

# BED BUGS VS. SCABIES WORKSHOP:

## SCABIES OVERVIEW

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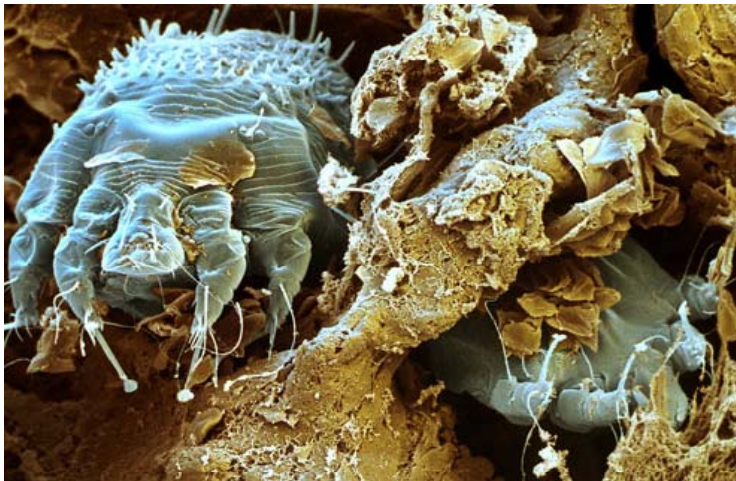
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What is the difference?

Scabies  $\neq$  Bed bugs

# Appearance

## Scabies



## Bed bugs



# Kind of bug



## Scabies

- Parasite: They enter the skin, burrow and lay eggs.

## Bed bugs

- Ectoparasite:  
Wingless bloodsuckers that eat and run.

# Manifestation

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## Scabies

- Scabies infestation forms papules and burrows which appear as lines on the skin

## Bed bugs

- Bedbug bites resemble flea or mosquito bites

# Scabies infestation

# Bed bug bites



# Scabies burrows



# Transmission



## Scabies

- Direct person-to-person contact, usually

## Bed bugs

- Bedbugs bite people while they are asleep in bed, usually



# Complications

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## Scabies

- Secondary skin infections are common from scratching; these infections can be serious

## Bed bugs

- Infections are rare

# Communicability

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## Scabies

- ❑ Scabies can be passed to other people until treatment takes effect

## Bed bugs

- ❑ Bed bug bites cannot be passed from one person to another; but until they are rid from the facility, they will return for more meals

# Eradication



## Scabies

- Scabies infestations are removed by applying a topical cream

## Bed bugs

- Bed bug eradication requires pest control intervention on the entire facility

# Scabies Cream

# Pest Control



# Financial impact



## Scabies

- Topical cream, permethrin, costs less than \$20

## Bed bugs

- Pest control services can be extremely expensive

# Similarities

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## **Itching:**

Both itch. Scabies itching is more intense, especially at night

## **□ Public Relations:**

News of either in your facility can be damaging, although bed bugs are notorious

# What is scabies?



- Contagious skin condition caused by the presence of the human itch mite under the skin
- Adult female scabies deposit 2 to 3 eggs a day as they burrow through the skin
- Eggs reach adulthood in 10-17 days

# Incubation Periods Vary



- When a person gets scabies for the first time, the rash and itching, especially at night, develops 2 to 6 weeks after exposure
- If a person has had scabies before, the incubation period is only 1-4 days



# Kinds of scabies

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## □ **Typical scabies**

Persons with typical scabies have relatively few actual mites on their body at any given time

## □ **Atypical scabies**

Atypical scabies can occur when diagnosis and treatment is delayed, resulting in hundreds to thousands of scabies.

Appearance includes extensive skin lesions, crusting and scaling

# Atypical scabies (aka crusted scabies)



# Identifying scabies

## □ Preliminary diagnosis

- Red bumps with a blistery appearance called papules, and burrows
- Most common on wrists, finger webs, breasts, waistline, lower abdomen, genitals, buttocks

## □ Definitive diagnosis

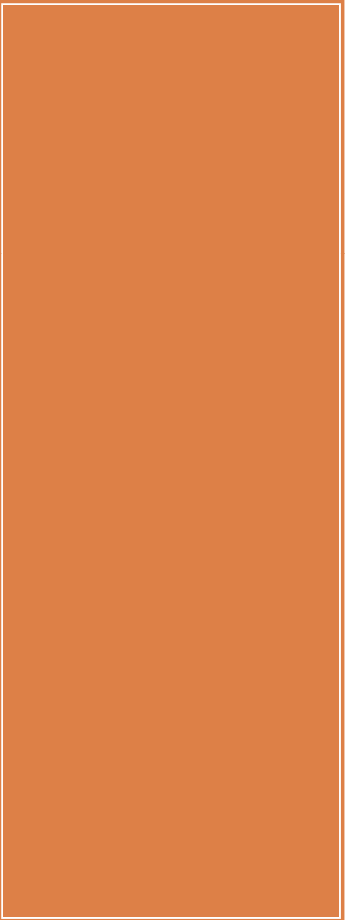
- Skin scrapings taken by a dermatologist may or may not lead to microscopic identification
- Negative scraping does not rule out scabies infestation
- It is easy to get a positive scraping from someone with atypical scabies



# NEURODERMATITIS?

# Treating Scabies



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- 5% permethrin cream is drug of choice
  - Adult dose is 30 grams (half a tube)
  - Wear gloves and gown when applying scabicide to residents

# Preventing Scabies: Fundamentals



- Group living facilities should have a prevention program for assessing skin, hair and nails of all new residents upon arrival
- Any itching, rashes and/or skin lesions should be documented and acted upon

# Elements of Scabies Prevention Plan



- ❑ Plan should be written; it should include policies and procedures
- ❑ Staff should be trained to be aware of symptoms on themselves and on residents
- ❑ Plan should include new resident and new employee screening policy
- ❑ Plan should require access to a dermatologist experienced with scabies
- ❑ Support from administration



# OUTBREAK MANAGEMENT

**Residential care facilities are especially vulnerable to disease outbreaks**

**Outbreak management must be swift and thorough**



# Outbreak Management Plan



## □ Goal:

- ▣ Identify how the outbreak occurred
- ▣ Take action to prevent further transmission of scabies cases

## Definition:

An outbreak is an increase in the incidence of new cases above baseline within a given time and geographical area, e.g., floor, wing, facility

# Outbreak Management Steps



- ❑ 1. Remove from work any staff with signs or symptoms; refer them to a dermatologist
- ❑ 2. Evaluate residents in affected areas; place residents with suspected scabies in contact isolation
- ❑ 3. Report scabies outbreaks and any atypical (crusted) scabies to the NSHD
- ❑ 4. Facility key staff meet with NSHD representative

# More Outbreak Management



- 5. Identify who brought scabies to the facility. If two or more staff working in the same area get scabies, the likely source case is a resident with atypical scabies
- 6. Dermatologist to confirm scabies via microscope
- 7. Prepare line listing of symptomatic staff and residents. Prepare a separate line listing of contacts. Evaluate contacts for scabies

# More Outbreak Management



- 8. Treat all symptomatic staff and residents with scabicide; provide preventive scabicide to contacts; perform environmental cleaning. Ideally, all of this occurs within 24 hours to prevent re-infestation
- 9. Provide training to staff on signs and symptoms
- 10. Arrange for follow-up evaluation and preventive treatment of discharged residents who were contacts to scabies.



QUESTIONS?