BED BUGS VS. SCABIES WORKSHOP:

SCABIES OVERVIEW

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What is the difference?

Scabies ≠ 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

- **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

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

- **Bed bugs**
  - Infections are rare
## Communicability

<table>
<thead>
<tr>
<th>Scabies</th>
<th>Bed bugs</th>
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<tbody>
<tr>
<td>Scabies can be passed to other people until treatment takes effect</td>
<td>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</td>
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Eradication

- Scabies infestations are removed by applying a topical cream
- Bed bug eradication requires pest control intervention on the entire facility
Financial impact

- **Scabies**
  - Topical cream, permethrin, costs less than $20

- **Bed bugs**
  - Pest control services can be extremely expensive
Similarities

**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

- **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?
Treat Scabies

- 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
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
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.