

What is scabies?

Scabies is a common skin infestation caused by a mite that burrows into the skin causing an itchy rash. It can affect people of any age but is most common in the young and the elderly. Scabies is passed from one person to another by direct skin contact.

What does scabies look and feel like?

Scabies is **usually very itchy**; the itch is often worse at night.

The mites are mainly found in between the fingers and toes, the palms and soles, wrists, ankles, groins, and breasts. Mites burrow into the skin and lay their eggs, giving the appearance of a **silvery line** on the skin surface (a 'burrow'). It can take a couple of weeks for the eggs to develop into adult mites.

The body's immune system is alerted to the infestation, causing a widespread red (erythematous) **rash on the body and limbs**, which in skin of colour can be darker than the surrounding skin. The face and scalp are usually not affected, except in infants and bed-bound elderly patients.

Multiple firm bumps on the skin 0.5 to 1 cm in diameter (papules and nodules) may occur, and are most commonly seen on the penis, groins and in the armpits (axillae). They can persist for several weeks after the scabies has been successfully treated.

Spots (papules), some with a white head (pustules) on the **palms and soles are characteristic of scabies in infancy**.

People with **crusted scabies** (a much less common form of scabies) develop thick areas of crust on the finger webs, wrists, elbows, breasts, and scrotum, which can become widespread. The itch is often significantly less than with normal scabies.

What causes scabies?

Human scabies is caused by infection with a mite known as 'Sarcoptes scabiei var. hominis'. The mites are smaller than a pinhead. People get scabies through direct skin contact with someone else who has scabies, or through sharing items such as clothing and towels.

Scabies is not hereditary (i.e. not genetic), but it is common for several members of a family to have scabies at the same time as it spreads easily among people who live together.

What else may contribute to scabies?

People with a weakened immune system (immunosuppressed), neurological impairment (e.g. dementia and Down's syndrome), and those inappropriately treated with strong topical steroids are more likely to get crusted scabies, in which there are very large numbers of mites.

How to treat scabies

Take advice from a pharmacist as treatment for scabies can be purchased without a prescription, however, you may choose to see your GP first to confirm the diagnosis.

The most common medications for scabies are topical insecticide treatments (applied directly to the skin). While several topical treatments are used in the treatment of scabies, the most effective is **permethrin 5% cream** (see further down for detailed advice on how to use).

Anyone with scabies requires **two treatments, one week apart**. If you have scabies, all your household members, close contacts (e.g. grandparents), and sleeping/sexual partners should also be treated once - even if they have no symptoms. This is because it can take up to six weeks to develop symptoms after you become affected. **Everyone who is treated should be treated on the same day**. You may need to take advice from your GP for young babies.

Things you can do to help yourself, your partner, and your family

- Until treatment is complete it is important **not to share** towels, clothes, and bedding. Avoid direct physical contact with other people
- If you have caught scabies through sexual contact, you should make an appointment to see a health professional as tests will be needed to look for other sexually transmitted infections
- Aside from seeking insecticide treatment, itching may be relieved by the use of moisturising (emollient) creams/ointments, particularly those containing crotamiton

Make an appointment to see your GP

An **oral medication (tablet) called ivermectin** is usually needed for **crusted scabies** and may be required if the creams are not working or are not available. A **strong steroid cream** may be needed for itchy spots that can persist for several weeks after the scabies treatment is complete. For information on **specific treatments** refer to the ***Best Practice Concise Guidelines*** or the ***A-Z list of Clinical Conditions*** from the homepage of www.pcds.org.uk

Referral to a specialist

The following groups of people may need to be referred to a specialist, who will be either a Dermatologist or a GPwER/GPwSI (a GP who has been trained in relevant areas of dermatology):

- Where the diagnosis is not clear
- If the scabies has not responded to treatment
- Some cases of crusted scabies

What will happen when you are referred?

The appointment may be face-to-face (the person attends the clinic), or a video call (teledermatology).

If you are prescribed permethrin 5% cream please follow these instructions

- Apply a thin layer of the cream over your **whole body** including your face, neck, scalp, and ears, but try to take care not to get any into your eyes. Remember to **include awkward places** such as your back, between your fingers and toes, under your fingernails, your genitals, and in-between your buttocks. The cream should be applied when your skin is cool and dry, so if you have just had a bath or shower, wait to let your skin cool before you apply the cream

- Leave the cream on for **12 hours**. After this time, you should remove the cream from your skin by having a bath or a shower. If you need to wash your hands during the treatment time, remember to re-apply some cream to your hands afterwards
- If you have scabies you will need to use the cream a second time, **seven days after the first treatment**. Close contacts only require one treatment. It is important that everyone begins the **treatment on the same day**
- **For the two applications**, an adult is likely to need 60 g of cream (two tubes - one tube for each application), older children will require 30 g cream in total (½ tube for each application) and younger children will require 15 g cream in total (¼ tube for each application)
- **Additional notes for children:**
 - If you are breastfeeding a child, you should wash off the cream from your nipples before you breastfeed, and then re-apply the cream afterwards
 - If you are applying the cream to an infant or young child, put mittens on your child to stop them licking the cream off their hands. Do not apply the cream to areas around their mouth where it could be licked off
 - Children should stay off school until the first application of treatment for scabies has been completed
- Clothes, towels, and bed linen should be **machine-washed at 50°C or above immediately after the first application of treatment**. This kills the scabies mites. Keep any items of clothing that cannot be washed, in plastic bags for **at least 72 hours** to contain the mites until they die. Alternative options to kill any mites on clothes and linen are ironing the items with a hot iron, dry cleaning or putting items in a dryer on a hot cycle for 10-30 minutes. It is **not necessary** to fumigate living areas or furniture or to treat pets
- It is normal to take 2-3 weeks (and sometimes up to six weeks) for the itch to go completely after scabies mites have been killed. You should, however, see a doctor if the itch persists longer than 2-3 weeks after treatment. This is because sometimes the first insecticide treatment does not work, and you may need to use a different one

Helping with other skin conditions

If you, a family member, or friend have an undiagnosed skin condition; or you want to learn more about how to treat skin conditions, please visit www.pcids.org.uk – if you click the purple tile near the top of the homepage that reads **Take a Tour** you can learn how best to use this website.

Donate to the Primary Care Dermatology Society (PCDS)

Up to 25% of patient visits to a GP surgery involve skin problems, but yet the vast majority of GPs and other Primary Care health professionals get very little training in skin conditions (Dermatology).

Skin diseases such as skin cancer and severe inflammatory skin conditions can be life threatening, and skin disease is the leading cause for psychological distress in patients, but yet compared with other specialties, dermatology gets much less financial support.

If you would like to help improve the well-being of patients with skin conditions then please consider donating to the PCDS, a charitable organisation, whose main aim is to increase the amount of education available to GPs, nurses, pharmacists, podiatrists, and others working in Primary Care through over 30 educational conferences a year and our website www.pcids.org.uk.

For more information please contact the PCDS as follows: Email: pcids@pcids.org.uk
Telephone: 0333 939 0126