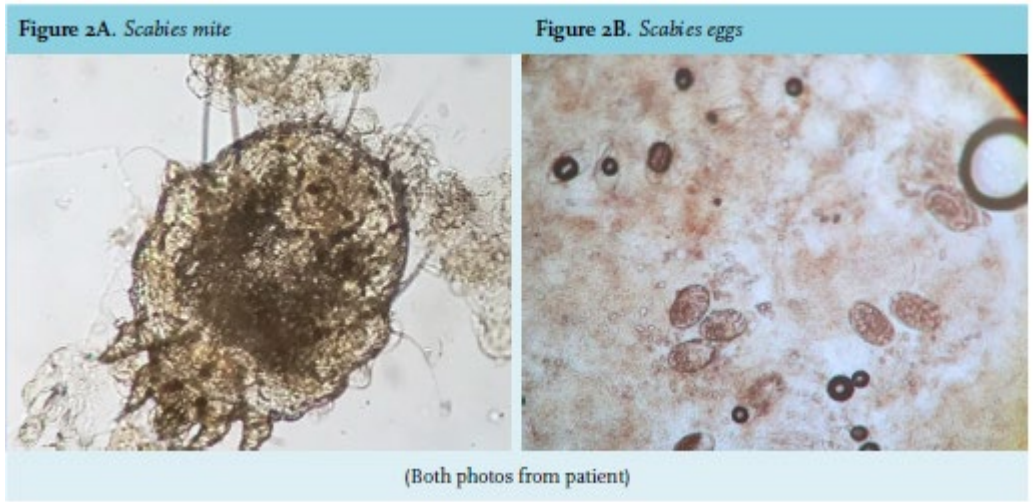
- Norwegian scabies is a more severe form of scabies with a larger number of mites (up to 2 million)
- Due to the volume of mites, Norwegian scabies is much more contagious than typical scabies
- Treatment should be rapid and aggressive to prevent spread to others

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf

Diagnosis

- Often diagnosed by healthcare providers via physical examination
- Ink test can be used to visualize scabies burrows
- Skin scrapings can be used to confirm the diagnosis
  - Uses a microscope to look for mites, eggs, or fecal material
- Can also be diagnosed via a skin biopsy or PCR test





Source: https://www.nejm.org/doi/full/10.1056/NEJMicm2216654; https://njmonline.nl/article_ft.php?a=2114&d=1384&i=225; https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf

Treatment

- For classic scabies, use one or more of the following:
  - Permethrin cream 5% (e.g., Elimite)
  - Crotamiton lotion or cream 10% (e.g., Eurax, Crotan)
  - Sulfur ointment 5-10%
  - Lindane lotion 1% (not recommended as a first-line therapy)
  - Ivermectin (oral)

- For Norwegian crusted scabies, oral and topical agents should be used together:
  - Ivermectin (oral)
  - Permethrin cram 5%
  - Benzyl benzoate 25%
  - Keratolytic cream

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf; https://www.cdc.gov/scabies/hcp/clinical-care/index.html; https://www.cdc.gov/scabies/treatment/index.html

Treatment

- Fingernails and toenails should be trimmed prior to treatment
  - Mites can live under the fingernails
  - Having shorter nails can decrease the risk of secondary bacterial infections resulting from scratching

- An individual with scabies may need retreatment if:
  - Itching is present for more than 2-4 weeks after treatment and/or
  - New burrows appear and/or
  - New pimple-like rashes appear

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Recommended%20Actions%20and%20Rationale%20for%20Preventing%20the%20Transmission%20of%20Scabies%20in%20Healthcare%20and%20Residential%20Facilities.pdf

Treatment Options during an Outbreak

- **Selective or limited treatment**: treating symptomatic cases and *known* contacts

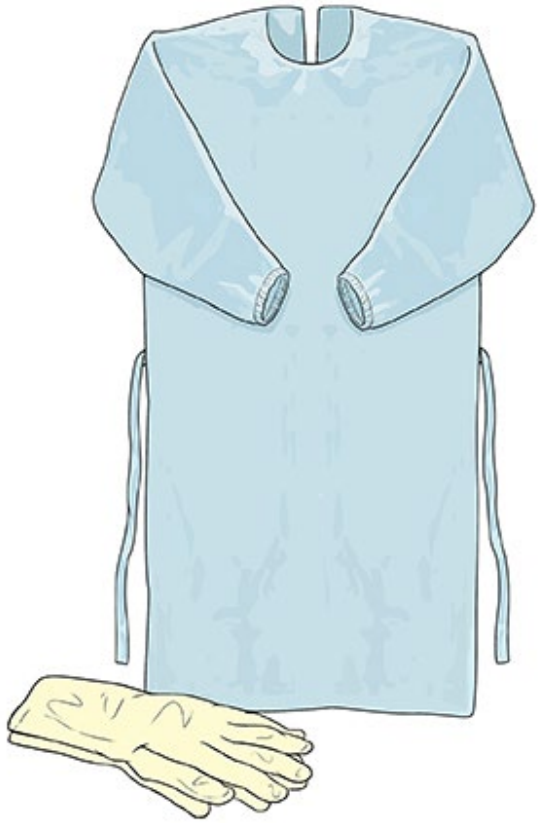
- **Mass prophylaxis**: treating symptomatic cases and all *possible* contacts, including asymptomatic residents, staff, volunteers, and visitors
  - Could also use limited mass prophylaxis (e.g., treating everyone on a particular unit), but that should only be considered when there is strong epidemiological evidence that the outbreak is limited to a specific unit, area, or department in a facility.

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf; https://www.healthwarehouse.com/permethrin-5-cream-60gm?srsltid=AfmBOooge8aik3aGtwQUHhsOFmon8jTpqUjJSK0ev1cGe7yGX_TiXBFMd_A

Mass Prophylaxis Treatment Schedule

- All those included in the treatment schedule should be treated in the same 24-hour treatment period
  - Residents should be treated in the morning during the day shift

- Healthcare workers should wear gowns and gloves for ALL resident contact (regardless of whether the resident is on precautions) during the 24-hour treatment period



Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf; https://www.saintlukeskc.org/health-library/standard-precautions-gloves-and-other-ppe

Isolation

- Residents with typical scabies should be isolated under contact precautions for 24 hours following appropriate treatment
- Residents with Norwegian scabies should be isolated under contact precautions until after a second treatment *and* until skin scrapings are negative on three consecutive days or the signs and symptoms of infestation have resolved
- Isolation is **not** required for asymptomatic close contacts who are being treated prophylactically

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf

Work Restrictions

- Staff with scabies can return to work the morning following overnight treatment with 5% permethrin cream

- Disposable gloves should be used for 2-3 days by symptomatic staff who provide hands-on care to patients

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf; https://www.5stoday.com/stop-do-not-enter-sign/

Environmental Cleaning & Laundry

- All bed linens, towels, and clothes used in the 3 days prior to treatment should be:
  - Placed in a plastic bag inside the resident's room ***and***
  - Handled by gowned and gloved laundry workers ***and***
  - Laundered at 122° F ***and***
  - Dried in the hot cycle of a clothes dryer for at least 10-20 minutes

- Non-washable items (e.g., plush toys) should be:
  - Placed in a plastic bag for seven days ***or***
  - Dry cleaned ***or***
  - Tumbled in a hot clothes dryer for 20 minutes

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf; https://www.thezoofactory.com/thanking-those-on-the-front-lines-stuffed-animals-for-health-care-workers/

Environmental Cleaning & Laundry

- Mattresses, pillows, upholstered furniture, floors, rugs, and carpeting should be vacuumed on the day of treatment and on the following day
- All bed linens, towels, and clothes should be changed daily during the treatment period
- Re-washing clean clothing that has not been worn is not necessary

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf; https://www.kaercher.com/us/commercial/industry-solutions/hospitals.html

Environmental Cleaning & Laundry

- Potentially contaminated multiple use items skin creams, lotions, and ointments should be discarded prior to treatment

- Routine disinfection of surfaces and equipment with the facility's normal disinfectant product is adequate
  - *Exception*: Shared equipment including activity tables, shower chairs, commodes, wheelchairs, and therapy mats should be cleaned on the day of treatment with an approved phenolic disinfectant or QUAT.

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf; https://www.statnews.com/2016/06/23/nursing-homes-fade-baby-boomers-age/

Reporting

- Individual cases of scabies are not reportable in Illinois, but you must report scabies ***outbreaks***

Definition of a Scabies Outbreak:

SUSPECT scabies outbreak:

- TWO or more symptomatic persons with epi-linked exposure AND
- None of the affected persons are diagnosed with Norwegian/crusted scabies

AND

- Only ONE person is skin scraping positive, OR
- Healthcare provider diagnosis of scabies (either skin scraping is not performed or skin scraping performed with negative results) AND scabicide treatment is ordered for TWO or more persons.

CONFIRMED scabies outbreak:

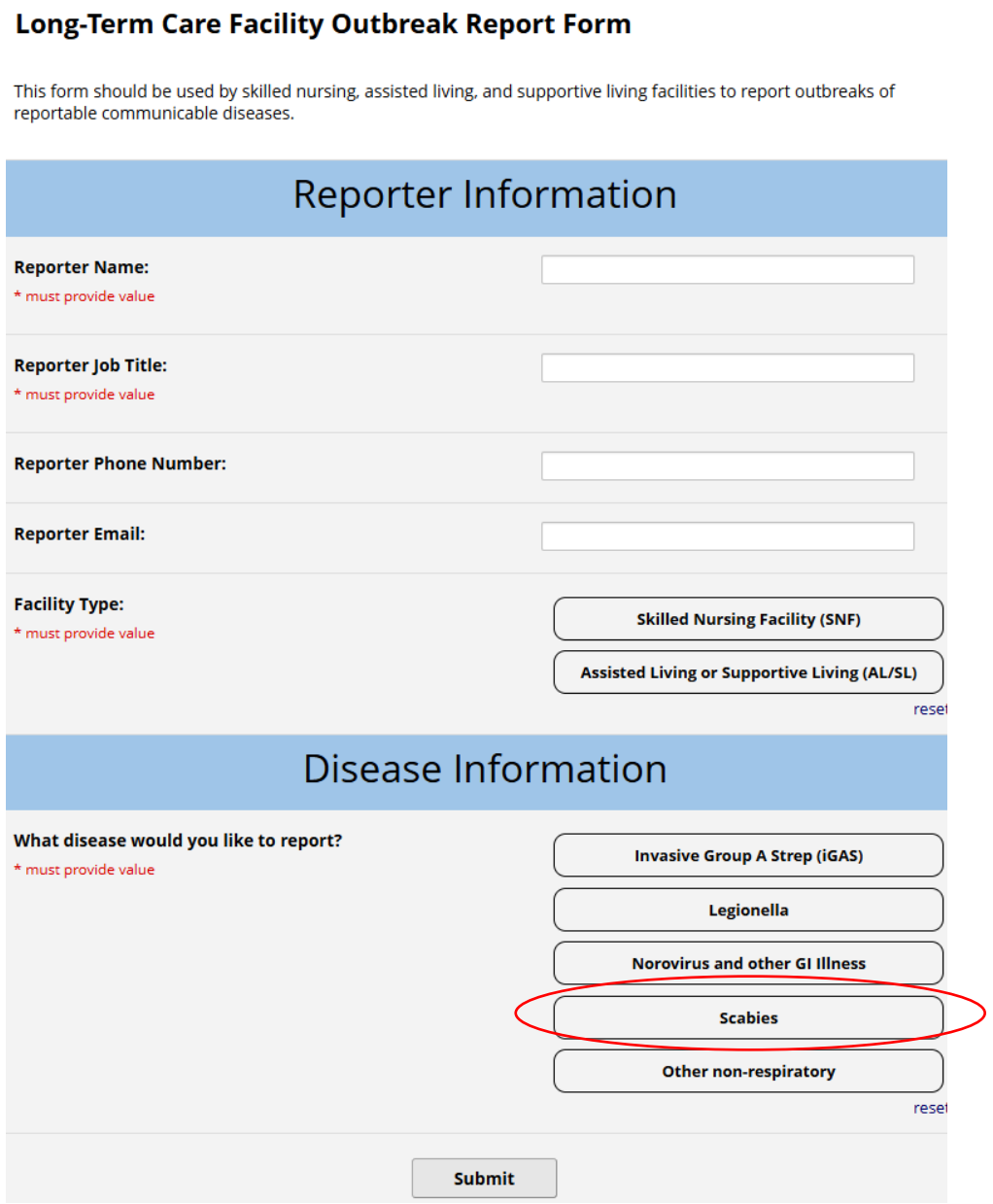
- ONE case of healthcare provider diagnosed Norwegian (crusted) scabies, OR
- TWO or more symptomatic persons with epi-linked exposure and at least TWO are skin scraping positive.

- A scabies outbreak of is considered over after twelve weeks with no new cases

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf

Reporting

- To report a scabies outbreak, please use the CDPH Long-Term Care Facility Outbreak Report Form



Long-Term Care Facility Outbreak Report Form

This form should be used by skilled nursing, assisted living, and supportive living facilities to report outbreaks of reportable communicable diseases.

Reporter Information

Reporter Name:
* must provide value

Reporter Job Title:
* must provide value

Reporter Phone Number:

Reporter Email:

Facility Type:
* must provide value

- Skilled Nursing Facility (SNF)
- Assisted Living or Supportive Living (AL/SL)

reset

Disease Information

What disease would you like to report?
* must provide value

- Invasive Group A Strep (iGAS)
- Legionella
- Norovirus and other GI Illness
- Scabies
- Other non-respiratory

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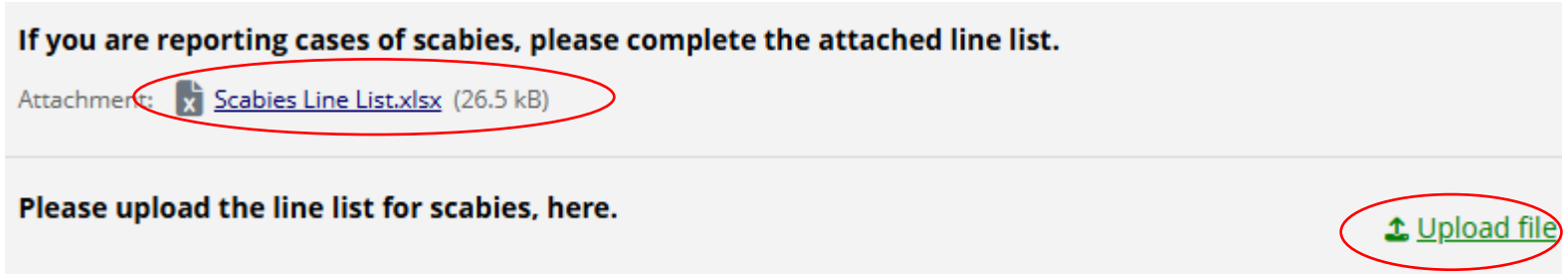
Submit

Source: https://redcap.dph.illinois.gov/surveys/?s=8LKFXJMTYNM7MLC4

Reporting

- When you click on "Scabies" as the disease you want to report, a pop-out will appear that has a link to a line list template

- Please download the template, fill it out, and then upload it back to the site using the "Upload file" link



Source: https://redcap.dph.illinois.gov/surveys/?s=8LKFXJMTYNM7MLC4

Reporting

Scabies Outbreak Line List

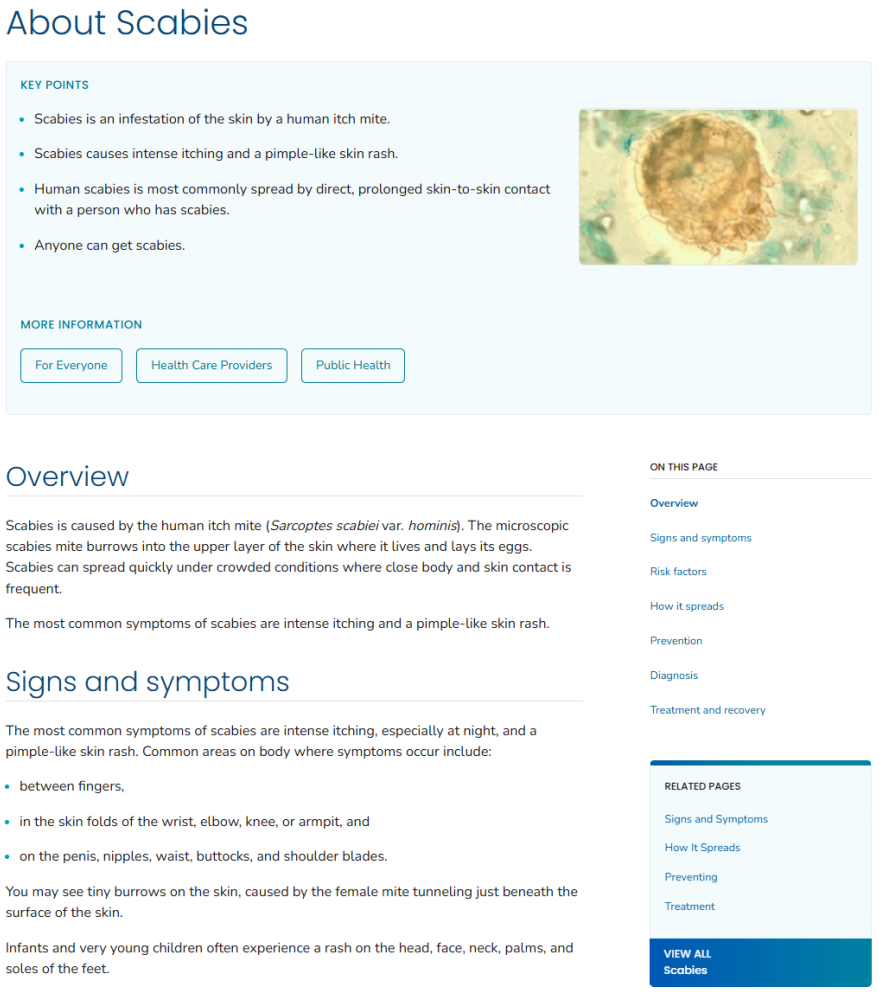
Name		Information				Symptoms			Diagnosis By: (*Answer All by Yes/No*)					Date Treatment Started		Date Treatment Started		Hospitalized		Additional Information (*Use Separate List if Necessary*)			
Last	First	Staff (S), Patient (P) or Visitor (V)	Was the Individual Immunocompromised Debilitated, or bedbound	DOB	Symptom Onset Date	Rash	Location	Pruritis	Date of Diagnosis	Skin Scraping Yes/No	MD Exam Yes/No	Other Yes/No	Was Diagnosis for Crusted Scabies Yes/No	Date	Product	Date	Product	Yes/No	Date	Close Contacts/ Relationship	Exposed to someone with Scabies	Ever Had Scabies before	Comments

Source: https://redcap.dph.illinois.gov/surveys/?s=8LKFXJMTYNM7MLC4

Resources

- CDC's General Scabies Website

- Sections include:
  - Signs and symptoms
  - Risk factors
  - Transmission
  - Prevention
  - Diagnosis
  - Treatment



About Scabies

KEY POINTS

- Scabies is an infestation of the skin by a human itch mite.
- Scabies causes intense itching and a pimple-like skin rash.
- Human scabies is most commonly spread by direct, prolonged skin-to-skin contact with a person who has scabies.
- Anyone can get scabies.

MORE INFORMATION

For Everyone | Health Care Providers | Public Health

Overview

Scabies is caused 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. Scabies can spread quickly under crowded conditions where close body and skin contact is frequent.

The most common symptoms of scabies are intense itching and a pimple-like skin rash.

Signs and symptoms

The most common symptoms of scabies are intense itching, especially at night, and a pimple-like skin rash. Common areas on body where symptoms occur include:

- between fingers,
- in the skin folds of the wrist, elbow, knee, or armpit, and
- on the penis, nipples, waist, buttocks, and shoulder blades.

You may see tiny burrows on the skin, caused by the female mite tunneling just beneath the surface of the skin.

Infants and very young children often experience a rash on the head, face, neck, palms, and soles of the feet.

ON THIS PAGE

Overview
Signs and symptoms
Risk factors
How it spreads
Prevention
Diagnosis
Treatment and recovery

RELATED PAGES

Signs and Symptoms
How It Spreads
Preventing
Treatment

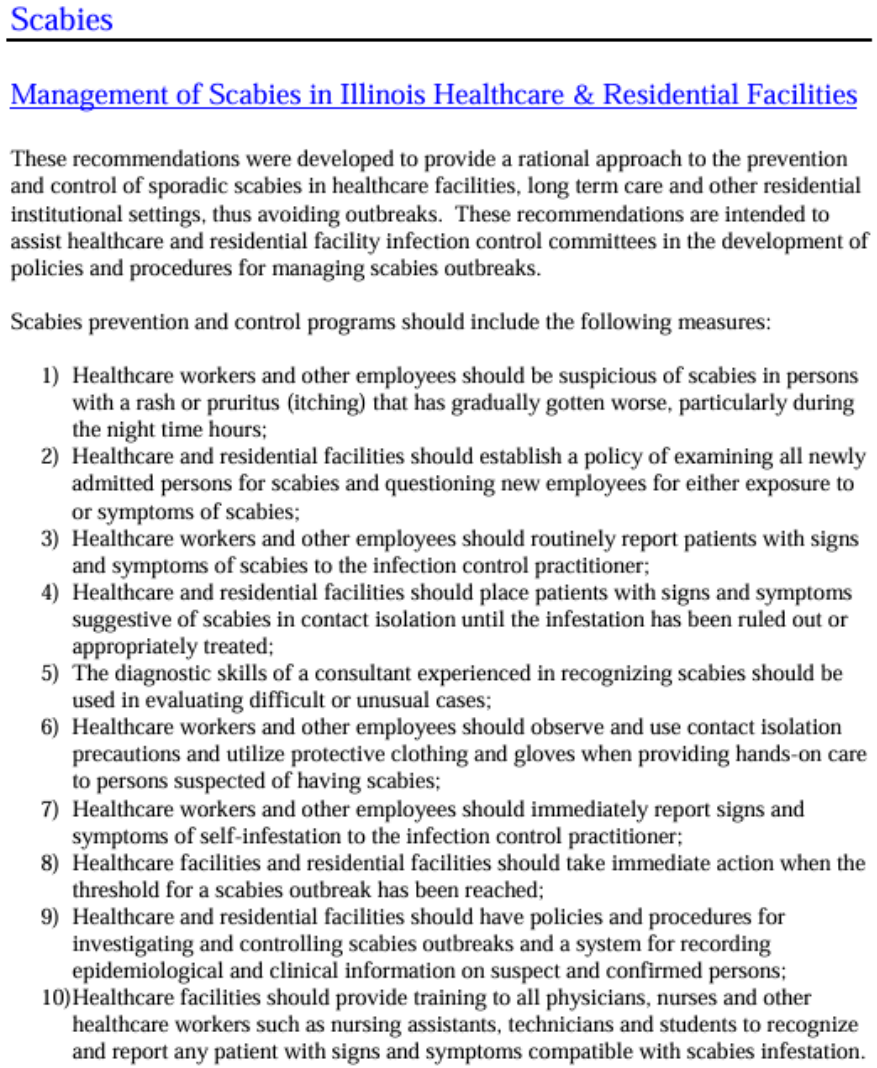
VIEW ALL Scabies

Source: https://www.cdc.gov/scabies/about/index.html

Resources

- IDPH Guidance Document for the Management of Scabies in Illinois Healthcare & Residential Facilities

- Sections include:
  - Transmission
  - Signs and Symptoms
  - Diagnosis
  - Treatment
  - Outbreak Control



Scabies

Management of Scabies in Illinois Healthcare & Residential Facilities

These recommendations were developed to provide a rational approach to the prevention and control of sporadic scabies in healthcare facilities, long term care and other residential institutional settings, thus avoiding outbreaks. These recommendations are intended to assist healthcare and residential facility infection control committees in the development of policies and procedures for managing scabies outbreaks.

Scabies prevention and control programs should include the following measures:

1) Healthcare workers and other employees should be suspicious of scabies in persons with a rash or pruritus (itching) that has gradually gotten worse, particularly during the night time hours;
2) Healthcare and residential facilities should establish a policy of examining all newly admitted persons for scabies and questioning new employees for either exposure to or symptoms of scabies;
3) Healthcare workers and other employees should routinely report patients with signs and symptoms of scabies to the infection control practitioner;
4) Healthcare and residential facilities should place patients with signs and symptoms suggestive of scabies in contact isolation until the infestation has been ruled out or appropriately treated;
5) The diagnostic skills of a consultant experienced in recognizing scabies should be used in evaluating difficult or unusual cases;
6) Healthcare workers and other employees should observe and use contact isolation precautions and utilize protective clothing and gloves when providing hands-on care to persons suspected of having scabies;
7) Healthcare workers and other employees should immediately report signs and symptoms of self-infestation to the infection control practitioner;
8) Healthcare facilities and residential facilities should take immediate action when the threshold for a scabies outbreak has been reached;
9) Healthcare and residential facilities should have policies and procedures for investigating and controlling scabies outbreaks and a system for recording epidemiological and clinical information on suspect and confirmed persons;
10) Healthcare facilities should provide training to all physicians, nurses and other healthcare workers such as nursing assistants, technicians and students to recognize and report any patient with signs and symptoms compatible with scabies infestation.

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Scabies%20Management%20in%20Illinois%20Healthcare%20and%20Residential%20Facilities.pdf

Resources

- IDPH Recommended Actions and Rationale for Preventing the Transmission of Scabies in Healthcare and Residential Facilities

- Sections on actions to take for residents, staff, and visitors

Table I: Recommended Actions and Rationale for Preventing the Transmission of Scabies in Healthcare and Residential Facilities

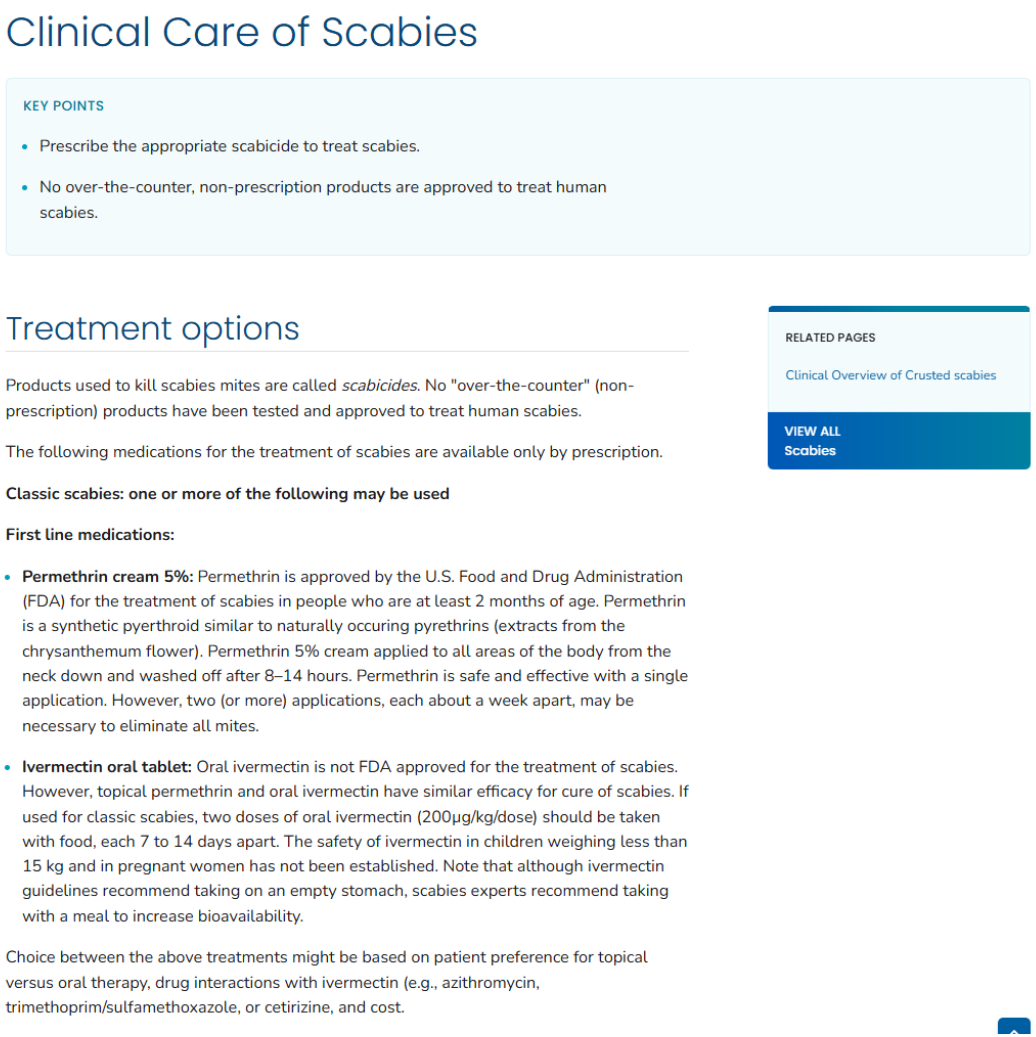
Residents

Action	Rationale
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.	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.
2. All linens (bed and bath) should be changed that day and the next day.	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.
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.	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.
4. Finger and toe nails should be trimmed prior to treatment.	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.
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.	5. Notification will decrease the risk of transmission to other facilities or the community.

Source: https://ilgov.sharepoint.com/sites/DPH-CD/CDAZ/Documents/Scabies/Recommended%20Actions%20and%20Rationale%20for%20Preventing%20the%20Transmission%20of%20Scabies%20in%20Healthcare%20and%20Residential%20Facilities.pdf

Resources

- CDC's Website for Clinical Care of Scabies
- Includes treatment guidance for classic scabies and crusted/Norwegian scabies



Clinical Care of Scabies

KEY POINTS

- Prescribe the appropriate scabicide to treat scabies.
- No over-the-counter, non-prescription products are approved to treat human scabies.

Treatment options

Products used to kill scabies mites are called *scabicides*. No "over-the-counter" (non-prescription) products have been tested and approved to treat human scabies.

The following medications for the treatment of scabies are available only by prescription.

Classic scabies: one or more of the following may be used

First line medications:

- **Permethrin cream 5%:** Permethrin is approved by the U.S. Food and Drug Administration (FDA) for the treatment of scabies in people who are at least 2 months of age. Permethrin is a synthetic pyerthroid similar to naturally occuring pyrethrins (extracts from the chrysanthemum flower). Permethrin 5% cream applied to all areas of the body from the neck down and washed off after 8–14 hours. Permethrin is safe and effective with a single application. However, two (or more) applications, each about a week apart, may be necessary to eliminate all mites.
- **Ivermectin oral tablet:** Oral ivermectin is not FDA approved for the treatment of scabies. However, topical permethrin and oral ivermectin have similar efficacy for cure of scabies. If used for classic scabies, two doses of oral ivermectin (200µg/kg/dose) should be taken with food, each 7 to 14 days apart. The safety of ivermectin in children weighing less than 15 kg and in pregnant women has not been established. Note that although ivermectin guidelines recommend taking on an empty stomach, scabies experts recommend taking with a meal to increase bioavailability.

Choice between the above treatments might be based on patient preference for topical versus oral therapy, drug interactions with ivermectin (e.g., azithromycin, trimethoprim/sulfamethoxazole, or cetirizine, and cost.

RELATED PAGES

Clinical Overview of Crusted scabies

VIEW ALL
Scabies

Source: https://www.cdc.gov/scabies/hcp/clinical-care/index.html

Resources

- CDPH Long-Term Care Facility HAN Webpage
- Includes many scabies-related resources in one convenient location
- Also has resources for other diseases/conditions including viral respiratory outbreaks, gastroenteritis, legionellosis, iGAS, and tuberculosis

Scabies

Scabies is an infestation of the skin by the human itch mite (Sarcoptes scabiei var. hominis). The most common symptoms of scabies are intense itching and a pimple-like skin rash. The scabies mite is spread by prolonged skin-to-skin contact with a person who has scabies. Symptoms occur 2–6 weeks after an initial infestation. For people who previously had scabies, symptoms appear much sooner, typically 1–4 days after exposure. Crusted scabies (Norwegian scabies) is a severe form of scabies that can occur in some persons who are immunocompromised, elderly, disabled, or debilitated. Persons with crusted scabies have thick crusts of skin that contain large numbers of scabies mites and eggs. Persons with crusted scabies are very contagious.

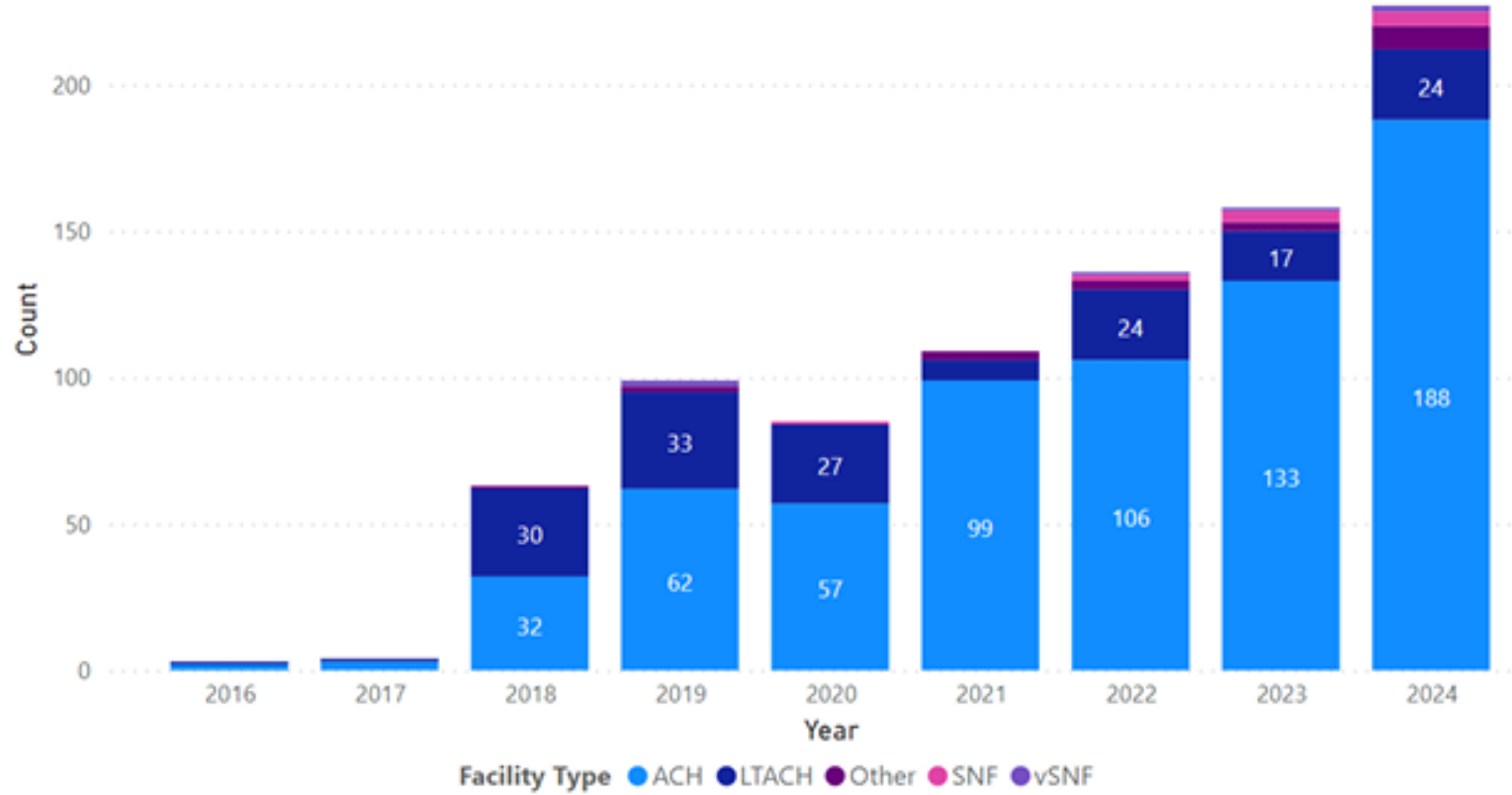
Precautions: Contact Precautions should be implemented for residents with scabies until 24 hours after initiation of effective therapy.

Reporting: Use the Long-Term Care Facility Outbreak Report Form to report all scabies outbreaks.

Additional Resources:

- Scabies Guidelines for Insitutional Settings (CDC) - Resources for developing guidelines for preventing, detecting, and responding to a single case, multiple cases, and crusted scabies cases.
- Scabies Treatment (CDC) - Guidance on medications for the treatment of classic scabies and crusted scabies.
- Management of Scabies in Illinois Healthcare & Residential Facilities - IDPH recommendations on the prevention and control of sporadic scabies cases including signs and symptoms, treatment options, an instructions for skin scraping
- Recommended Actions and Rationale for Preventing the Transmission of Scabies in Healthcare and Residential Facilities - IDPH list of recommended steps to take during a scabies outbreak in a SNF

C. *auris* was first identified in Chicago in 2016 and continues to increase, with SNFs accounting for a larger portion of the burden over time



[1]*Data are provisional as of 1/7/25*

Data Source: Combined de-duplicated IL XDRO Registry, INEDSS, and CDPH conducted PPS.

C. auris surveillance

Routine and response screening

- Biannual at high-burden facilities
- In response to an outbreak
- When a case is identified in a new setting for the first time

Prevention screening

- At facilities that share patients with high-burden facilities but are not known to have cases of *C. auris* yet

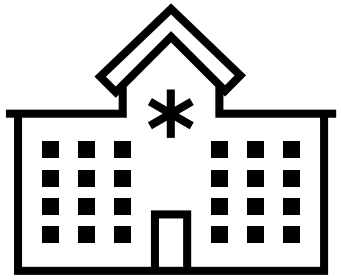
Admission screening

- Select facilities screen newly admitted residents to see if they have *C. auris* upon admission

Reporting by facilities

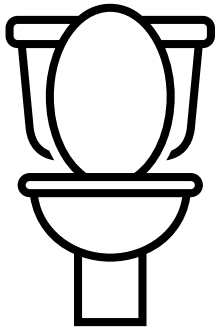
- Facilities test patients with compatible symptoms for clinical *C. auris* and then report positive results to public health

Wastewater Surveillance for *C. auris* at the facility level



Healthcare facilities caring for vulnerable patients are at risk for outbreaks of multidrug-resistant organisms (MDROs)

However, routine surveillance of MDROs is labor-intensive and infrequent



Healthcare facility wastewater may be a more effective method for identifying the emergence of novel organisms and tracking trends of established organisms

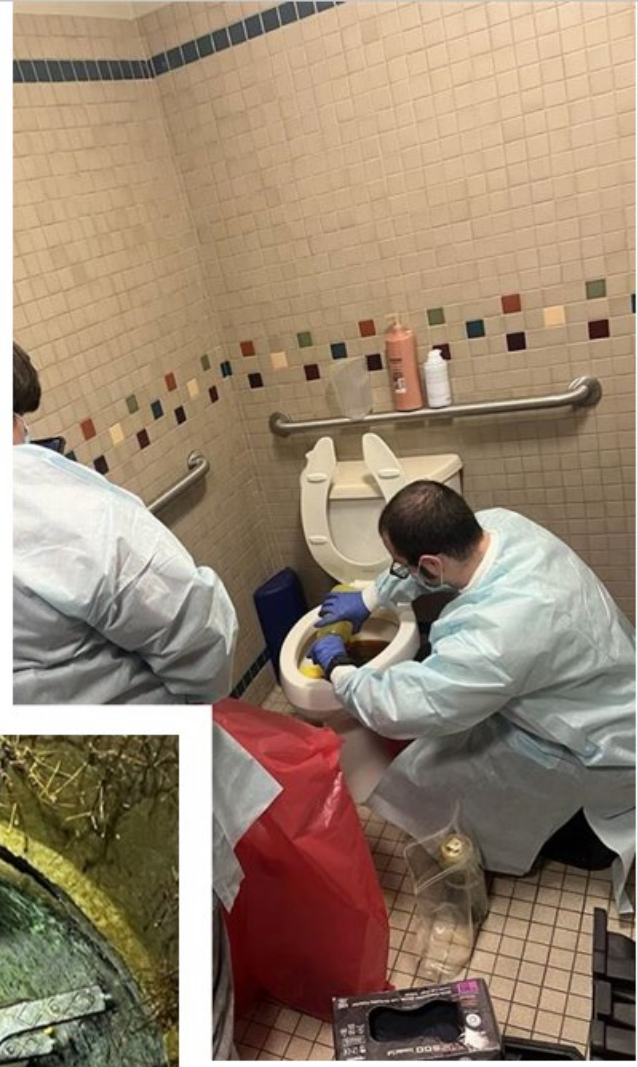
Slide courtesy of Dr. Michael Lin, M.D. M.P.H.
RUMC

AWARE
(Assessing Wastewater Antimicrobial Resistance Effects)

- **Surveillance question 1:** Can WWS help us figure out how much C. auris is in a facility?

- **Surveillance question 2:** What can the concentration of C. auris in the wastewater tell us about prevalence in the facility, and how long would WWS in a facility need to go on to answer these questions?

Step 1: Locate wastewater access point(s) and conduct a dye test



Step 2: Build a non-permanent rig for specimen collection

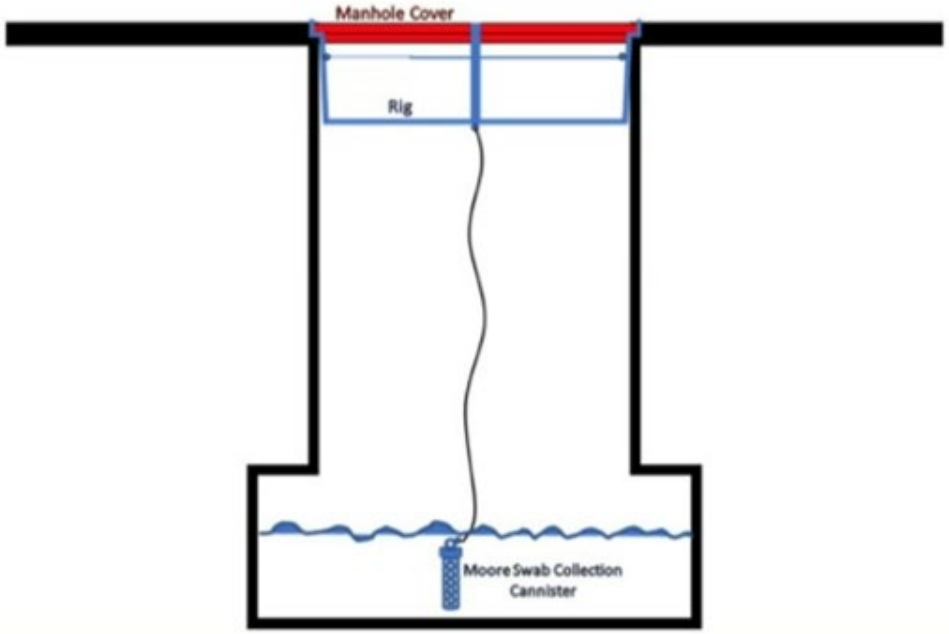


Figure: Schematic of passive sampling device as deployed in the manhole, with rig bracket manufactured in the UIC instrument shop

CDPH will conduct quarterly PPSs using primarily CDPH staff

- CDPH will support specimen collection, logistics, and diagnostics.
- What CDPH needs from you:
  - A current list of all residents with demographics, room/bed, indwelling devices, and transmission-based precautions status.
  - Rolling carts/bedside tables
  - Some staff support on the floor to help identify and locate residents.
- Results will be communicated in 48 hours, and CDPH IPs are available to provide any cohorting and IPC guidance.

Don’t be an ostrich

Just because you’re not testing for it, doesn’t mean it’s not there!

Questions & Answers

For additional resources and upcoming events, please visit the CDPH LTCF HAN page at:
https://www.chicagohan.org/covid-19/LTCF