SUBJECT: MANAGEMENT OF SCABIES AND PEDICULOSIS (LICE)

EFFECTIVE DATE: 12/20/2019

I. PURPOSE:

The purpose of this health services bulletin (HSB) is to provide administrative and operational guidelines for the management of scabies and pediculosis in staff and inmates.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. DEFINITIONS:

A. Scabies ("classic" or non-crusted) - is a parasitic disease of the skin caused by a mite. Infection is noted as papules, vesicles, or tiny linear burrows that contain mites and eggs. Lesions are typically seen around finger webs, anterior surfaces of wrists and elbows, anterior axillary folds, belt line, thighs and external genitalia in men; and nipples, abdomen, and the lower portion of buttocks in women. Itching is intense. In immuno-suppressed inmates, infestation may appear as a widely distributed generalized dermatitis.

B. Crusted scabies (sometimes called Norwegian scabies) – is differentiated from "regular" or "classic" scabies by the number of mites present on the body. With crusted scabies there are literally thousands or even millions of mites living on and in the skin. With classic scabies, there may be only a dozen or so adult mites living in and on the skin. However, unlike classic scabies which is known for causing extreme itching, ***crusted scabies may have little to no itching at all***.

C. Pediculosis commonly known as lice—is a small parasite that lives on the skin and hair. Lice are host-specific and those of lower animals do not infest humans. Infestations may result in severe itching and excoriation of the scalp or body. Secondary infections may occur with ensuing regional lymphadenitis. Species which infest humans include:

1. *Pediculus humanus capitis*—head louse which occurs on the hair, eyebrows, and eyelashes.
2. *P. humanus corporis*—body louse which occurs on the body, especially along the seams of inner surfaces of clothing.
3. *Phthirus pubis*—crab louse which occurs in the pubic area.

III. PROCEDURE:

A. Any infestation of classic scabies or lice:

1. All correctional staff and health services staff will report information about the possibility of scabies or lice as soon as possible to the Chief Health Officer. If an outbreak is suspected, medical staff will evaluate inmates in affected dorms for symptoms. .
2. The physician will order medication to treat inmates with infestation. Retreatment, after seven (7) to ten (10) days, may be indicated. Retreatment is based on a clinical indication that the original treatment was ineffective.
   Note: Itching may persist for one (1) to two (2) weeks after treatment and this is not an indication of treatment failure or reinfestation.
3. A licensed nurse will oversee the treatment of inmates with infestation using the medication ordered by the physician according to the medication's package instructions.

B. Head Lice, Body Lice or Pubic Lice

1. Health services staff will:
   (a) Give inmates nit combs to be used to remove the live eggs (nits) from the hair.
   (b) May instruct inmates to return to work after treatment.
   (c) Instruct inmates not to share combs and brushes and to clean combs and brushes with soap and hot water prior to using them after treatment; **not** to share clothing, or towels, and not to sit, or lie upon any bed other than their own.
   (d) Provide treatment only when lice or nits are present.

2. Inmates with body lice will be placed in contact isolation or housed with other inmates with same disease until twenty-four (24) hours after treatment or retreatment.

C. Scabies (Non-crusted or Classic)

1. Health services staff will:
   (a) Exclude inmates from work assignments for twenty-four (24) hours after treatment.

2. Provide prophylactic treatment for staff or inmates who have had skin-to-skin contact with an infested person. Health care workers who have provided skin-to-skin nursing care to a bedfast inmate should be evaluated.

3. Instruct inmates **not** to share clothing, or towels, and not to sit, or lie upon any bed other than their own.

D. Crusted Scabies – The CDC states that because crusted scabies is so highly transmissible, the presence of crusted scabies requires rapid and aggressive detection, diagnosis, infection control, and treatment measures to prevent and control spread.

1. The Appearance of crusted scabies:
The tell-tale sign of crusted scabies is multiple layers of thickening crusted skin varying in color from creamy grey to skin colored to yellowish in tone. The biggest problem with this form of scabies is secondary bacterial infections (e.g., impetigo, staph, and cellulitis) - - sometimes resulting in death.

2. Populations at risk for developing crusted scabies:
Crusted scabies is more common among persons who are immune compromised and almost non-existent in those with no preexisting conditions. Those populations most at risk of developing crusted scabies include:
   - senior citizens with cognitive deficits
   - individuals with HIV/AIDS
   - cancer patients
   - diabetics
   - transplant patients
   - individuals with Down Syndrome

3. How crusted scabies is transmitted:
Just as with regular scabies, scabies is transmitted by direct and sometimes non-direct skin contact (e.g., clothing, bedding). However, unlike regular scabies, with crusted scabies, even non-direct contact through casual handshakes, sharing toilet seats, and other objects can also spread the skin condition.

4. How crusted scabies is diagnosed:
Visual inspection is one way to diagnosis crusted scabies but it's not the most effective way since there are many other skin problems (psoriasis, eczema, a drug induced rash, etc.) that look like crusted scabies. Skin scrapings or a skin biopsy may be performed but even a skin biopsy can be unreliable.

5. Treatment:
It's important to remember that crusted scabies is characterized by thick crusted skin, so the usual topical application of medication won't be able to seep into the skin and kill the mites. Therefore, ***the skin layers/crusts***

must be peeled away to treat the underlying skin. Typically, urea or salicylic acid is applied to peel away the dead skin.

Although not FDA approved to treat scabies, oral ivermectin is given with topical medicines to kill mites in and on the skin. Permethrin and ivermectine are preferred treatments for crusted scabies because they have lower toxicity than many other treatments. Lindane is avoided since it has more side effects and can be over absorbed by abraded skin. (See CDC website reference below for the recommendation of ivermectine use by the CDC for crusted scabies.)

It's important to cut the fingernails and toenails short and apply treatments under the nails. Nails harbor mites eggs and adult mites making transmitting scabies to others much easier.

6. Isolation:
Isolating inmates (Contact Isolation) with crusted scabies from non-infected inmates is essential to prevent the spread. Crusted scabies can turn into a serious public health issue triggering an epidemic.

7. Treatment of staff:
All staff, volunteers, and visitors who may have been exposed to a patient with crusted scabies, or to clothing, bedding, or furniture used by the patient, should be identified and treated. The CDC states that treatment should be "strongly considered" even in equivocal circumstances because of the complexity of controlling an institutional outbreak and the low risk associated with treatment.

E. Laundry

1. Security staff will ensure:
   (a) An infested inmate's clothing, bed linens, and towels are bagged in an isolation (water-soluble) bag, sealed closed and laundered separately. Personnel or inmate workers handling contaminated clothing and linen will wear gloves. It is **not** necessary to spray clothing, bed linens, or towels with an insecticide prior to bagging.
   (b) Hot water is used where available to launder underwear, clothing, and bed sheets worn or used by the inmate (in the forty-eight [48] hours prior to treatment) using the hot cycle of both washer and dryer (see Safety Manual Chapter 16, 16.05.) If hot water is not available in the washer, wash in cold water with the standard dilution of chlorine bleach and dry on the hot cycle of the dryer.

(c) Linen is placed in an intact plastic bag (not a dissolvable isolation laundry bag) for ten (10) days before processing if laundering cannot be done immediately. Label the bag with the future washing date and securely store until the date to be washed.

F. Mattresses

Under the supervision of a correctional officer, the infested inmate and inmates with mattresses directly adjacent to an infested mattress will lightly but thoroughly spray their mattresses and bed-frames with an approved aerosol pyrethroid insecticide specifically labeled for use on bedding and allow the mattresses to thoroughly air-dry before use. The widespread spraying of all mattresses within a housing unit is not justified, except in those rare circumstances where a high prevalence of infestation is diagnosed among inmate residents.

G. Outbreaks

When the number of cases of scabies or lice rises above the endemic rate (a cluster of five [5] cases within seven [7] days) the CHO/ Institutional Medical Director or designee will report to the Clinical Contract Monitor- Public Health (Refer to procedure "Movement Restrictions During Communicable Disease Outbreaks," 401.001 for reporting outbreaks).

IV. RELEVANT FORMS AND DOCUMENTS:

A. "James Chin MD, MPH, Editor, American Public Health Association, The Control of Communicable Diseases Manual, 17th Edition," page 374.
B. Procedure 401.001 Prevention and Control of Communicable Disease
C. Safety Manual – Chapter 16
D. Parasites – Scabies. (2010, November). Retrieved from http://www.cdc.gov/parasites/scabies/health_professionals/control.html

Director of Health Services Date

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