**Treatment Protocol for Suspected Scabies or other Parasitic Infections in Long Term Care**

According to the US National Library of Medicine National Institutes of Health (NIH) the rash of the primary infestation takes 4 to 6 weeks to develop resulting in transmission to others often prior to therapy. Symptoms often mimic other dermatological disorders and traditional tests to diagnose scabies are less than 50% accurate leading to outbreaks in nursing homes. Clinical presentation used for elevated suspicion of scabies would include intense pruritus with exacerbation in night time hours, localization of pruritic papules (classic locations are webs of fingers, flexor aspects of wrists, extensor aspects of elbows, periumbilical skin, the buttocks, ankles, penis in males, and peri-areolar region in females) and symptomatic complaints. The clinical signs and symptoms of scabies infestation can mimic many other skin conditions including insect bites from midges, fleas, bed bugs; infections such as folliculitis, impetigo, tinea, and viral exanthema; eczema, contact dermatitis, and allergic reactions such as popular urticarial; and immunologically mediated diseases such as bullous pemphigoid and pityriasis rosea leaving problematic diagnosis at times.

Wound Care Plus utilizes the following treatment protocols for suspected scabies infection in the long term care population is as follows for regular scabies:

1. Permethrin 5% topically at week one with repeat treatment week three. Leave on for 8 to 14 hours. Cream should be applied from the neck to the toes. After 8 to 14 hours, wash off in shower or tub using standard soap regimen. Clinical effectiveness of Permethrin depending on the source ranges from 85% to 93% still leaving some of the potentially affected population exposed to ineffective treatment.
2. Ivermectin orally at week one with repeat treatment week three. Usual adult dose for scabies is 0.2mg/kg. Ivermectin is extensively metabolized in the liver and should be used cautiously in patients with hepatic disease. Specific recommendations are not currently available and the manufacturer does not recommend that ivermectin treatment be excluded in patients with liver disease.
3. For intense itching, Benadryl (diphenhydramine) is “black box” labeled for the elderly and should be avoided. Instead other oral anti-itch agents are recommended. Periactin (a first-generation antihistamine with anticholinergic effects) is a suggested alternative. Peak plasma levels occur after 1-3 hours with the half-life around approximately 8 hours when taken orally. Second-generation antihistamines are a safer alternative for the elderly as well and include astemizole, ketotifen, cetirizine, loratadine, rupatadine, mizolastine, acrivastine, ebastine, bilastine, bepotastine, terfenadine, and quifenadine.

If Norwegian crusty scabies is suspected, use the above treatment protocols but treat week one and two. Can repeat again if necessary in two more weeks if outbreak persists. If crusts are thick, may apply 3% salicylic acid cream to crusts. Let soak for 30 minutes before rinsing off. Dry well, and then apply permethrin cream.

Please note after successful treatment, intense itching can continue for another 4 to 6 weeks. Bed linens, clothing, and other potentially contaminated items must be treated as well. Please have the facility call Martha Kelso to review protocols and policies.