

# Managing Households with Recurrent Scabies

**2017 EDITION**

Breaking the cycle of recurrent scabies

Document prepared by:

**ONE  
DISEASE**

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# RECURRENT SCABIES

## BREAKING THE CYCLE

All clinical protocols in this guideline are based on the CARPA Standard Treatment Manual 6th edition. Please follow CARPA at all times.

### Introduction

Scabies and related skin sores and chronic diseases (rheumatic heart and renal disease) affect many children in remote communities, adding to clinical workloads.

For some of these children, the infestation will be very hard to clear, requiring multiple scabies treatments and benzathine penicillin injections for resulting infected skin sores.

This document guides clinical and community staff on strategies to break the cycle of recurrent infestations.

**Time spent on individual early case management of these children and households can lead to improved outcomes, interruption of transmission and reduced workload for clinics in the long run.**

### Case management approach to recurrent scabies

The reasons for recurrent scabies infestations are complex and often a case management approach is required to break the cycle.

It is most important not to blame the primary carer or extended family.

Do not label the carer or family non-compliant, to do so can be received as implying that the carer wants a sick child with unhealthy skin.

Done well, this public health activity can lead to improvements in health and quality of life for the child and family and bring the family, community and health centre closer together.

**It is critical to consider in cases of recurrent scabies, the possibility that a Crusted Scabies client may be in the house undetected.**

**Crusted Scabies clients, when poorly managed, are core transmitters of scabies and close contacts of people with Crusted Scabies can exhibit severe scabies rashes due to exposure to thousands of mites.**

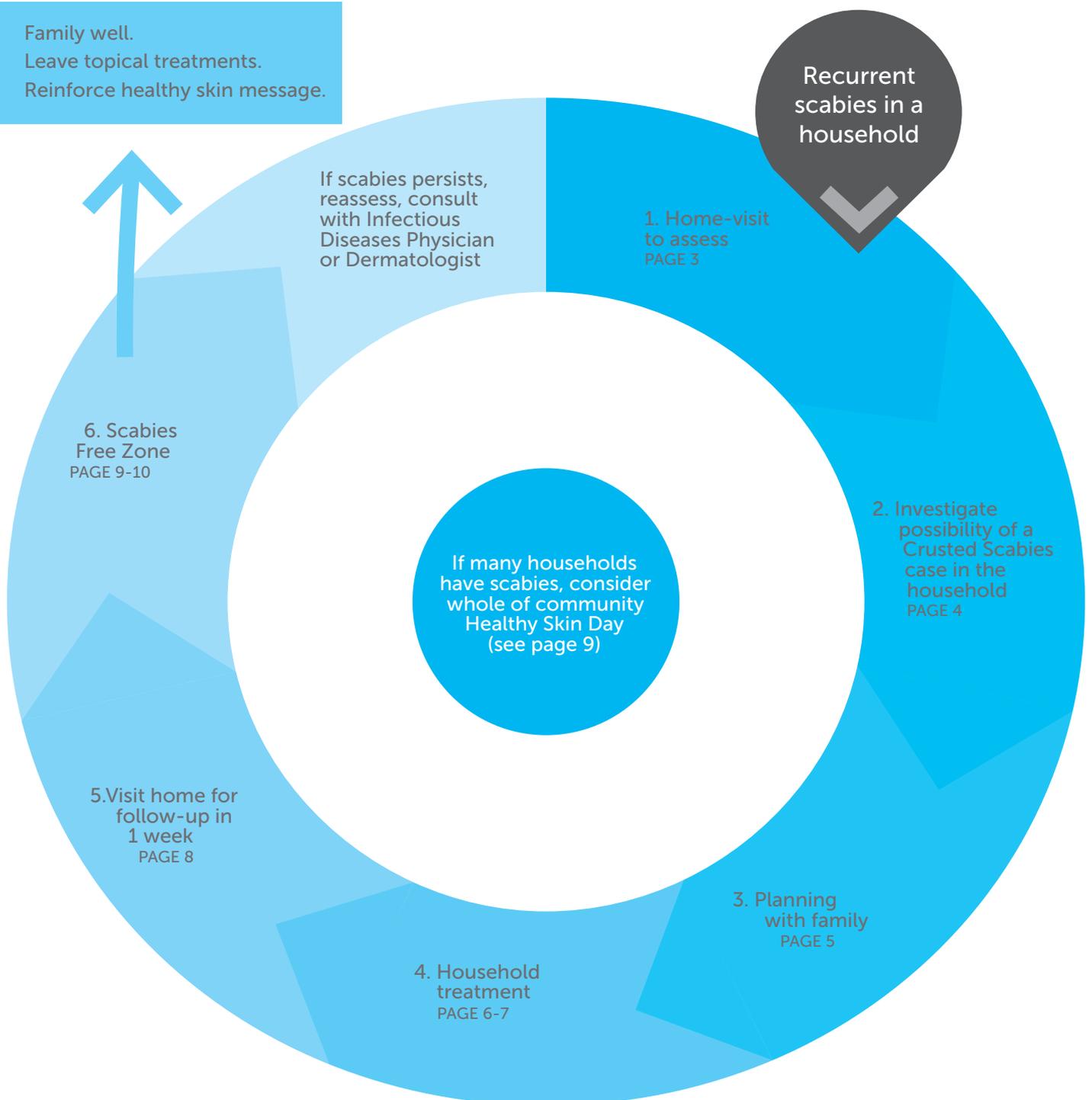
**Children with three or more presentations with scabies in  $\leq 2$  months is considered an indicator for further household investigation.**

# RECURRENT SCABIES

## BREAKING THE CYCLE

If a client has 3 or more presentations with scabies over a period of 2 months we recommend investigating further.

Family well.  
Leave topical treatments.  
Reinforce healthy skin message.



# 1 VISIT FAMILY AT HOME

Home visits are important to build trust, determine the family situation, and plan household level strategies to address scabies infestations. This cannot be done from the Health Centre. Provide education on Crusted Scabies as there may be an undiagnosed family member or frequent visitor with Crusted Scabies. Encourage a Scabies Free Zone.

It is imperative to:

## Assess causes of recurrence

Causes of recurrent scabies in a child despite treatment:

### 1. Treatment was not used correctly

Correct treatment includes full body application of topical treatment including hair/head. The treatment must be left overnight and reapplied if hands are washed. A second treatment is needed one week later for newly hatched mites.

### 2. All household cases AND contacts did not use the topical treatment.

Often only the child (and carer) use treatment but recurrences can occur from household contacts and visiting contacts who are less likely to use treatment.

### 3. The household has an undetected case of Crusted Scabies.

See One Disease resource, Managing Crusted Scabies in Remote Communities 2017 Edition.

## Engage families in finding solutions

Questions to consider:

### 1. Where does the primary carer of the child sit in the family hierarchy?

To ensure effective household treatment, a senior member of the household must be involved when developing a treatment plan with the child's carer.

### 2. What other problems are going on within the family?

It may be more effective to delay treatment day if there are other crises present.

### 3. Is the health hardware in the house working?

Advocate to relevant bodies to get critical health hardware fixed. It is important not to over-promise. Focus on broken taps, blocked toilets, blocked drains and access to washing machines.

### 4. Explain to the primary carer, family members and particularly the senior member of the household.

It is critical everyone uses the topical treatment to break transmission and allow contacts to remain well.

### 5. Provide the household with education on scabies and Crusted Scabies.

# 2 POSSIBILITY OF CRUSTED SCABIES

Is there a known case of Crusted Scabies in the household or a member of the family who may have it? Where there are cases of recurrent scabies, consider if there is someone in the house with Crusted Scabies.

## Ask:

- Community staff and long-term clinical staff at the health centre if any household members have been diagnosed with Crusted Scabies or had recurrent treatments in hospital in the past.

**Crusted Scabies is a highly infectious form of scabies that causes recurrent outbreaks of scabies in households and communities.**

## Check:

- Look for thickened, scaly skin patches – may be 1-2 areas (e.g. bottom, hands, feet, shoulders) or may cover the whole body with thick/flaky crust.
- Scale may have distinctive creamy colour, even in dark skinned people.
- Can look like tinea, psoriasis, eczema, dermatitis.
- Often not itchy.

## Remember:

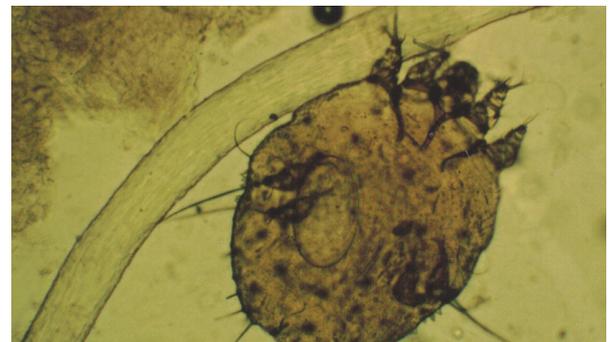
- People with Crusted Scabies may feel shame.
- They may not present to the clinic.
- A person with Crusted Scabies is highly infectious.

**If Crusted Scabies is suspected, undertake a medical review as soon as possible.**



*Crusted Scabies manifestation on the feet of a patient*

See 'Managing Crusted Scabies in Remote Communities' for detailed steps in treatment and management. Always follow CARPA Standard Treatment Manual and contact Infectious Diseases team or Dermatology at Royal Darwin Hospital or Alice Springs Hospital for further advice (see page 11).



*Sarcoptes scabiei mite under microscope magnification*

# 3 PLANNING WITH FAMILY

## Household treatment options

**1. Education only.** Reinforce importance of all of household participating in treatments to create and maintain a Scabies Free Zone.

**2. Clinic facilitated home based treatment** of all members of a household, including education on creating and maintaining a Scabies Free Zone. Supply topical treatment as required.

**3. Family treatment day.** Clinic facilitated treatment and education on scabies and healthy skin for 1-3 households. This is ideal in an extended family, including households where children/adults interact closely. See page 7.

## Considerations

- Repeated treatments and recurrences undermine confidence in treatment and make future engagement harder. It is imperative all household/family members are treated together.
- If frequent treatments have been attempted though failed, it may be appropriate to go straight to the more intensive but effective family treatment day (see page 7).
- When planning with family, remember to consider occasions that may draw people into the community or household (i.e. ceremonies, sporting carnivals etc.). Increased numbers in the community may affect household treatment options.

# 4 HOUSEHOLD TREATMENT

## SELECT MEDICATIONS TO USE

**Treat all of the household (scabies cases and contacts) on day 1.  
Repeat for active scabies cases on day 7.**

### First line treatments;

#### **Permethrin 5% (Lyclear)**

*Instructions on use of Permethrin as per CARPA Standard Treatment Manual scabies chapter.*

- Do not use in children under 2 months (use Crotamiton/Eurax).
- Suitable for children 2 months and over and adults.
- Apply a thin layer of Permethrin 5% cream on whole body including head and face – avoid eyes and mouth.
- Requires overnight application.

#### **Benzyl Benzoate (Benzemul)**

*Instructions on the use of Benzyl Benzoate 25% emulsion as per CARPA Standard Treatment Manual scabies chapter*

- Apply topically to skin from the neck down and leave on overnight.
- Do not use in children under 2 years (use Permethrin 5%, or if under 2 months use Crotamiton/Eurax).
- For children 2-12 years and adults with sensitive skin – dilute with equal parts water (1:1).
- Adults – apply directly.
- Benzyl Benzoate may occasionally cause severe skin irritation. Be sure to test on a patch of skin first. Usually resolves in 15 minutes.

### Consider;

#### **Ivermectin (Stromectol)**

Consider the use of Ivermectin following consultation with a Medical Practitioner.

N.B: Not suitable for use in pregnancy.

- Do not give to children under 5.

**Make sure topical treatments cover the entire body including areas between fingers and toes, feet including soles of feet, under nails and buttocks. Refer to the packaging of each product for further information.**

# 4 HOUSEHOLD TREATMENT

## Family treatment day - making sure everyone joins in

The application of topical treatment is inconvenient, however, ensuring all household members use the treatment is critical to the success of a family treatment day. Make it a fun occasion and consider the following tips to get everyone involved.

### Strategies for Success

- Take time to get the support and interest of a senior household member. Explain the benefits in terms of reduced sores and improved sleep quality. It is important to be flexible with your timing.
- Discuss with the family/household and select a day and time when most of household will be present (e.g. after school in the afternoon).
- Involve senior members of household in helping others apply topical treatments.
- Start the application of topical treatment during the home visit. Start by involving primary carers to apply treatment on children.
- Young children might be frightened. Start with an older person, apply on the arms of carers and staff to get things started. After initial reluctance, often a tipping point is reached where everyone joins in. The trick is to stay positive and keep going until you reach this point.
- Encourage older teens and adults to help each other with application. Highlight wearing topical treatment as a sign of their support for household health and wellbeing.
- Ensure privacy and appropriate consent before applying creams. Parents or primary carers should apply creams on children and be present at all times.
- Be discrete. The family may not want the whole community to know they are being treated for scabies.

### Considerations

- Screen children and record names of children with scabies. Refer other conditions to the local Health Service for treatment. Remember to document all treatments and referrals on Clinical Information Systems.
- If the family agrees, organise a clean-up for the house. Focus on safe hygiene, with the overarching aim of killing mites and creating and maintaining a Scabies Free Zone. If possible, supply cleaning products and equipment for household clean-up (see page 9).
- Avoid other health promotion or clinical activities while doing a family treatment day.

# 5 FOLLOW UP IN 1 WEEK

## Follow-up in one week

### If scabies is resolved

- Make sure a good supply of Permethrin 5% topical treatment is left with the family to treat visitors.
- Leave the topical treatment with the family leader (e.g. senior female member).
- Reinforce Scabies Free Zone message.

### If scabies persists

- Visit the family at their home and discuss the treatment i.e. what went well and what could be improved.
- Offer more topical treatment and promote the use of treatment with all contacts.
- Review previous steps to check if something else can be done to assist the family.
- If scabies is thought to still persist in one or more people, arrange a medical or nursing review. A further round of topical therapy may be required.
- Keep in mind, the itch may persist for 1-2 weeks following effective treatment.
- It is most important not to blame the family. In these cases, there may be something else going on and if that can be resolved, the scabies cases will often be treated by the family themselves. This may take time and patience.

**Problem solve with the family – they are part of the treatment team.**

**Consider a Healthy Skin Day if many households in the community have scabies (see NT CDC Healthy Skin Program).**

# 6 SCABIES FREE ZONE

## Safe Hygiene

The aim of safe hygiene is to kill scabies mites and promote the creation and maintenance of a Scabies Free Zone. While treatment of household members is the most important aspect of creating a Scabies Free Zone, shedding of crusts containing thousands of mites into the environment by a Crusted Scabies client can be a source of reinfestation. Mites usually only survive off the body for 3-5 days in optimum conditions (warm temperature and high humidity).

Clients with scabies spread mites via direct skin-to-skin contact and only have 5-10 mites, however, the skin shed by a Crusted Scabies client can contain thousands of live mites and can infect others without direct skin-to-skin contact. A household clean-up is therefore an important aspect of creating a Scabies Free Zone. If the household has a Crusted Scabies client who has been hospitalised, this must be done before the client returns home.

To maintain a Scabies Free Zone, any subsequent visitors to the house with possible scabies must be quickly identified and treated.

### Strategies for Success

- If the family agrees, facilitate a clean-up for the house, with a focus on creating and maintaining a Scabies Free Zone. If required, supply cleaning products and equipment. The clean-up should be developed with the family and should be realistic.
- If available, use a vacuum cleaner to suck up mites and skin flakes from floors, furniture and vehicles.
- Ensure that soiled clothes and linen are washed (preferably in hot water) and dried. Where washing machines are unavailable, clothes and linen can be isolated in a sealed plastic bag for one week to kill the mites.
- If the household has a client with Crusted Scabies, their linen and clothes will need to be washed daily. See One Disease resource, *Managing Crusted Scabies in Remote Communities*, 2017 Edition.
- Identify any potential barriers and trouble-shoot these with the family. Consider additional individuals and resources available in the community which may provide assistance. It may be appropriate to include Care Coordinators, Community Based Workers, Aboriginal Health Practitioners or Council workers.

### Considerations

- Take the time to gain support and interest from households and the community. Explain the concept of safe hygiene, i.e. the goal of killing mites.
- The focus should be on safe hygiene and be realistic to help the community to create households that are Scabies Free Zones. Be mindful that you are entering somebody's home and have a respectful approach.

# 6 SCABIES FREE ZONE

## Community-wide Healthy Skin Day checklist

### Checklist

1. Select appropriate day in consultation with senior members of the community.
2. Ensure you have investigated and appropriately responded to any possible cases of Crusted Scabies in the community. See One Disease resource, *Managing Crusted Scabies in Remote Communities, 2017 Edition*.
3. Ensure sufficient clinical staff attending on the day (2-3 staff attend at each household visit).
4. Supply consumables: Permethrin 5%, Benzyl Benzoate (cups to mix BB 1:1 with tap water for children 2-12 years), crotamiton cream, gloves, rubbish bags etc.
5. Take a sheet to record names of those with scabies to enter into Clinical Information Systems. Use these records to follow up for the second dose of treatment for active scabies cases 7 days later.

This is a recurrent and common disease that is associated with shame. Household treatment places a significant burden on families so focus on building rapport and engaging community members to take ownership.

See NT CDC Healthy Skin Program for more information.



*Clothes and linen should be washed and dried.*



*If clothing and linen cannot be washed, bag and isolate for 7 days to kill mites.*

# FOR MORE INFORMATION

For clinical advice consult the CARPA Standard Treatment Manual or Infectious Diseases specialists or Dermatology via the switchboards of Royal Darwin Hospital on 08 8922 8888 or Alice Springs Hospital on 08 8951 7777.

For information on this document contact One Disease [www.onedisease.org](http://www.onedisease.org), [contact@onedisease.org](mailto:contact@onedisease.org)

## **Useful Scabies Resources**

- Healthy Skin Program: Guidelines for Community Control of Scabies, Skin Sores, Tinea and Crusted Scabies in the Northern Territory, 2015 Edition (Centre for Disease Control, NT)
- Recognising and treating skin conditions, 2009 (Menzies School of Health Research) [https://www.menzies.edu.au/page/Resources/Recognising\\_and\\_treating\\_skin\\_conditions/](https://www.menzies.edu.au/page/Resources/Recognising_and_treating_skin_conditions/)
- Managing Crusted Scabies in Remote Aboriginal Communities, 2017 Edition (One Disease)







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