

Scabies		
V2.1	Last reviewed: 19/01/2023	Review date: 19/01/2026

SKIN AND SOFT TISSUE INFECTIONS

Scabies ([CKS Scabies](#))

Scabies is an intensely itchy skin infestation caused by the human parasite *Sarcoptes scabiei*.

Management of scabies involves:

- **Simultaneously treating** the affected person and all household members, close contacts, and sexual contacts with a topical insecticide, even in the absence of symptoms.
- Providing information on scabies, including information on how the insecticide should be applied.
- Considering symptomatic treatment for itching (for example topical crotamiton).
- Treating any complications (such as cellulitis).

Hygiene measures are important in the management of scabies and include:

- Bedding, clothing, and towels (and those of all potentially infested contacts) should be decontaminated by washing at a high temperature (at least 60°C) and drying in a hot dryer, or dry-cleaning, or by sealing in a plastic bag for at least 72 hours.
- Bedclothes and clothing should be changed and washed after treatment.

Patient Information Leaflets ([BAD](#) and [NHS](#))

Diagnosis:

Early diagnosis is important, and if in doubt, or a possible case of crusted scabies, **referral to a dermatologist** is recommended.

There has been a widespread increase in the number of cases of scabies, especially associated with residential institutions. Resistance to insecticides is increasing although many failures are due to inadequate treatment.

If there is spread (i.e., more than 1 case) **or a single case of the more infectious crusted scabies within a care home institution**, the Infection Prevention and Control Team should be contacted as all residents and staff may need to be treated simultaneously.

- CityCare Infection Prevention & Control Team (0115 8834902) or
- ICB County Infection Prevention & Control Team (01623 673081) or e-mail nnicb-nn.ipc@nhs.net or
- ICB Bassetlaw area Infection Prevention & Control Team (01777 590027)

For other institutions (including schools and nurseries) refer to the UKHSA: 03442254524

Please see [UKHSA](#) guidance on the management of scabies cases in long-term care facilities.

Where occupational exposure of staff has led to their need for treatment, it is recommended that the employer should consider funding any treatment rather than staff paying for their own treatment, either OTC or via a prescription. Where a prescription is required, the staff member should discuss this with their own GP.

Treatment:

Scabies is very rare in children under 2 months of age. Specialist (paediatric dermatology) advice should be sought if treatment is required for this age group.

- **Permethrin 5%** is currently the treatment of choice for therapy and prophylaxis and is safe in pregnancy and breast-feeding (unlicensed use).
- The whole body from the jaw line down should be adequately covered with permethrin and washed off after 8-12 hours.
- Particular attention should be paid to the areas between fingers and toes, under nails, wrists, armpits, external genitalia, breasts, and buttocks.

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- In children 2months-2years, the immunosuppressed and the elderly, the cream should also be applied to the face, neck, scalp, and ears as well (avoiding contact with eyes), as they are at a greater risk of infestation of the face and scalp.
- **The cream must be reapplied if washed off during that time (especially after washing hands).**
- **Malathion 0.5% aqueous liquid** can be used if permethrin is ineffective or not suitable.
- The whole-body including face, neck, scalp, and ears should be adequately covered with malathion and washed off after 24 hours.
- **The liquid must be reapplied if washed off during that time (especially after washing hands).**

Both treatments should be applied to cool dry skin (not after a hot bath) and allowed to dry before the person dresses in clean clothes.

Both treatments need to be reapplied after 7 days.

Medicine ¹	Dosage	Duration	Quantity per application
First line			
Permethrin 5% cream (from 2 months of age) <i>Available OTC from 2 years</i>	See written instructions provided with medication	Apply ONCE, leaving on for 8-12 hours, and repeat after 7 days	2 months to 1 year: up to an eighth of a tube (3.75g) 1-5 years: up to a quarter of a tube (7.5g) 6-12 years: up to half a tube (15g) Adults and children >12 years: usually up to one tube (30g). No more than two tubes should be used at each application.
Second line			
Malathion 0.5% aqueous liquid <i>Available OTC from 6 months</i>	See written instructions provided with medication	Apply ONCE, leaving on for 24 hours, and repeat after 7 days	Adult: 100ml (half a 200ml bottle) of lotion is usually enough for one application
¹ See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.			

Crusted/recurrent scabies:

If suspected, dermatology specialist advice should be sought. The patient may require combination topical insecticide and oral ivermectin (unlicensed in UK). Ivermectin prescribing should be maintained by the specialist and not undertaken in primary care.

Itch:

The itch and eczema of scabies persists for some weeks after the infestation has been eliminated, consider symptomatic treatment. Washing with an emollient after treatment may reduce the itching.

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Version	Author(s)	Date	
V2.1	Nichola Butcher	19/01/23	Added definition and management of scabies. Updated IPC contact details and added that institutions provide treatment for staff. Hygiene measures and PIL added. Usage instructions added and suggested quantities to use. Information added about ivermectin