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To: Providers of Emergency Medical Services
From: Division of Epidemiology and Immunization
Date: August 1, 2017
Re: Scabies

The Massachusetts Department of Public Health (MDPH) has received reports of scabies cases occurring in healthcare facilities. Scabies is an infestation of the skin caused by a mite, *Sarcoptes scabiei* and can affect people without regard to age, sex, or standards of personal hygiene. Symptoms of scabies include an extremely itchy rash, with red bumps and burrows in the skin that look like thin, wavy, gray or white lines. Common places on the body where the rash and burrows are seen are between the fingers, around the wrists and elbows, the armpits, and around the waistline, although scabies can be found on other areas of the body too. While annoying and potentially unsightly, scabies is not associated with any serious complications in otherwise healthy individuals.

Scabies is spread through direct, skin-to-skin contact with a person who is infested with the mites or through skin contact with the clothes or bedding recently in contact with an infested person. Exposure is most common in long term care, hospital, congregate living or daycare settings. Scabies can also be spread in households and through sexual contact. Mites can burrow under the skin in several minutes. Spread can occur until all the mites and eggs are destroyed by treatment.

An infestation of scabies can become an outbreak in healthcare settings due to close contact between patients and healthcare workers, and the movement of residents into common areas of the facility. Additionally, an infested healthcare worker can spread the infection to residents under his or her care, resulting in an outbreak in a previously scabies-free facility or unit. In all cases, skin to skin contact is the primary mechanism of spread.

The pattern of the scabies rash in the elderly and immunocompromised may be atypical, appearing on the back, abdomen, or under breasts, rather than the typical scabies rash areas.

Additionally, the typical symptoms of intense itching, especially at night during sleep, are not as common in the elderly and immunocompromised. Outbreaks in elderly and immunocompromised residents are also diagnosed more slowly because itching and burrows may be less apparent. If itching is present, typical burrows may not be visible for up to 30 days after infestation.

Crusted scabies is a more severe and highly contagious form of the disease. In persons with crusted scabies, hundreds to millions of mites infest the host individual, who is often obtunded, immunocompromised, elderly, or physically or mentally disabled and impaired. It is characterized by vesicles and formation of thick crusts over the skin, accompanied by abundant mites. Individuals with crusted scabies may not show the usual signs and symptoms of scabies such as the characteristic rash or itching. While all cases of scabies require immediate attention, because it is so highly transmissible, crusted scabies requires rapid and aggressive detection, diagnosis, infection control, and treatment measures to prevent and control spread.

Individuals with scabies may require emergency medical services or transfer among healthcare facilities. Since scabies requires skin to skin contact for spread and is not transmitted through casual contact, standard precautions are generally sufficient to prevent spread. The number of mites present with ordinary scabies is small. Patients with crusted scabies require contact precautions because of the intensity of infestation (number of mites). Although, scabies mites may remain active for around 2 days in the environment, ordinary scabies is not really transmitted through the inanimate environment (except in the situation of crusted scabies).

Infection control guidelines for scabies can be found at <http://www.mass.gov/eohhs/docs/dph/cdc/infection-control/scabiesguide.pdf> or http://www.cdc.gov/parasites/scabies/health_professionals/institutions.html

Fact sheets are available at <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/factsheets.html>.

For more information on the treatment of scabies see CDC Guidelines for Medications Used to Treat Scabies: http://www.cdc.gov/parasites/scabies/health_professionals/meds.html

MDPH Epidemiology Program: (617) 983-6800 (24/7).

While individual cases of scabies are not reportable in Massachusetts, outbreaks of scabies should be reported promptly to the local health department or MDPH at (617) 983-6800 and also to the MDPH Bureau of Health Care Quality and Safety or the Executive Office of Elder Affairs as appropriate.