



PAEDIATRIC ACUTE CARE GUIDELINE

Scabies

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this DISCLAIMER
<http://kidshealthwa.com/about/disclaimer/>

Scabies

Scabies is a skin condition resulting from the infestation of *Sarcoptes scabiei* mites.

Background

- *Sarcoptes scabiei* mites are transmitted by prolonged direct human contact, and rarely by fomites
- Pruritus is caused by hypersensitivity to the eggs, faeces and mites
- A person may have mites and transmit them without having symptoms or signs

Assessment

- Diagnosis is usually clinical
- The clinical picture of pruritus and primary lesions (burrows, papules, vesicles and pustules) develops at 4-6 weeks after infestation
- Burrows (long tracks) are commonly **not** seen in children
- Pruritus is worse at night, and may manifest as irritability in infants
- **Distribution:**
 - Facial involvement is uncommon in children < 5 years
 - Infants - usually palms, soles, axillae and scalp
 - Children - usually involve web spaces of fingers, flexor surfaces of arms/wrists/axillae and waistline
- Persistent lesions at 1 month suggest reinfection or persistent infection
- Secondary excoriation and bacterial infection is frequent
- Lichenification may occur with chronic infection

Initial management

- Mainstay of treatment is topical antiparasitics
 - Treatment failure is relatively common and is usually due to noncompliance
 - A second treatment with permethrin 5% 1-2 weeks later is reasonable

<ul style="list-style-type: none"> • Children under two years old must be treated all over with antiparasitic preparations: include skin folds and face, avoid mouth and eyes <ul style="list-style-type: none"> ◦ Apply over entire body to cool, clean, dry skin
<ul style="list-style-type: none"> • Older children should be treated from chin down; this includes ears and nape of neck into hairline for best results
<ul style="list-style-type: none"> • Asymptomatic family members and close contacts (babysitters, grandparents) should be treated at the same time

- **Pruritus** frequently takes one week or more to resolve after treatment
 - Eurax or Calamine lotion (both available without prescription) may be indicated to control itch until symptoms resolve
- Consider treatment of **secondary infection**: Mupirocin (Bactroban), or oral antibiotics if more extensive

Further management

- Bed linen and clothing should be washed in hot water and sun dried
- For clothes where this is not possible, items should be ironed or stored in a plastic bag for 72 hours

Medications

Permethrin 5% (e.g. Lyclear)
Application:
<ul style="list-style-type: none"> • Cream disappears when rubbed gently into skin • Reapply to hands if washed within 8 hours of application • Rinse after 8-14 hours with warm soapy water • Repeat after 7 days • Most lesions clear after a single application • May cause a mild, transient stinging sensation
Amount:

- Children >12 years apply up to one 30g tube
- 5-12 years up to 1/2 tube
- 1-5 years up to 1/4 tube
- 2-12 months up to 1/8 tube
- Adults may occasionally require more than a single tube for coverage

Safety:

- Limited data regarding use in pregnancy, but suggests risk of fetal toxicity is minimal. This is the current KEMH recommendation for treatment of pregnant and breast feeding women.
- Australia product information recommends use in infants 6 months or older, however, the equivalent US information confirms both safety and efficacy in infants 2 months of age and older. Safety and efficacy below this age is not established.

Note that PMH pharmacy will fill scripts for adult contacts of paediatric patients - [Scabies Prescription for Patient Contacts](#)

Nursing

- Contact Precautions - gloves and long sleeve gowns
- Place all linen in a plastic bag and then into the usual laundry bag

Tags


antiparasitics, arms, axillae, bacterial, bactroban, burrows, Calamine lotion, eggs, Eurax, excoriation, faeces, fingers, fomites, hypersensitivity, infection, irritability, itch, itchy, lesions, lichenification, lyclear, mites, mupirocin, night itch, palms, papules, permethrin, pruritus, rash, sarcoptes scabiei, scabies, scalp, soles, topical, vesicles and pustules, waistline, web spaces, wrists

References

1. [WA Health OD 2043/06](#) - Insecticide Treatments For Scabies, Head Lice, Body Lice, Pubic Lice. Thursday, 30 March 2006
2. Australian Medication Handbook Children's Dosing Companion, Australian Medicines Handbook Pty Ltd, 2015. Online at: <https://children's.amh.au>
3. WA Health. Child and Adolescent Health Service Infection Control Manual - Lice and Scabies, March 2014

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