

## **Health Alerts**

### **Health Update #155 - Nosocomial Scabies Advisory - December 21, 2005**

#### **Purpose:**

The intention of this advisory is to provide specific guidance to hospitals and long term care facilities for the prevention and control of nosocomial scabies outbreaks which are often due to undiagnosed patients and healthcare workers or inadequate control measures. This advisory should be shared with all direct patient caregivers and physicians and posted on patient care units. This is especially important in emergency departments for early identification and isolation of potential clinical cases.

#### **Background:**

There have been recent reports of nosocomial scabies outbreaks in the Erie County area. Scabies is an infestation, or parasitic disease, of the skin caused by the mite *Sarcoptes scabiei*. The mite is primarily transmitted by skin-to-skin contact. Outbreaks of scabies in healthcare facilities can persist for months unless the diagnosis is made promptly and proper infection control measures are taken upon initial presentation. Scabies outbreaks often require an enormous amount of time and financial resources for patient care facilities to investigate and treat effectively.

#### **Recommendations:**

##### Assessment of new admissions:

1. All patients should be screened for a pruritic rash. Scabies should be placed high on the differential diagnosis list for rashes, especially if the patient is being admitted from another facility.
2. All pruritic rashes should be assessed by a clinician with experience in diagnosing scabies. Skin scrapings should be performed on those patients with a rash consistent with scabies.
3. All immunocompromised patients who have a rash should be clinically screened for crusted (Norwegian) scabies, which is a highly contagious form of scabies. These patients are difficult to diagnose due to their unusual presentation, which may resemble psoriasis or other chronic skin conditions. A dermatology or infectious disease consult may be necessary for diagnosis and treatment.

##### General Control Measures:

When an inpatient case or outbreak of suspect scabies occurs, the following control measures should be taken:

1. Contact Precautions: Place all patients with a suspected scabies rash on contact precautions until treated with an appropriate scabicide or scabies has been ruled out.
2. Hand hygiene must be performed after removing personal protective equipment, and before entering and leaving the room.

3. The patient's personal clothing should be washed in hot soapy water. If your facility does not perform this task, send the personal items home with family members or with the patient at discharge in a sealed bag with instructions for laundering.
4. Linen should be regarded as contaminated and handled according to facility policies. Personnel should wear gloves and gowns when handling and bagging contaminated linen.
5. Regular cleaning with the hospital-approved disinfectant is sufficient for disinfection. Fumigation is not necessary.

If a single case of scabies is diagnosed:

1. Alert the infection control department of any suspect or confirmed cases of scabies.
2. Treat the suspect or confirmed case with an effective scabicide. Permethrin 5% is the preferred treatment.
3. Prophylax (i.e., treat with permethrin 5% to prevent symptoms) all exposed healthcare workers, patients, and residents who had skin-to-skin contact with the patient before treatment was completed.
4. Refer for prophylaxis visitors and family members who had close contact with the patient.
5. Alert the facility from which the patient was transferred, if applicable, so they can investigate exposures at their facility.

If more than one patient case and/or one symptomatic healthcare worker is diagnosed:

Follow above guidelines for a single case plus the following:

1. If more than one case patient is identified on a unit, assessment should be made for symptomatic healthcare workers.
  1. Healthcare workers with a rash should not provide direct patient care until the rash is assessed by a clinician, and if suspect scabies, treated with an appropriate scabicide.
  2. If the healthcare worker provided patient care while symptomatic, identify the location and extent of the rash and the level of contact with patients to assess the risk of secondary exposure to patients. Notifications to patients may be indicated based on this assessment.
2. If a healthcare worker without other risk factors (e.g., exposure from a family member) is diagnosed with scabies, an attempt should be made to identify the index case. Assess all patients on involved unit(s) for rashes (including asking direct patient care staff if they recall any previously admitted patients with rash within the previous 6 weeks).
3. Prompt identification and prophylaxis of exposures is essential. Optimally, treatment of all persons exposed should occur within a 24-hour period.
4. When transferring patients/residents to another healthcare facility, assess them for rashes. Notify receiving facility of pruritic rashes of unknown etiology so isolation, diagnosis, and treatment will not be delayed.
5. A NYSDOH Nosocomial Report should be submitted via the Nosocomial Outbreak Reporting Application (NORA) at <https://commerce.health.state.ny.us/hpn/cgi->

[bin/applinks/nosoco/mainmenu](#) or call the Western New York DOH regional office at (716) 847-4503.

6. Refer to the NYSDOH memorandum, Control of Scabies in Healthcare Facilities, and the NYSDOH scabies fact sheet. These documents can be obtained at <http://www.health.state.ny.us/nysdoh/infection/doh96-14.htm>

Further assistance in controlling scabies outbreaks is available from the NYSDOH regional epidemiologist in the Western Regional Office at (716) 847-4503.