

What is Scabies?

Scabies are very small mites that burrow into the upper layers of (human) skin to lay eggs. The eggs hatch in about 21 days. The burrows look like thin pencil marks or grayish-white or skin colored very fine lines on the skin. The body reacts to these mites by producing intense itching, usually worse during the night, and a rash, sometimes pimple-like. The most common places for the rash to appear are between the fingers, in the elbow, wrist or arm pit, or in skin folds. The Scabies transfer by crawling; they do not hop or fly and are not transmitted by casual contact, rather, Scabies (human) are transmitted by prolonged, direct skin-to-skin contact with an infected person. Animals/pets do NOT transmit human scabies. Often symptoms do not appear for up to 8 weeks after exposure. Although the mites do not carry disease, one may get a secondary skin infection from the scratching. Even after treatment, the itching may persist for up to 2-4 weeks. Scabies effect people from all walks of life and are not indicative of poor hygiene. There is NO over the counter treatments that are tested and proven effective. Scabicides intended for animals/pets should NOT be used on humans and lice treatment medication is NOT effective for scabies. Scabies should be diagnosed by a health care provider and directions for treatment from the health care provider should be followed carefully.

How is Scabies Detected?

The most common sign of scabies is the rash, which may appear as small, scattered red spots or small sores over the hands/between fingers and over wrists. Other skin fold areas may be affected as well. Small, faint lines may also be observed in those areas. Usually there is significant itching and scratching. You child may have difficulty sleeping due to the intense itching at night.

How is Scabies spread?

Scabies are spread by direct, prolonged, skin-to-skin contact with persons infested with the mite. Occasionally infestation may occur through bedding, clothing and shared towels.

Case Findings – Administrative Procedures

When a teacher suspects a suspicious rash, the student will be referred to the school nurse who will confirm the presence of the skin rash.

- The School nurse should notify the parents and refer the student to their healthcare provider. Encourage parents to examine siblings and housemates for signs of a rash and report to their healthcare provider.
- The school nurse should check other students **with symptoms** of scabies in the classroom.
- The student may return to school once adequate treatment has been initiated.
- Although itching may continue for 2-3 weeks, it does not mean that the student is still infested.
- Confirm treatment has been initiated when the student returns to school. This confirmation may be from the parent/guardian or healthcare provider's note. If re- treatment is ordered, make a note to recheck the student at the appropriate time.
- The school social worker will be notified if the student is absent for an extended period of time due to scabies infestation.

Control Measures

- Do NOT use over the counter remedies as they are not tested and proven. Do NOT use scabicides intended for animals.
- Good hand washing is recommended.
- All household members should be treated simultaneously to prevent re-infestation.
- Bedding, clothing and towels should be washed in hot water and dried in hot dryer.
- Clothing that cannot be laundered should be removed and stored for several weeks, or dry cleaned.

References:

www.ncbi.nlm.nih.gov www.cdc.gov/parasites/scabies
www.webmd.com/skin-problems-and.../tc/scabies-topic-overview