NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Scabies therapeutic management, Acute & Primary Care

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

NHS Greater Glasgow and Clyde

NHS GGC Scabies Therapeutic Management Guidelines

For Primary and Acute care

Adults and Children with scabies

Introduction

Scabies is a common parasitic skin infection characterized by severe itching. The diagnosis is clinical in most cases. The clinical features and symptoms are well described in the below NICE guidelines. Please additionally find a patient information leaflet which will hopefully be of use.

NICE Scabies Guideline

Field Code Changed

- Treatment is usually with topical therapies and includes treatment of **all** household and sexual contacts (sexual contacts within the last month) and management of the environment to break the chain of reinfection.
- Genitourinary medicine (GUM) referral can be made if partner notification is required.

Affected patient's bedding, clothing, and towels (and those of all potentially infested contacts) should be decontaminated

- by washing at a high temperature (at least 60°C) and drying in a hot dryer,
- or dry-cleaning,
- or by sealing in a plastic bag for at least 72 hours.

Pharmacological management

First line: topical treatments for symptomatic Adults and Children >2 months including contacts. Treat day 1 and 7. Retreat after 4 weeks if not responding including retreatment of contacts.

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Second line: Ivermectin oral medication if 2x topical treatments have failed and there is confidence that all contacts have been treated and household cleaning advice followed.

Itch management: see below **Points to note**

Wait 4 weeks for therapeutic benefit after each treatment episode.

First line

Permethrin 5% Cream (Preferred Treatment)

For Adults <65 years old and children > 2 months

- Apply the cream uniformly to the whole body including the neck, palms of the hands and soles of the feet. The head and face can be spared unless scabies lesions are present in this region (See Elderly patients ≥ 65 years below). Permethrin 5% w/w Cream should be applied to skin which is clean dry and cool. It should not be used immediately after a hot bath.
- On application, the areas between the fingers and toes (also under the finger- and toenails), the wrists, armpits, external genitalia, breasts and buttocks should be carefully treated.
- Reapply the cream to the hands if they are washed within 8 hours of treatment. The whole body should be washed thoroughly 8-12 hours after application.
- Permethrin Cream 5% should **not** be applied to broken skin, mucous membranes or near the eyes.
- Healthcare professionals should be aware that if this product comes into contact with dressings, clothing and bedding, the fabric can be easily ignited with a naked flame. Patients should be warned of this risk and advised to keep away from fire when using this product.
- In the case of hypersensitivity to chrysanthemums or other compositae (specific plant reaction), treatment should only be given if strictly indicated. In such cases treatment should be switched to a chemically different agent.
- The treatment of eczematous-like reactions with corticosteroids should be withheld prior to treatment with Permethrin 5% w/w Cream, as there is a risk of exacerbating the scabies infestation by reducing the immune response to the mite. The likelihood of interactions between the two treatments leading to potentiated adverse reactions or reduced efficacy is, however small.

- Children should be supervised when applying the cream to ensure that a thorough treatment is administered.
- We recommend a second application of Permethrin cream is given after 7 days regardless of symptoms and signs.

Elderly Patients ≥ 65 years

- Should use the cream in the same way as above, but in addition, the face, ears and scalp should also be treated. Carers who apply permethrin are advised to wear gloves.

Children <2 months

- Children under 2 months should only be treated under medical supervision. Refer to dermatology or paediatric infectious disease.

Pregnancy and Lactation

- The limited data available on the use of Permethrin 5% w/w Cream in pregnancy which provide **no indication of any risk to the foetus**. The amount of permethrin absorbed systemically following a whole body application is extremely low.
- It has been shown that very low concentrations of permethrin are excreted in milk following oral administration of permethrin in cattle. It is not known whether permethrin is excreted in human breast milk. However, because only extremely small amounts of permethrin are absorbed systemically and in theory only a very small percentage of this will pass into the breast milk, it is unlikely that the concentrations of permethrin in the milk will present any risk to the neonate/infant.

Availability

- Permethrin is available from community pharmacy via 'Pharmacy First' for eligible patients

Malathion Lotion 0.5% (if Permethrin is not available)

Adults and children >2 months

- Apply once weekly for 2 doses
- Apply over body, including scalp, neck face and ears, and then wash off after 24 hours

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- If hands are washed with soap within 24 hours, re-apply malathion to hands.
- Malathion lotion contains alcohol, avoid exposure to open flames or other sources of ignition.
- Do not use on broken skin or skin with a secondary infection
- Alcoholic lotions are not recommended in children with severe eczema or asthma
- Avoid contact with the eyes
- Do not use lotion more than once a week for 3 consecutive weeks
- Available from community pharmacy via 'Pharmacy First' for eligible patients

Second line

Ivermectin tablets 3 mg

Adults and children >15 kg

- Oral treatment now licensed for the treatment of scabies.
- The dose is 200 micrograms /kg as a single dose. Given as one single oral dose taken with water on an empty stomach. Available as 3mg tablets, the dose should be rounded to the nearest whole tablet. The dose may be taken at any time of the day, but no food should be taken within two hours before or after administration, as the influence of food on absorption is unknown.
- For those ≥ 80 kg consideration can be given to using the maximum dose of 18 mg (6x3 mg tablets), as per dosing in strongyloidiasis (2, 3).

- Ivermectin is contraindicated in people with severe hepatic impairment.
- The possibility in some patients of side effects such as dizziness, somnolence, vertigo and tremor, which may affect the ability to drive or use machines, cannot be excluded
- In patients with scabies, transient exacerbation of pruritus may be observed at the start of treatment.
- Interaction with other drugs. BNF reports anecdotal evidence that ivermectin may increase the anticoagulant effect of warfarin.

Children

- In children younger than 6 years of age and weighing at least 15 kg, the tablets should be crushed before swallowing.

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Pregnancy and lactation

- Avoid Ivermectin in Pregnancy
- Ivermectin may only be given to breastfeeding mothers if the expected benefit outweighs the potential risk to the infant. Less than 2% of the administered dose of ivermectin appears in breast milk

For all patients, if symptoms persist after 7 days, please prescribe a further dose of Ivermectin.

Norwegian / Crusted Scabies

Best Practice BMJ [1] recommends combination triple therapy with

Permethrin 5 % cream apply daily for 7 days and then twice weekly until cure

PLUS

Ivermectin 200 micrograms/kg orally once daily on days 1, 2, 8, 9, and 15; additional doses may be required for severe cases on days 22 and 29

PLUS

Keratolytic Urea cream 20-40% Used to enhance drug penetration in crusted scabies, where skin is typically hyperkeratotic. Urea cream should be applied twice-daily (except for the night that the permethrin is applied) to decrease hyperkeratosis. Urea cream (20-40%) apply to the hyperkeratotic area(s) once or twice daily until resolved.

Itch management

Patients with pre-existing eczema should be able to use standard topical treatments for scabies. After treatment is complete, their eczema management may resume.

Pruritus (post scabetic itch) is common and may persist for several weeks after treatment of scabies. Patients should be advised not to excessively use soaps and disinfectants in the mistaken belief that they are still infected or unhygienic.

Consider symptomatic relief with **antihistamines** and/or **crotamiton cream**.

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Some individuals may develop an eczematous like reaction to scabies with associated excoriations due to scratching. Advise patients to use a **soap substitute** to wash, an **emollient** twice daily and some individuals may benefit from a short course of **topical corticosteroid** for 5-7 days. Treat superadded infection as clinically indicated.

Treatment failure or reinfection

Scabies treatment is usually successful providing the treatment protocols have been followed and all contacts have been treated. Post infectious itch is common. Reinfection is likely if the full therapeutic guideline measures covering contacts have not been followed.

Consider treatment failure if persistent severe itch 2–4 weeks after the last treatment application and/or if new burrows have appeared since treatment. Re-examine patient, review previous treatment of individual and contacts and consider re treatment if appropriate. Consider post infectious itch therapies as above.

Acute care referral

Acute care referral to dermatology or infectious diseases is **not** required in most cases. Please only refer if there is concern about a patient with serious severe complication e.g.

- sepsis due to secondary bacterial infection that may require urgent admission
- after the treatment plans above have been exhausted, including management of pruritus and rash and the patient still has symptoms for > 6 months. This may indicate diagnostic uncertainty.
- symptomatic children (or contacts) <2 months or <15kg

Public Health Protection Unit (PHPU) referral

Where there are challenging social circumstances that make contact tracing and household cleaning difficult, PHPU can be contacted to support.

Within normal working hours contact phpu@ggc.scot.nhs.uk

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Outbreaks or multiple cases

In the event of suspected scabies clusters, defined as ≥2 linked cases of scabies within an 8 week period, clinicians in primary and acute care should notify:

- Infection Prevention and Control Teams (IPCTs) for clusters in acute care settings – See contacts in link Infection Prevention and Control - NHSGGC
- Health Protection Teams (HPTs) for clusters in community settings e.g. schools, prisons or care homes.

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