

# **General Information**

Scabies is an infestation of the skin by the human itch mite (*Sarcoptes scabiei* var. *hominis*). The tiny scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The scabies mite is usually spread by <u>direct, prolonged, skin-to-skin contact with a person who has scabies</u>. The most common symptoms of scabies are intense itching, mostly at night, and a pimple-like skin rash. The itching is caused by an allergic response to the fecal droppings of the mite. Typically the rash is around the waist, under the breasts, and/or the arms. The rash is normally not found above the neckline.

Scabies can spread rapidly under crowded conditions where close body and skin contact is frequent. Institutions such as nursing homes, extended-care facilities, and prisons are often sites of scabies outbreaks. Childcare facilities are also are common sites of scabies infestations.

# What is crusted (Norwegian) scabies?

Crusted scabies is a severe form of scabies that can occur in some persons who are immunocompromised (have a weak immune system), elderly, disabled, or debilitated. Persons with crusted scabies have thick crusts of skin that contain large numbers of scabies mites and eggs. Crusted scabies are very contagious to other persons and can spread the infestation easily both by direct skin-to-skin contact and by contamination of items such as their clothing, bedding, and furniture. Infected persons may not show the usual signs and symptoms of scabies such as the characteristic rash or itching (pruritus). Rash will appear above the neckline. Any one infected should receive quick and aggressive medical treatment for their infestation to prevent outbreaks of scabies.

# How soon after infestation do symptoms of scabies begin?

If a person has never had scabies before, symptoms may take as long as 4-6 weeks to begin. If a person has had scabies before, symptoms usually appear (1-4 days) after exposure. The transmission/spread of scabies can still occur if symptoms are not present.



# What are the signs and symptoms of scabies infestation?

The most common signs and symptoms of scabies are intense itching (pruritus), especially at night, and a pimple-like (papular) itchy rash. The itching and rash each may affect much of the body or be limited to common sites such as the wrist, elbow, armpit, webbing between the fingers, nipple, penis, waist, beltline, and buttocks. The rash also can include tiny blisters (vesicles) and scales. Scratching the rash can cause skin sores; sometimes these sores become infected by bacteria.

Tiny burrows are sometimes seen on the skin; these are caused by the female scabies mite tunneling just beneath the surface of the skin. These are found most often in the webbing between the fingers, in the skin folds on the wrist, elbow, or knee, and on the penis, breast, or shoulder blades. The head, face, neck, palms, and soles often are involved in infants and very young children, but usually not with adults and older children. Persons with crusted scabies may not show the usual signs and symptoms of scabies such as the characteristic rash or itching (pruritus).

## How are scabies transmitted?

Scabies usually is <u>spread by direct</u>, <u>prolonged</u>, <u>skin-to-skin contact with a person who has scabies</u> (a <u>quick handshake or hug usually will not spread scabies</u>). Scabies is spread easily to sexual partners and household members. It is sometimes spread indirectly by sharing articles such as clothing, towels, or bedding used by an infected person; however, such indirect spread can occur much more easily when the infested person has crusted scabies.

# How is scabies infestation diagnosed?

Diagnosis of a scabies infestation usually is made based on the customary appearance and distribution of the rash and the presence of burrows. The rash is generally in between the webs of the fingers, wrist, elbow or knees and around the waistline. Whenever possible, the diagnosis of scabies should be confirmed by identifying the mite, mite eggs, or mite fecal matter by conducting a skin scrapping. This is important since there are other conditions that can cause intense itching.

# How long can scabies mites live?

On a person, scabies mites can live for as long as 1-2 months. Off a person, scabies mites usually do not survive more than 48-72 hours. Scabies mites will die if exposed to a temperature of 50°C (122°F) for 10 minutes. Hence, they like the warm areas of the body.



### Can scabies be treated?

Yes, products used to treat scabies are called *scabicides* because they kill scabies mites; some also kill eggs. Scabicides to treat human scabies are available only with a prescription. The treatment may have neurotoxicity, so confirmation of diagnosis is important.

Treatment is also recommended for household members and sexual contacts, particularly those who have had prolonged skin-to-skin contact with the infested person.

### How can I remove scabies mites from my house or carpet?

Scabies mites do not survive more than 2-3 days away from human skin. Items such as bedding, clothing, and towels used by a person with scabies can be decontaminated by machine-washing in hot water and drying using the hot cycle or by dry-cleaning. Items that cannot be washed or dry-cleaned can be decontaminated by removing from any body contact, placing in a plastic bag and tightly seal for at least 72 hours.

Because persons with crusted scabies are considered very infectious, careful vacuuming of furniture and carpets in rooms used by these persons is recommended. Fumigation of living areas is unnecessary.

#### How can I remove scabies mites from my clothes?

Scabies mites do not survive more than 2-3 days away from human skin. Items such as bedding, clothing, and towels used by a person with scabies can be decontaminated by machine-washing in hot water and drying using the hot cycle or by dry-cleaning for items that cannot be washed or dried. Other items, such as stuffed animals should be thrown away or placed in a tightly sealed plastic bag for greater than 72 hours.

References:

1. www.cdc.gov

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