

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.

3. What are the symptoms and when do they appear?

The most common symptom is an itchy rash. Often the rash itches most at night. It can appear anywhere on the body but is usually on the hands, wrists, elbows, breasts, armpits, waistline, and groin.

Healthcare workers who have never had scabies before usually notice symptoms about 2 to 6 weeks after their contact with someone with scabies. Healthcare workers who have had scabies before may notice their symptoms sooner, often within a few days to 1 week.

4. How is scabies diagnosed?

Scabies is diagnosed by a doctor or other clinician looking at the rash and/or by taking a scraping from the skin.

5. What is the treatment?

A medicated cream will be prescribed by your doctor or other clinician. It is put on the skin, left on for several hours, and then washed off. You must put on clean clothes and use freshly laundered bed and bath linens. An oral medication may also be prescribed.



Key Points:

- Scabies usually spreads through frequent and direct skin on skin contact with a person who has scabies.
- A prescribed medicine is needed to treat scabies. If you feel deep itching, see a doctor to be tested for scabies.
- It is important to wash all items that belong to a person with scabies using hot water and a hot dryer cycle.
- Itching may continue 2 to 4 weeks after treatment for scabies.

For more information:

Los Angeles County,

Department of Public Health

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

California Department of
Public Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Scabies.aspx>

Centers for Disease Control and
Prevention (CDC)

<http://www.cdc.gov/parasites/SCABIES>

6. As a healthcare worker, what do I do if I think I have scabies?

Healthcare workers must report symptoms consistent with scabies immediately to their employer. The healthcare worker must be removed from work and referred to employee health.

7. Can I spread scabies to my patients/residents or co-workers?

Yes, a person is probably able to spread scabies from the moment of direct contact until after all treatment is complete.

8. When can I return to work if I am a healthcare worker who has been diagnosed with scabies and my job requires skin-to-skin contact with patients/residents?

A healthcare worker can return to work the day following overnight treatment with 5% permethrin cream. Gowns and gloves should be worn 2-3 days for direct patient/resident care until all control measures have been completed to prevent reinfestation.

9. If a co-worker is diagnosed with scabies, what precautions must be taken?

Scabies usually is spread by prolonged skin-to-skin contact with an infested person; persons who have had such contact should be evaluated by a physician or other clinician and treated if necessary.

10. Can a healthcare worker get scabies again?

Yes. In fact, the symptoms (itching and rash) will appear more quickly.

11. Can my family get scabies?

A healthcare worker with scabies can transmit the disease to household members. Household members and other persons with skin-to-skin contact should be preventively treated. Clothing, bedding, and bath linens used within the 3 days before initiation of therapy should be washed in a washer using hot water and dried using the hot drier cycle. Clothing and other items that cannot be laundered should be stored in a closed plastic bag for 3 to 7 days.