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Government of



*Department of Health & Wellness*

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**To: All Physicians and Nurse Practitioners**

**From: Chief Public Health Office**

**Date: August 31, 2018**

**Subject: Scabies identification and treatment**

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As you may be aware, there is currently an outbreak of scabies at two Health PEI facilities (QEH Unit 3 and Hillsborough Hospital). Control measures have been implemented at both facilities and include monitoring of new rashes and/or itchy skin of patients and staff, contact precautions for patients until they are assessed by their health care provider and, when appropriate, treatment for scabies.

All affected units remain open to admissions and discharges. Some visitor restrictions have been put in place to assist with patient flow and patient care needs. If you receive or are contacted by a patient discharged from either facility, there is no need for treatment or isolation. If you diagnose a health care worker with scabies please advise them to consult their employer before returning to work.

In the community you may encounter more patients with rashes presenting to your offices and clinics. The following information is intended to aid in the diagnosis and treatment of scabies.

### **SIGNS AND SYMPTOMS**

Scabies presents clinically as an itchy rash found primarily around the fingers, wrists, elbows and armpits. Rash can also present in the beltline, breasts, male genitalia, buttocks, ankles and feet. Infants may have a rash on the head, neck, palms or soles.

For 2 to 6 weeks after infestation, there may be no symptoms. However, in persons who previously had a case of scabies, symptoms develop 1 to 4 days after re-exposure. The symptoms include a red rash which becomes extremely itchy. In some cases burrows may be visible as grey or skin-coloured wavy or linear lines with a tiny vesicle or papule at the end of the tunnel. Itching is often worse at night. Scratching can result in a secondary infection of the skin.

## TRANSMISSION

Mites are usually transmitted by direct and prolonged skin-to-skin contact and they can also be transmitted by bed linens and clothing. Scabies can be transmitted as long as the patient remains infested and untreated, including the time before symptoms develop. More information is provided on the [Scabies Fact Sheet](#).

## DIAGNOSIS

Appendix A outlines the procedure for taking a skin scraping to diagnosis scabies. Skin scraping sensitivity is about 20% in typical scabies cases due to the low numbers of mites present.

The diagnosis of scabies can be aided by using the **Ink Test**.

Take a dark washable wide-tip marker, and rub around the suspicious bumps or burrows. Then take an alcohol wipe or alcohol-soaked gauze and wipe away the ink. If there's a scabies burrow under the skin, the ink often remains, showing you a dark irregular line. Occasionally a tiny dark dot is visible at the end of the burrow - that's the mite.

## TREATMENT

**Typical** scabies is treated with topical creams or lotions containing **permethrin**. Individuals who have had prolonged skin-to-skin contact with the patient with scabies should be treated at the same time in order to prevent mites from being passed back and forth.

**Atypical** scabies (also known as crusted or Norwegian scabies) can present in immune compromised patients and is a more serious infestation. Treatment of crusted scabies includes a combination of topical permethrin creams and oral **ivermectin**. Please note that ivermectin is not recommended for pregnant or nursing women or children under 15 kilograms.

## REPORTING

If you suspect you have a patient with crusted scabies, or have any questions about the diagnosis or treatment of scabies, please contact Health PEI's Infectious Disease Consultant, Dr. Greg German at (902) 894-2515. Please note that although typical scabies is **not a reportable condition** under the province's [Public Health Act](#) and [Notifiable Diseases and Regulations](#), ***atypical presentations of scabies such as crusted scabies are required to be reported*** to the Chief Public Health Office (902) 368-4996.

Please find attached a [Scabies Fact Sheet](#) that can be given to your patients.

Cc Dr. Greg German, Provincial Medical Microbiologist and Infectious Diseases Consultant

## Appendix A

# SPECIMEN COLLECTION FOR SCABIES

### Background:

Scabies is due to infestation with the mite *Sarcoptes scabiei*. This itch mite tunnels in the skin forming papules (a small solid usually conical elevation of the skin) and serpiginous burrows (creeping or spreading burrows). Early diagnosis prevents further spread of scabies. The actual number of mites on the patient is low, usually less than 12. The most frequent sites involved are the finger webs, hands, wrists, elbows, nipples, penis, scrotum and feet.

### Materials Required:

- Mineral oil in a small dropper bottle
- #15 scalpel blade (optional)
- Glass slides
- Cover slips (optional)
- Slide holder for transport

### Specimen Collection:

1	Label glass slide with patients name and Provincial health number.
2	Drop a small button of mineral oil onto the center of a glass slide.
3	Apply a small amount of mineral oil directly to several unexcoriated (unscratched) lesions.
4	Firmly scrape lesions with the edge of the scalpel blade.(Can use a second glass slide to use for scraping)
5	Place the scraped material in the oil on the slide.
6	Cover the material with a cover slip or another (clean) glass slide. (if using another slide, tape the slides together at their ends)
7	Submit two specimens per patient.
8	Transport the slide in a slide holder, along with a completed requisition.

CAUTION: Mineral oil does not kill the mite – wear gloves while doing this procedure, and wash hands afterwards.