If you suspect you have contracted scabies or would simply like more information, contact your pharmacist, or GP. If required, further advice is available from the Public Health Protection Unit at Greater Glasgow & Clyde NHS Board.

For further information please log onto our website:

http://www.nhsggc.org.uk

Public Health Protection Unit
West House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow G12 0XH

Phone: 0141 201 4917
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E-mail: phpu@ggc.scot.nhs.uk
**What is scabies?**
Scabies is a contagious skin condition caused by a tiny parasite (mite) that burrows under the top layer of human skin. (Sarcoptes scabiei). The intense itching associated with scabies is thought to be due to the body’s immune system reacting to the mites, their saliva, eggs and droppings.

**Who does it affect?**
People from all walks of life can be affected by scabies.

**How does it spread?**
Scabies mites can’t fly or jump, which means they can only move from one human body to another if two people have direct and prolonged physical skin-to-skin contact. Indirect transfer from clothes and undergarments does not usually occur unless an infected individual has an underlying skin condition e.g. Eczema, which leads to shedding of skin scales with attached mites, or has crusted (Norwegian) scabies, which is a complication which can affect people with poor immune systems. This is because a person with scabies will normally have around 5-15 mites on their body; whereas in a person with a poor immune system, hundreds or even thousands of mites may be present on the body, making it more likely to spread easily with less contact. Outbreaks may occur in households, hospitals, nursing homes, childcare centres and other institutional settings where people spend a lot of time in close proximity to one another.

**What are the symptoms?**
There may be no symptoms for 4-6 weeks after infection. The first symptom is usually an intense itchiness, A rash which is variable in appearance may appear anywhere on the body. The itch is commonly worse at night when the body is warmer. The areas most commonly affected are skin folds between fingers, the inner surface of wrists and elbows, under the armpits, around the nipples in females or around the genitals in males. In infants, blisters or pustules (pus filled blisters) can occur on the palms of the hands and soles of the feet. The rash can also be found around the waist and the buttocks; essentially it can occur almost anywhere on the body. It consists of tiny red spots and burrow marks—short wavy, silver coloured lines on the skin are characteristic of scabies. A tiny black dot—the scabies mite—may be seen at one end of the burrow using a magnifying glass.

**Can pets give me scabies?**
No. The mite which causes infection in humans is only caught from another person.

**Should I see a doctor?**
Yes. Proper identification of scabies requires experience as it is easily confused with other skin conditions. Sometimes a dermatologist (skin specialist) may be involved. A scraping of the skin may confirm the diagnosis.

**Will I need treatment?**
If scabies is diagnosed treatment is essential. This consists of a special cream that is applied to the skin. Two treatments, a week apart, is usually advised. It is important to follow the instructions carefully, otherwise the treatment may fail. People can return to school/work etc once the first treatment has been applied and washed off —usually around 24 hours—check the manufacturer’s instructions on the product leaflet. Treatment should be applied to the whole body (including the scalp, neck, face and ears if patient is under 2 years old). Particular attention should be paid to the webs of the fingers and toes, and lotion brushed under the ends of the nails (it is best to cut the nails short to make it easier to keep them clean). Re-apply the treatment to hands/wrists whenever you have to wash your hands in the treatment period. An oral treatment called Ivermectin is now available for use by individuals with severe scabies not responding to skin applications alone; (e.g. crusted i.e. Norwegian scabies) a dermatologist will usually be asked for advice before this is given. The advice about when you can return to work/school etc may be different if you have crusted (Norwegian) scabies as this spreads to other people a lot more easily; this can be discussed with your GP or your local Health Protection Team (telephone number at end of this leaflet).

**Will the itch persist after treatment is complete?**
The itch can continue from a few days to two weeks. Although the cream destroys the mites and eggs, parts of the mites’ bodies continue to cause an allergic reaction for a limited time and the itch can be worse for the first few days after the treatment has been given. This is normal and does not mean that the treatment has failed. Antihistamine treatments can be prescribed by your GP or bought over the counter from your chemist and these may help control the itch. If your skin has not healed 4 weeks after your treatment is completed then speak to your GP or dermatologist.

**What happens to my skin?**
The skin marks from scabies usually clear up within 2 weeks of treatment, but in some children it may take up to 2 months to disappear (especially if the skin as been badly scratched). 

**Are there any complications?**
On some occasions, persistent scratching may damage the skin, allowing bacterial infection to occur. If this happens, antibiotic treatment may also be required.

**What are the implications for families?**
It is usual for everyone in the household to be treated, regardless of whether they have symptoms or not. (Remember it can take up to six weeks to show symptoms). All household members without symptoms require only one treatment at exactly the same time to avoid being re-infected at a later date. Those with symptoms and/or a diagnosis of scabies may require a further treatment, usually a week later.

**What about bed linen and clothing?**
On the day you first apply the cream or lotion, you should wash all bed linen, nightwear and towels at a temperature above 50c (122F). If you are unable to wash certain items, place them in a plastic bag for at least 72 hours. After this time, the scabies mites will have died. In cases of crusted scabies, you should clean the floors in your house and thoroughly vacuum your carpets and furniture, including the armchairs and sofa. If you have been diagnosed with scabies, avoid close and prolonged physical contact with others until you have applied the cream or lotion. You should also try to avoid close contact with other members of your household until their treatment has been completed, if possible.