

Scabies

Scabies, also known as body lice, is a common skin condition caused by tiny bugs called mites. The mites are so small that they can't be seen on the skin. They burrow into the top layer of skin, causing an intense itchy rash to develop. Outbreaks are common in residential aged care facilities, hospitals and child day care centres.

What does scabies look like?

Once the mite has burrowed into the skin it takes several days or weeks for the itching and rash to develop. If you have never had scabies before, it may take 2–6 weeks to develop symptoms, because your body takes time to develop an allergic reaction to the mite. If you have had scabies before, the symptoms may start within 1–4 days, because your body has previously developed a reaction to the mite.

Itching at night is the most common symptom of scabies. It can be so intense that sleeping is difficult. Many people also have a rash of small, pus-filled bumps that appear in lines. The bumps may look like bites or knots under the skin, or can form scaly patches. The itching can lead to constant scratching, which in turn can cause sores to develop. These can become infected and can even lead to a serious infection of the blood, called sepsis.

Some people have a severe form of the condition called crusted scabies or Norwegian scabies. This can develop when a large number of mites (100s to 1000s) are on the skin and leads to thick, crumbly crusts forming on affected areas. It is more common in people with weak immune systems because their body cannot develop any resistance to the scabies.

Scabies can appear anywhere, but is more common in the following places:

- Hands: especially between the fingers and around the nails
- Arms: especially around the elbows and wrists
- Areas covered by clothing: e.g. belt line, buttocks, around the nipples
- Areas covered by jewellery: e.g. under rings, bracelets or watchbands.

What causes scabies?

Mites or body lice cause scabies. It can affect anyone, and is a contagious condition that can spread easily from person to person with skin-to-skin contact. It takes time for the mite to crawl from one person to another, so it is not likely to spread with handshakes or brief hugs. More extended skin contact is usually required.

When one person in a household gets scabies it is likely that other members of the household will also develop the condition. Young children, mothers of young children, residents of nursing homes and aged care facilities, as well as sexually active young people most commonly get scabies. The mites can also live for 48–72 hours on clothing, towels, bedding and furniture, so the condition may spread through contact with these surfaces. People with a weakened immune system are also more likely to get scabies.

Crusted or Norwegian scabies is highly contagious, because the crusts can fall off easily. Mites found in these shed crusts can live for up to a week without human contact.

How is scabies diagnosed?

Your dermatologist usually diagnoses scabies by the distribution of the rash and the presence of the mites' burrow marks on the skin. To confirm the diagnosis your dermatologist may take a scraping of affected skin (a biopsy) and examine it under a microscope. Mites and their eggs can be seen in this way.

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Treatment

Treatment is essential to get rid of scabies. You and the people who have had close contact with you will require treatment, even if they don't have obvious signs and symptoms.

Treatment involves applying a medication called permethrin (Quellada or Lyclear) to the whole body, from the neck down to the toes. It is usually applied once at bedtime, then washed off in the morning. It may need to be re-done a week later. The rash and itch can actually worsen at the start of treatment, but should heal within 4 weeks. Some people require repeated treatments over several weeks to get rid of the mites.

People who have scabies that covers a large area of their body or have crusted scabies may need extra treatment with a stronger medicine called ivermectin.

It may also be helpful to use an antihistamine to reduce the itching and help you sleep. Lotions such as pramoxine can also help with the itch. Your dermatologist may recommend topical (applied to the skin) steroid cream to help with the redness and swelling, while some people may need to take antibiotics if they develop a skin infection.

What else can I do about scabies?

It is important to wash clothes, bedding, towels, furniture coverings and any other things that have had contact with your skin in the past week. Wash items in the washing machine using the hottest cycle, and then dry everything in a hot dryer. If you can't wash certain items in hot water or put them in a dryer, take them to a dry cleaner and leave the items sealed in a plastic bag for a week after cleaning. You should also vacuum your entire house as soon as you begin treatment. There is no need to treat pets as the mites only survive on human skin.

Speak to your SouthDerm Dermatologist today about what is available for you and your skin condition.