

SCABIES

Last Reviewed April 2003

Background: Scabies is a skin disease caused by the microscopic mite named *Sarcoptes scabiei*. Scabies outbreaks are particularly common when crowded conditions and poor hygiene make it very easy for the mite to grow and spread.

The scabies mite does not fly or jump and is spread by direct close contact with a person who is infected.

Signs and Symptoms: The symptoms include a red itchy rash that usually appears between the fingers, on the elbows, underarms, beltline, groin, umbilicus, inner thighs and lower legs. The itching is generally more intense at night. In a person who has had scabies in the past, the symptoms can appear within a few days after contact and as long as six weeks after contact in a person who has never had scabies.

Role of the School Nurse:

1. Identify symptomatic students.
2. Assess student.
3. Contact parent/guardian for referral to PCP.
4. Educate students to care for their scabies.
5. Exclude from school until 24 hours after treatment.
6. Follow-up to assure treatment is provided and condition resolved.

Mode of Transmission: The male and female mite mate on the skin surface. Then, the female burrows into the outermost layer of skin where she lays one to three eggs daily. In a few days the eggs hatch and the larvae travel to the surface of the skin. Here, the larvae transform into immature mites. When the female mite reaches maturity, she mates, burrows into the skin and the cycle begins again. The male mite dies after mating; the female dies after her egg laying is completed, usually five weeks after reaching adulthood. The incubation period is from 2 – 6 weeks for those who have not previously been infected and 1 – 4 days for those previously exposed.

Diagnosis: It is extremely difficult to see the female mite without the aid of a magnifying glass since she is just 1/60 of an inch in length. Therefore, the most reliable method of diagnosis is to identify the mite and her eggs under a microscope. A physician or other trained health care professional can do a "skin scraping." This involves the scraping of a few tiny specks of skin from an infected area, placing the specimen on a slide and examining it under a microscope. This only takes a few moments and is virtually painless. Obtain a diagnosis from your medical provider. He or she will need to prescribe a medicated lotion for you and your contacts.

Treatment: If a family member is infected, then all family members need to be treated at the same time. Due to the long incubation period of up to six weeks, family members and other close contacts require treatment even though at the time they may not be experiencing any symptoms.

Follow directions on the medication label. Pregnant women and infants should not use some medications. Apply the lotion to the skin after a bath or shower when the skin has cooled. Be sure to apply the medication to the entire body (excluding the face, scalp, and ears) from the chin line down to the top of the toes. Pay particular attention to the underside of fingernails, umbilicus, groin, between the fingers, underarms, and inside of elbows. Improper application of the medicated lotion is the number one reason for treatment failure.

After application of the lotion, change to clean clothes. Launder all clothes worn by infected person in the two days prior to the treatment in hot (140° F) water and dry in a hot dryer. If the items are not washable, seal in a plastic bag for at least 4 days. The house does not need to be fumigated or pesticides applied.

Stuffed animals, shoes, slippers and bedding all need to be cared the same as the clothing was treated, if the infected person had close contact with them in the four days prior to treatment. Vacuum carpets, wipe down furniture and bed used by the infected person. **DO NOT USE** pesticide sprays. Their value is questionable and potentially harmful.

After proper treatment and care of the environment, the home should be scabies-free. Sometimes a second treatment for those with symptoms is recommended one week after the first treatment. Symptoms do not completely disappear after treatment. Itching can continue for several weeks and should not be mistaken for continued infection. If you suspect that the treatment was unsuccessful, refer to the PCP.

Sample of Scabies parent Letter

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