SCABIES in the community

Scratching Below the Surface

August 27, 2018
Picture it......

- June 2018
- The day of the IPAC-MB conference
- My work phone rings......
It’s a Friday of course…

• The call is from a private company that runs group homes…
• She is looking for disposable gowns
• I don’t have access to any so I tell her to call a medical supply company in the city like Steven’s
• I ask her why she needs gowns and she says she needs them for her workers in a group home because they have a scabies case…
• I put in a call to public health for more details.....a CDC
The initial case

- Woman in her 50s
- Lives in a privately owned group home in the community
- Multiple health issues
- Non-mobile - uses wheelchair
- Non-verbal
- Workers noticed rash about 4-6 months ago – PCP diagnosed eczema and provided cream
- Rash did NOT improve
- Multiple visits to walk in and ED
- Finally diagnosed with crusted scabies admitted to hospital for treatment
- Unfortunately the client was now deceased
NOW WHAT?
First let’s review: Scabies – Sarcoptes scabiei

- Credit: DPDx
What is Scabies?

- Scabies is a rash that occurs when very tiny bugs (mites) burrow into the skin and cause itching.
Clinical Presentation

- Presents like pimple-like (papular) rash
- Affects much of the body
- In typical scabies a person may have 10-20 mites on their skin
Where does itching/rash typically appear?

• It appears as a rash or small sores around finger webs
• As well as:
  – Elbows
  – Armpits
  – Male genitalia
  – Nipple areola
  – Skin folds
  – Around the waist
  – Lower portion of the buttocks
Common Sites for Scabies
But scabies can appear anywhere!
In infants

- Rash in infants can also be seen on the:
  - Head*, Neck*, Palms, Soles of feet

*this presentation also seen in the elderly
Characteristically the burrows appear as tiny and crooked grayish-white or skin coloured lines on the skin surface.
Signs of scabies

- The itching is usually worse at night or after a bath.
Why does it itch?

• Because of a sensitivity reaction to the proteins and feces of the mite!
Onset of symptoms

- Symptoms usually develop 2-6 weeks after exposure.
- If your client has had scabies before, the itching usually begins 1-4 days after exposure.
Transmission

• The mite spreads through direct prolonged skin to skin contact (e.g.: moving a client around, bathing them)
• They can also be spread through significant touching of undergarments, sheets and pajamas of the patient (this can occur with healthcare workers)
• In your personal life scabies can be transferred to household members and sexual partners
You should also know

- An infested person can spread scabies even if they have no symptoms (itch or rash)
- So you might not know if your client has scabies
And another thing.....

- You can pick up scabies from an infested person as long as they remain untreated.
- You can also pick up scabies from an infested person until 24hrs after treatment.
- Mites do not live for more than 3 or 4 days without contact with skin.
Who gets scabies?

- Anyone
- However we typically see outbreaks in child care settings, long term care and prisons (environments where people are together a lot)
Difficulties in Diagnosis

• Can be confused with other pruritic rashes such as:
  • Eczema
  • Impetigo
  • Tinea corporis (ring worm)
  • Psoriasis
  • Or just plain old dry itchy skin
  • Think scabies if they aren’t responding to treatment for a different skin condition
Confirming the Diagnosis

- Confirming the diagnosis of scabies often requires consultation to a Dermatologist or Infectious Diseases (ID) physician as it is difficult to diagnose.
- Skin scrapings may be done by the Attending or ID physician, Dermatologist, or trained professional to confirm presence of scabies mites, ova, or inflammation caused by same.
Complications from Scabies

- Intense itching
- Skin sores/breaks in skin
- Infected from bacteria under nails or on skin
- Impetigo, pyoderma with S. aureus and GAS

Complications of bacterial infections include: poststreptococcal glomerulonephritis and cardiac disease
Other Effects

- SCABIES
- Stigmatization
- Depression
- Insomnia
- Direct & indirect financial costs
Crusted Scabies (Norwegian)

• A rare condition caused by the host response to the mite
• Occurs in immunocompromised, elderly, disabled, developmentally delayed, malnourished or debilitated persons
• More often related to persons with HIV, human T-lymphotropic virus 1, Leukemia, T-cell lymphoma or autoimmune disease
Crusted Scabies

• Results in:
  – Hyperinfestation of mites (in the millions)
  – Severe inflammation
  – Hyperkeratotic reaction

• Approximately one-half of patients with crusted scabies do not report itching

• Is commonly misdiagnosed as psoriasis or eczema

Bart Currie, Menzies School of Health Research.
Crusted Scabies

- Far more contagious than typical scabies
- Contacts only need minimal contact
- Exposure to crusted scabies is defined as minimal direct contact to an infested person before treatment until lesions have resolved
- A crust filled with mites can fall off. This shed crust can provide food and protection for the mites, allowing them to live for as long as 1 week without human contact.
Crusted Scabies

- Requires “aggressive” treatment
- Can cause significant outbreaks
- Causes typical scabies in contacts rather than crusted scabies
Treated individuals may still have some itching even after treatment

Some sources say up to 4 weeks!
The initial case of crusted scabies

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Contact follow up....

- Not just for treatment but teaching as well
- Who all is involved?
  - Other residents of the group home (3)
  - Staff of the group home
  - Visitors to the group home
  - Did the client go on any outings where she would have had interaction with others?
  - WRHA Home Care Staff
  - Everyone’s family
Education

- Public Health took the lead
- Discussed scabies vs. crusted scabies with staff
- Risk of transmission
- Cleaning of the group home
- Treatment
In the end

- None of the other residents had contact, staff watched for rashes
- Staff was affected, every one received treatment through the company that ran the group home
- Family of the staff were also affected (30-40 cases in the end?)
- Family of the client not involved
- Client didn’t participate in activities outside the home
- WRHA contacts???
But really it was just the beginning

• It happened again about 2 months later
• Very similar client
• Lived in a group home (not associated with the other group home – two different companies)
• Client had multiple health issues, non-verbal, non-mobile
• Took multiple trips to PCPs to get diagnosis
• Again the client was deceased while in hospital for treatment
Education

• Public Health took the lead
• Discussed scabies vs. crusted scabies with staff
• Risk of transmission
• Cleaning of the group home
• Treatment
Things were a little different this time

• None of the other residents had contact, staff watched for rashes
• No staff was affected/none of their family was affected
• Family of the client not involved
• Client didn’t participate in activities outside the home
• WRHA contacts???
Things come in threes……

- The third case was an elderly lady in hospital
- Again the client was deceased
- Crusted scabies was listed on the cause of death
- Outbreak precautions in hospital (affected 2 units?)
- Client was receiving home care while in the community
- Multiple staff was involved
- PPH not involved, but did lots of education with Home Care support staff
- Some Home Care Staff were very anxious about bringing scabies home with them
- Lots of differing information for WRHA staff, not sure about follow up
The Scabies tool kit (for CHS)

Scabies Toolkit

- Public Health Scabies Information for the General Public
- Scabies frequently asked questions
- SCRIPT - Notification of a Home Care Client with a Scabies exposure
- What to do if you suspect Scabies in your HOME CARE client
- WRHA Community Health Services Scabies Algorithm - CLIENT
- WRHA Community Health Services Scabies Algorithm - HEALTHCARE WORKER
The algorithms –

- [https://www.wrha.mb.ca/extranet/ipc/files/Tools/CHS_Scabies_Algorithm_CLIENT.pdf](https://www.wrha.mb.ca/extranet/ipc/files/Tools/CHS_Scabies_Algorithm_CLIENT.pdf)
- [https://www.wrha.mb.ca/extranet/ipc/files/Tools/CHS_Scabies_Algorithm_HCW.pdf](https://www.wrha.mb.ca/extranet/ipc/files/Tools/CHS_Scabies_Algorithm_HCW.pdf)
ITCHY YET?
QUESTIONS?