

Scabies

What is scabies?

Scabies is a skin disease caused by a parasite. The female parasite burrows under the skin and begins laying eggs within 2-3 hours of infection and generally lays 2-3 eggs daily. The eggs hatch and become adult mites (a term referring to this parasite) within 10 days.

How do you get scabies?

The spread of scabies is more likely to occur when partners sleep together rather than with a brief sexual encounter. Scabies can also be spread from sleeping in infested bedding, wearing infested clothing, and through routine contact such as shaking or holding hands. Though unlikely, infection from a toilet seat may be possible.

How long does it take before symptoms appear?

The female mite burrows under the skin and begins laying eggs within hours (2-3 eggs daily). The eggs hatch and become adult mites within 10 days. Symptoms, primarily itching, appear approximately 4 weeks from the time of contact as a result of sensitization to the presence of immature mites.

How long are you infectious?

A person with scabies is considered infectious as long as they have not been treated. Infested pieces of clothing and bedding are considered infectious until treated. After treatment, a person may unknowingly re-infest themselves by coming into contact with the same person who had scabies to begin with or with someone else who has scabies.

What are the symptoms of scabies?

- Presence of the mite burrow(s), reddish brown lumps, nodules, or scratches on the skin, and constant itching. Itching is known to worsen at night.
- Common sites of infection are: webs and sides of fingers and toes; pubic and groin area, armpits; bends of elbows and knees; wrists; navel; breasts; lower portion of buttocks; occasionally the penis and scrotum; waist and abdomen. They are rarely found on the palms of the hands and soles of the feet, and rarely from the neck upward.

How is scabies diagnosed?

- Microscopic exams of scrapings from suspicious lump(s).

- Diagnosis is simple if family members or partners have the same symptoms.
- BIT - Burrow Ink Test may also indicate scabies. (The suspicious area is rubbed with ink from a fountain pen. The surface is then wiped off with an alcohol pad; if the person is infected with scabies, the typical zigzag line of the burrow across the skin will appear.)
- Shave biopsies -- a very fine layer of skin is shaved off and examined under a light microscope.
- Topical tetracycline may be applied to the area and examined under a special light to detect the burrows.

How is scabies treated?

- Recommended treatment is Permethrin (RID; A-200) cream applied to all areas of the body from the neck down.
- Alternative Treatments are: Kwell (Lindane) or Sulfur. **Kwell (Lindane) should not be used after a bath; should not be used by (a) persons with extensive dermatitis; (b) pregnant or lactating women; and, (c) children under 2 years.**
- Wear clean clothing and sleep between freshly laundered bed linens after treatment.
- Bedding and clothing should be washed and dried at very hot settings or dry-cleaned. Family members, close contacts and sexual partners may be treated simultaneously (depending on doctor's recommendation).
- Fumigation of living areas is not necessary.
- After treatment symptoms may persist, but a person may not be infectious.

What else do I need to do to get rid of scabies through sexual contact?

- Use medication as directed; treat all partners.
- Abstain from intimate or sexual contact until the treatment is complete and successful.
- Retest for cure is advised.
- Wash (using hot cycle) or dry-clean clothing or bed linen used by an infected person within the past **2 days**.

How can I keep from getting scabies?

- Abstinence (not having sex) is the best form of prevention.
- Mutual monogamy (having sex with only one uninfected partner who only has sex with you) is effective.

How can I reduce my risk of getting scabies?

- Limit the number of sexual partners to reduce exposure to all STDs.
- Use latex condoms for all types of sexual penetration (oral, vaginal, anal). Latex condoms, when always and correctly used, can reduce the risk of transmission of other STDs, but are **not** considered effective against scabies.
- Know your partner(s). Careful consideration and open communication between partners may protect all partners involved from infection.
- Have regular check-ups if you are sexually active.
- If you have an STD, don't have sex (oral, vaginal, or anal) until all partners have been treated.
- Quick and appropriate medical intervention and treatment and follow-up are important steps in breaking the disease cycle.

What about complications from scabies?

- Kwell may be harmful to the fetus of pregnant women and may damage the nervous systems of newborns and children under the age of two.
- Secondary bacterial infections may be caused by forceful scratching.
- Scabies is not usually known to cause anything more than discomfort and inconvenience.

For more information about STDs, talk to your health care provider or call:

The State of Tennessee HIV/STD Hotline: 1-800-525-2437

(Monday through Friday 8:00 to 4:30 p.m. CST)

OR

The CDC National STD Hotline: 1-800-227-8922

Other Informational Links:

American Social Health Association

<http://www.ashastd.org/>

Centers for Disease Control and Prevention

<http://www.cdc.gov/STD/>

E-Cards, Centers for Disease Control and Prevention

<http://www2c.cdc.gov/ecards/index.asp?category=174>

Get Yourself Tested

<http://www.gytnow.org/>

National Institute of Health Medline

<http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html>

U.S. Department of Health and Human Services

<http://www.womenshealth.gov/faq/sexually-transmitted-infections.cfm>

World Health Organization

http://www.who.int/topics/sexually_transmitted_infections/en/