



Ask an IP

Learning and Communication Series

Topic: Scabies and Scabies Outbreak
Management in Skilled Nursing
Facilities (SNFs)
May 13th, 2026

**Presented by: Marco Marquez, MPH, CIC
and Walteena Brooks, LVN**

Acute Communicable Disease Control (ACDC) Program
Los Angeles County Department of Public Health





LACDPH Infection Preventionist Team

- Jehan Mephors, RN
- Marco Marquez, MPH, CIC
- Walteena Brooks, LVN

Contact Us: LACSNF@ph.lacounty.gov

Website: <http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm>



Disclosures

- There is no commercial support for today's call
- Neither the speakers nor planners of today's call have disclosed any financial interests related to the contents of this meeting
- This call is meant for healthcare facilities and is off the record, reporters should log off now



Housekeeping

- **Microphones** are disabled. For questions, please use the chat
- **Cameras:** please keep them turned off during the presentation
- **Recording:** the presentation is being recorded and will be posted on the Ask an IP Website within a week's time



Objectives

- Identify signs and symptoms of typical vs. atypical (crusted) scabies
- Discuss scabies prevention and detection (control)
- Describe elements of a scabies control plan and scabies outbreak management plan



Audience Question???

Have you encountered a patient with scabies in your facility before? (Type "yes" or "no) in the chat



Scabies Essentials



What is Scabies?

- Infestation of the skin by the parasitic human itch mite, *Sarcoptes scabiei* var. *Hominis*
- Can be found worldwide
- Spreads rapidly where there is frequent skin-to-skin contact between people (i.e. SNFs)
- Can mimic other infections (like ringworm, impetigo, eczema, or psoriasis)





The Life Cycle of Scabies

- Adult pregnant female mite transfers to the skin of an uninfested person
- Mite travels on surface of skin, seeking a burrow site, and depositing eggs
- Egg-larva-nymph-adults within 10-17 days
- Adults migrate to skin surface, mate, and repeat the cycle

Biology of Scabies

- Mites burrow under the skin and lay eggs
- Severe itching due to allergic reaction
- Pregnant female mites transferred from infested person to un-infested person
- Use mouth and legs to dig under the surface of skin



Clinical Presentation (Type of Scabies)

- Typical Scabies
- Atypical/Crusted
- 10-15 mites on average found in an infestation on a healthy individual
- Severity of symptoms ranges
 - Number of mites
 - How far under skin they have traveled





Typical Scabies

- Takes 15-30 mites to cause infection, on average
- Most common presentation is within finger webs
- More likely to cause infection in long term care facilities (LTCFs)
- No signs or symptoms for 4-6 weeks after infestation

Atypical/ Crusted Scabies

- Formerly known as Norwegian scabies
- Extremely contagious
- Thick, crusted lesions
- Infested with millions of mites
- More common in immunocompromised
- Often misdiagnosed





Epidemiology of Scabies

- Transmission
- Incubation period
- Period of communicability



Transmission

- Person-to-person by direct skin-to-skin contact
- Clothing, bed linen, and other fomites
- Transmitted by unrecognized infestation in new residents, visitors, or healthcare workers



Incubation Period

- Onset of itching is 2-6 weeks on average in a previously unexposed, healthy individual
- Symptoms may occur within 48 hours in a previously sensitized or infested individual
- Atypical scabies: incubation period may be as little as a few days, due to large number of mites



Period of Communicability

- Exposed individual is immediately infectious to others, even in the absence of symptoms
- From time of infestations until mites and eggs are destroyed by treatment



Symptoms/Signs

- Deep itching (mostly at night)
- Pimple-like itchy rash
- Thin pencil-mark lines on skin

Common Infection Sites

- Between fingers
- Buttocks
- Armpit
- Wrist
- Elbow
- Waist
- Nipple
- Shoulder blades



Diagnosis

- Requires microscopic identification of mite and/or its fecal pellets or eggs
- Scabies skin scraping or biopsy
- A negative skin scraping from a person with typical scabies does not rule out scabies infestation



Scabies Prevention and Control Plan/Program



Audience Question???

Why is it important to have a Scabies Prevention and Control plan/program as a part of your infection control program?



Answer:

- Having a scabies prevention and control plan/program in place is crucial, because scabies outbreaks are rare in our setting but can be hard to manage.
- Preparedness is key
- We have an excellent scabies prevention toolkit from Los Angeles County Department of Public Health (LACDPH), and there are several others from the California Department of Public Health (CDPH) and Centers for Disease Control (CDC) included in the resources section of this presentation, all of which you can use to create your program/plan



Scabies Prevention and Control Plan/Program

- Recommended that SNFs incorporate a scabies prevention program into their Infection Control Program
- Key elements of plan/program
 - Scabies Prevention
 - Scabies Control (Detection)
 - Scabies Outbreak Control Plan



Scabies Prevention

- Educate health care workers (HCWs) on how to identify scabies
- Assess skin, hair and nail beds of all new admissions as soon as possible following arrival
- Document pruritis, rashes, and skin lesions
- Notify nursing supervisor/IP and the attending physician
- Repeat skin assessment at least every 4 weeks
- Instruct HCW, visitors and volunteers to report any exposure to scabies in the home or the community



Scabies Control (Detection)

- Prevent outbreaks through early identification
- Educated HCW recognize possible cases
- Initiate contact precautions until diagnosis is confirmed, treatment is given, or ruled out
- Check for additional cases or exposures
- Test for scabies
 - Skin scraping is the standard test
 - Done by physician or trained HCW

Transmission Based Precautions and Environmental Measures

STOP

ALTO

Contact Precautions

Medidas de Precaución de por Contacto

See nurse before entering the room
Vea a la enfermera(o) antes de entrar al cuarto

Clean hands on room entry Limpiese las manos antes de entrar al cuarto	Wear a gown on room entry Use una bata al entrar al cuarto	Wear gloves on room entry Use guantes al entrar al cuarto	Clean hands when exiting Limpiese las manos al salir

Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health
publichealth.lacounty.gov/acd/SNF.htm
Contact Precautions, Revised August 2021

Contact Precautions

Hand Hygiene

- Clean hands when entering the room and when leaving the room.

PPE

- Wear gown and gloves on entry to resident room.
- Dispose of PPE before leaving the room. PPE is single use.

Room Assignment

Use single-occupancy room. Cohort residents with the same organism in the same room if single-occupancy rooms not available. If resident must be placed in multi-occupancy room, separate residents' bed by curtain.

Visitors

Visitors shall follow Contact Precautions as outlined above

Resident Transport

Practice hand hygiene before and after transporting the resident. Notify receiving department that Contact Precautions are required.

- Cover wounds and contain body fluids.
- Ensure residents wear clean clothes and clean their hands before leaving their room.
- When possible, transport a resident in a wheelchair or stretcher rather than in their bed.
- Cover the wheelchair or stretcher with clean linen before seating the resident.
- Wipe the wheelchair or stretcher with EPA-approved disinfectant wipes after transporting the resident.

Room Cleaning

- Use standard precautions while cleaning, including appropriate PPE use.
- Dedicate the use of equipment to a single resident.
- Use single-resident disposable items whenever possible.
- Disinfect reusable shared care equipment using the EPA-approved disinfectant before use on another resident.

Ambulation

- To ambulate the resident outside of room, ensure resident is clean, continent and cooperative.

Please scan the QR code on the right to view the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings



Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health
publichealth.lacounty.gov/acd/SNF.htm
Contact Precautions, Revised August 2021



Typical Scabies: Contact Precautions and Environmental Control for Patients in SNF

- Contact Precautions during treatment period
- 24 hours after last application of scabicide, requiring more than one application
- PPE: gowns and gloves
- Washable items such as bed linens, towels, and clothing used during 72 hours prior to treatment must be washed
- Keep laundry in plastic bag inside patient's room, sorted, and handles by HCW with full PPE, and washed in hot water for at least 10 minutes



Typical Scabies: Contact Precautions and Environmental Control for Patients in SNF

- Non-washable items must be placed in tightly sealed plastic bags for 7 days
- Change all bed linens, towels, and clothes, daily
- Disinfect shared equipment or designate equipment to be used only by infected patient
- Vacuum mattresses, upholstered furniture, carpeting, and throw away vacuum bag afterwards
- Routine disinfection procedures are adequate



Atypical Scabies: Contact Precautions and Environmental Control for Patients in SNF

- Contact Precautions
 - Until all treatments are completed or clinician/primary care provider determines patient to be scabies free
- PPE: gowns and gloves
- Washable items used during the 72 hours prior to treatment must be washed
- Keep laundry in a plastic bag inside patient room, wash with hot water for at least 10 minutes



Atypical Scabies: Contact Precautions and Environmental Control for Patients in SNF

- Non-washable items must be placed in tightly sealed plastic bags for 7 days
- Change all bed linens, towels, and clothes, daily
- Disinfect shared equipment or designate equipment to be used only by infected patient
- Vacuum mattresses, upholstered furniture, carpeting, and throw away vacuum bag afterwards
- Room should be terminally cleaned upon patient discharge/transfer



Scabies Outbreak Management





Scabies Outbreak Management

- Develop scabies outbreak control plan
- Educate staff and document training to recognize and report scabies signs and symptoms
- Outbreak definition
- Management of symptomatic cases
- Management of contacts/exposed
- Extending recommendations for prophylaxis
- Notification of staff, visitors, and household members
- Reporting



Scabies Outbreak Control Plan

- If you have your plan in place, as a piece of your infection prevention and control program, when or if an outbreak occurs you will be far more prepared
- Keep up to date on outbreak definitions and reporting responsibilities and adjust plan accordingly
- Consistently educate staff on how to recognize and report scabies signs and symptoms



Activation of Scabies Outbreak Management Plan

- Notification of Key Personnel
- Staffing the Infection Control Department
- Notification of HCWs and Volunteers
- Notification of Physicians
- Notification of Current Patients/ Residents and Visitors
- Searching for Source or Index Case (keep line list of cases)
- Protective Equipment and Pharmacy Supplies



Current Outbreak Definition

- Three (3) or more clinically suspect or confirmed cases of scabies identified in patients/residents, HCWs, volunteers and/or visitors during a six (6) week time period with epidemiologic linkage (e.g. the cases are in the same room, unit, etc.)



Scenario

- Patient A: Confirmed Scabies with skin scraping positive
- Patient B: Roommate of Patient A, no symptoms, just dry skin
- Patient C: On another floor of building with itchiness, but no exposure to Scabies

- Does this meet Outbreak Criteria?



Scenario

- Patient A: Confirmed Scabies with skin scraping positive
- Patient B: Roommate of Patient A, no symptoms, just dry skin
- Patient C: On another floor of building with itchiness, but no exposure to Scabies

- Does this meet Outbreak Criteria? **NO!**



Management of Symptomatic Cases

- Symptomatic HCWs
 - Immediately remove from work any HCW with signs or symptoms consistent with scabies and refer to employee health or health partner
 - Prepare line listing with symptomatic HCW
 - Treat all HCWs with confirmed or suspected scabies infestation with an approved scabicide
 - Can return to work as soon as treatment is completed
 - Provide scabicide prophylaxis to household contacts of HCWs



Management of Contacts

- Exposure period: time between admission date of scabies index case and the date the patient/resident was correctly diagnosed and control measures implemented
- Identify those exposed/or in contact with resident/patient
- This includes:
 - Direct "hands-on" care or touch
 - Handled infested linens or clothing
 - Slept in same bed during exposure period



Management of Symptomatic Cases

- Symptomatic Patients/ Residents
 - Immediately place on contact precautions is suspected or confirmed
 - Diagnosis through skin scraping, obtain clinician consult for assistance with diagnosis and management of infection
 - Treat with appropriate scabicide
 - Patients/residents pending transfer must complete treatment prior to transfer



Primary vs Secondary Exposure

- Primary exposure: direct skin-to-skin contact with scabies patient/resident
- Secondary exposure: exposure to person who had direct contact to another person with a primary exposure



Classification of Scabies Exposure

Scabies Type	Primary Exposure	Secondary Exposure
Typical	Provide scabicide treatment or prophylaxis	No scabicide; provide health education
Atypical (crusted)	Provide scabicide treatment or prophylaxis	Provide scabicide treatment or prophylaxis



Patient/Resident Contacts

- Identify and prepare a line list of contacts
 - Includes those on same wing or floor is atypical
- Examine in-house patient/resident contacts for signs and symptoms
- Apply prophylactic scabicide
- Notify discharge patient/residents of potential exposure
- Notify facilities to which patients/residents have been transferred of the potential exposure



HCW Contacts

- Identify and prepare a line list of all HCW who were direct contacts during exposure period
- Interview HCW to determine presence of scabies symptoms and source of exposure
- Provide scabicide, if needed
- If HCW refuses prophylactic treatment, must be required to wear gown and gloves for contact with patients/residents and fellow HCW for 6 weeks from last date of potential exposure



Audience Question???

What is a scabicide?



Answer:

- Products used to treat scabies
- Kill scabies mites
- Prescription only



Scabies Treatment Options

Scabies Classification	Treatment Options	Dose	How to Treat	Duration of Treatment	Who to Treat?
Typical Scabies	Treatment A 5% permethrin cream (Elimite®, Acticin)	Adult dose – 30 grams 60-gram tube can treat two adults	Massage cream into skin from under chin to soles of feet Attention to hairline, neck, temple in geriatric patients/residents	One treatment usually sufficient May repeat if needed 7 days after 1 st treatment	Cases > 2 months, healthy adults Used for prophylaxis of asymptomatic contacts
	Treatment B Ivermectin (Mectizan® or Stromectol®) oral antiparasitic Used for patients/residents who have failed treatment with or cannot tolerate topical treatment	200 mcg/kg	Given orally to treat suspect/confirmed cases of scabies	Single dose; 2 nd dose may be necessary to eliminate infection	Cases > 12 years
Atypical (Norwegian) or Crusted Scabies	Treatment A 5% permethrin cream (Elimite®, Acticin)	Adult dose – 30 grams	Massage cream into skin from under chin to soles of feet	Apply once, 2 nd application 12 hrs. later May repeat if needed 7 days after 1 st round of treatment	Cases > 2 months, healthy adults
	Treatment B 5% permethrin cream (Elimite®, Acticin) 10% crotamiton lotion (Eurax)	Adult dose – 30 grams Enough lotion to cover skin chin to feet	Apply permethrin once as above and again 12 hrs. later on day 1 and day 7 Apply crotamiton as above on days 2-6	One-week long treatment sufficient; reassess 7 days after treatment completed	Cases > 2 months, healthy adults
	Treatment C 5% permethrin cream (Elimite®, Acticin) Ivermectin (Mectizan® or Stromectol®) oral antiparasitic	Adult dose – 30 grams 200 mcg/kg	Apply permethrin once as above and again 12 hrs. later Single oral dose	One treatment; reassess 14 days after treatment	Cases > 12 years



Extending Recommendations for Prophylaxis

- Facility-wide prophylaxis should be considered if positive skin scrapings are found in patient/residents assigned to two or more areas of the facility where no direct link with an infested patient/resident or HCW can be established



Notification of Staff, Visitors, and Household Members

- Notify HCWs, family members, sexual partners, and others how had direct contact with scabies case, immediately
- Fact sheet and notification letter must be provided



Patient/ Resident Transfer to Another Healthcare Facility

- Patients diagnosed with typical or atypical scabies who are ready for discharge or transfer can be transferred as medically appropriate
- Infectious Disease Organism transfer form
- Contact precautions can be discharged 24 hours after treatment is completed
- Skin scraping for clearance prior to transfer is NOT recommended

LACDPH Scabies Toolkit

Acute Communicable Disease Control Program

Scabies Prevention and Control Guidelines for Healthcare Settings





New OB Reporting Form for Clusters/Outbreaks

- <https://acdcredcap.ph.lacounty.gov/surveys/?s=47PPTCKK8CYWWLM9>

Appendix A

APPENDIX A



THE SPREAD OF SCABIES: ACTION STEPS

1. Evaluate patients/residents on affected units and immediately place patients/residents with suspected scabies in contact precautions.
2. Immediately remove from work any healthcare worker with signs and symptoms of scabies and refer to employee health or other healthcare consultant or clinician experienced in the diagnosis of scabies.
3. Meet with key staff to coordinate
7. Prepare a line listing of symptomatic patients/residents and healthcare workers with a separate line list of their contacts. Evaluate contacts for scabies.
8. Treat symptomatic patients/residents and healthcare workers with an approved scabicide, provide prophylactic scabicide to all contacts of symptomatic cases, and perform environmental cleaning of affected



Appendix B

APPENDIX B

SCABIES OUTBREAK MANAGEMENT CHECKLIST

Outbreak Interventions				
Communication	N/A	Completed	Date	Signature
Notification of facility administration				
Notification of infection prevention and control team				
Outbreak reported to the local health officer – LAC Morbidity Unit				
Outbreak reported to LAC Health Facilities Inspection Division <u>or</u> CDPH Licensing & Certification local office				
Notification of patients/residents and family/visitors				
Health facility closed to new admissions				
Health facility reopened to new admissions				
Investigation and Monitoring	N/A	Completed	Date	Signature
Symptomatic healthcare workers (HCW) removed from work and referred to Employee				



Appendix C

APPENDIX C

SCABIES SKIN SCRAPING PROCEDURE

The diagnosis of scabies can be confirmed by microscopic identification of mites, eggs or fecal pellets from specimens obtained by skin scrapings. A physician or nurse from the facility can be taught the procedure by a clinician, the consulting physician or by a nurse or technician who has had professional training to perform the procedure. A confirmed diagnosis of scabies should be made in at least one symptomatic case before recommending wide-spread scabicide prophylaxis in healthcare facility outbreaks.

Equipment

- | | |
|---------------------------------------------|----------------------------------|
| 1. Gloves and gowns | 8. Mineral oil or immersion oil |
| 2. Magnifying glass | 9. Slides and cover slips |
| 3. Light source | 10. Laboratory requisition forms |
| 4. Felt tip pen, green or blue washable ink | 11. Sharps container |
| 5. Alcohol swabs/wipes | 12. Clear nail polish |
| 6. #15 scalpel blade and handle, | 13. Microscope |
| 7. Glass slides or curettes for scraping | 14. Kelly clamp or forceps |

Procedure



Appendix D

APPENDIX D

SCABIES TREATMENT AND PROPHYLAXIS

A. Application of Scabicides: General Principles

1. Follow directions and precautions outlined in the package insert accompanying scabicide.
2. Gowns and gloves are worn when applying scabicides to patients/residents.
3. Bathe patients/residents as usual and change bed linens. Allow skin to dry and cool completely.
4. Apply scabicide to every square inch of skin, from the posterior ear folds down over the entire body. Include intergluteal cleft, umbilicus, skin folds, palms and soles, and webs between fingers and toes. If scabicide is washed off during handwashing, toileting, or perineal care, it must be reapplied.
5. In infants and young toddlers, the elderly, and the immunocompromised, the head (forehead, temples, and scalp) requires application of scabicide. Pay close attention to the area behind the ears. Do not get the scabicide near the eyes or mouth. Prior treatment failure may be an indication to include the head upon retreatment.
6. Fingernails and toenails should be clipped and scabicide applied under nails.
7. A cleansing shower or bath is taken when scabicide is to be removed.
8. Linens and clothing are changed after treatment. Contaminated clothing and linens may be washed in the hot cycle of the washing machine and dried in the hot cycle of the dryer or

Appendix E

APPENDIX E

SCABIES TREATMENT OPTIONS

Scabies Classification	Treatment Options	Dose	How to Treat	Duration of Treatment	Who to Treat?
Typical Scabies	<u>Treatment A</u> 5% permethrin cream (<i>Elimite</i> ®, <i>Acticin</i>)	Adult dose – 30 grams 60-gram tube can treat two adults	Massage cream into skin from under chin to soles of feet Attention to hairline, neck, temple in geriatric patients/residents	One treatment usually sufficient May repeat if needed 7 days after 1 st treatment	Cases > 2 months, healthy adults Used for prophylaxis of asymptomatic contacts
	<u>Treatment B</u> Ivermectin (<i>Mectizan</i> ® or <i>Stromectol</i> ®) oral antiparasitic Used for patients/residents who have failed treatment with or cannot tolerate topical treatment	200 mcg/kg	Given orally to treat suspect/confirmed cases of scabies	Single dose; 2 nd dose may be necessary to eliminate infection	Cases > 12 years
Atypical (Norwegian) or Crusted Scabies	<u>Treatment A</u> 5% permethrin cream (<i>Elimite</i> ®, <i>Acticin</i>)	Adult dose – 30 grams	Massage cream into skin from under chin to soles of feet	Apply once, 2 nd application 12 hrs. later May repeat if needed 7 days after 1 st round of	Cases > 2 months, healthy adults



Appendix F

APPENDIX F

SCABIES TREATMENT OR PROPHYLAXIS WITH PERMETHRIN (ELIMITE®)

Clothing, towels, and bed linen that have been used within the last four days should be machine washed and dried using the hot cycle. Articles that cannot be washed can be dry cleaned or tied in a plastic bag for 3 to 7 days. Floors and carpets should be vacuumed, and the vacuum bag placed in a plastic bag and discarded.

DIRECTIONS

1. Take a bath, soaping the body completely, rinse well, and then dry thoroughly. Allow your body to cool.
2. Apply Elimite® into the skin from the chin to the soles of the feet. Scabies rarely infests the scalp of adults, although the hairline, neck, temple, and forehead may be infested in infants and geriatric patients/residents. Pay particular attention to skin folds and creases. Avoid contact with the eyes. Reapply if washed off following use of the toilet, handwashing, etc.
3. Put on clean clothing. Use freshly laundered bed linens and towels.
4. Leave cream on for at least 8 hours but no more than 14 hours, and then take a warm shower or bath, soaping the body completely, rinsing and drying well.

Appendix G

APPENDIX G

Frequently Asked Questions (FAQs)

SCABIES

1. What is Scabies?

Scabies is a skin infestation caused by human itch mites (tiny bugs). Mites crawl under a person's skin and lay eggs. Scabies infestations often happen in crowded places where close body and skin contact is frequent (such as nursing homes, prisons, childcare centers). Scabies is found worldwide and affects people of all races and social classes.

2. How does Scabies spread?

Scabies usually spreads from having frequent and direct skin on skin contact with a person already infested with Scabies, including sexual partners and household members. Healthcare workers may get infested through skin contact with patients/residents with undiagnosed scabies. Scabies may also spread through contact with an infested person's clothing, bedding or other items.



Key Points:

- Scabies usually spreads through frequent and direct skin on skin contact with a person who has scabies.

Appendix H

APPENDIX H

Frequently Asked Questions (FAQs)

SCABIES FACT SHEET FOR HEALTHCARE WORKERS

1. What is scabies?

Scabies is an infestation of the skin caused by a mite. The female mite burrows into the top layer of the skin. This forms a slightly raised tunnel where the mite lays eggs and leaves waste.

2. How is scabies spread?

The mite is passed from person to person by skin contact or sharing bedding, clothing or other linens with a person who has scabies.



Key Points:

Appendix I

APPENDIX I

CONTACT PRECAUTIONS AND ENVIRONMENTAL CONTROL FOR PATIENTS/RESIDENTS WITH SCABIES

A. Typical Scabies



1. Place patients/residents with typical scabies on contact precautions during the treatment period; 24 hours after application of 5% permethrin cream or 24 hours after last application of scabicides requiring more than one application.
2. HCWs must wear gloves and a long-sleeved gown for direct hands-on contact. Wash hands after removal of gloves.
3. Place bed linens, towels and clothing used by an affected person during the 3 days prior to initiation of treatment in plastic bags inside the patient's/resident's room, handled by gloved and gowned HCW without sorting, and washed in hot water. The hot cycle of the dryer should be used. Non-washable blankets and articles can be placed in a plastic bag for 3 to 7 days, dry cleaned or tumbled in a hot dryer.





Appendix J

APPENDIX J

																
FACILITY NAME																
SCABIES CASE/CONTACT LINELIST FORM: PATIENT/RESIDENT																
IP Name:				Contact Person:												
Date:																
Patient Information							Patient Location			Illness Description						
Name	MRN	Age	Sex	Admit date	Discharge date / To Where	Admission Dx	Exposure Dates	Room # / Unit & Location	Unit / Bed after Exposure	Onset Date	Evaluated for Scabies	Skin Scraping (Y/N)	Scabies Sign Sx	Number of Scabies Tx	Scabies Tx Name	Scabies Tx Date(s)



Appendix L

APPENDIX L

Sample Letter to Discharged Patients/Residents

Facility Letterhead

Date

Dear Patient/Resident:

During your recent hospitalization you may have been exposed to scabies. Although it is unlikely that the exposure will result in you becoming infected with scabies, we want to alert you to the possible exposure. We are working in collaboration with Los Angeles County Public Health and want to ensure that you are informed of the possible exposure and that the appropriate follow-up steps are taken, if needed.



Appendix M

APPENDIX M

Sample Letter to Physicians of Discharged Patients/Residents

Facility Letterhead

Date

Dear Physician:

Our medical center is currently experiencing an outbreak of scabies. The period of potential exposure was from _____ to _____.

Patients/residents whose last date of exposure was more than six weeks ago should be questioned regarding symptoms consistent with scabies. Those patients/residents found to be symptomatic should be evaluated and treated as necessary. Family members and other close contacts should receive prophylactic scabicide therapy at the same time the patient/resident is treated. Permethrin cream 5% (Elimite®) is the recommended agent for treatment of scabies.



Review of Toolkits Available

- [LACDPH](#)
- [CDPH](#)
- [CDC](#)



Resources

- LACDPH WEB PAGE:

<http://publichealth.lacounty.gov/acd/Diseases/Scabies.htm>

- TOOLKIT WITH APPENDIX PDF/WORD:

<http://publichealth.lacounty.gov/acd/Diseases/ScabiesToolkit.htm>

- SCABIES MANAGEMENT POWERPOINT:

<http://publichealth.lacounty.gov/acd/docs/Scabies/ScabiesMgmtPPT.pdf>



Resources

- CDPH
 - <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Scabies.aspx>
 - <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/PrevControlScabiesHealthcare.pdf>



Resources

- CDC
 - <https://www.cdc.gov/parasites/scabies/index.html>
 - <https://www.cdc.gov/parasites/scabies/prevent.html>



Questions





LACDPH Project Firstline

The screenshot shows the top portion of the LACDPH Project Firstline website. At the top left is a 'Translate' button with a globe icon. Next to it is an 'A-Z Index' with a row of letters from A to Z and 'ALL'. On the right is a 'Font Size' control with three 'A' icons. Below these is the 'COUNTY OF LOS ANGELES Public Health' logo, a search bar with a magnifying glass icon, and social media icons for Instagram, Facebook, Twitter, and YouTube. To the right of these is the text 'Acute Communicable Disease Control'. A dark red navigation bar contains the following items: 'Vaccine Hub', 'Therapeutics' with a dropdown arrow, 'Reporting', 'Health Facilities' with a dropdown arrow, 'Cases and Contacts' with a dropdown arrow, and 'LAHAN Alerts'. Below the navigation bar is a large blue banner with the text 'PROJECT FIRSTLINE' in white, bold, uppercase letters. Underneath the banner is a purple rounded rectangle containing two paragraphs of text.

Translate A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL Font Size | A A A

COUNTY OF LOS ANGELES Public Health [Search] [Instagram] [Facebook] [Twitter] [YouTube] Acute Communicable Disease Control

Vaccine Hub Therapeutics ▾ Reporting Health Facilities ▾ Cases and Contacts ▾ LAHAN Alerts

PROJECT FIRSTLINE

Project Firstline (PFL) is a national training and education collaborative created by the Centers for Disease Prevention and Control (CDC) to increase infection control knowledge and understanding among the frontline healthcare workforce.

Project Firstline's innovative content is designed so that—regardless of a healthcare worker's previous training or educational background—they can understand and confidently apply the infection control principles and protocols necessary to protect themselves, their residents, their facility, their family, and their community from infectious disease threats, including COVID-19.



Live Virtual PFL Events on 5/20/2026 & 5/27/2026





**Ask an IP will be back in session on
Wednesday, August 12, 2026**

