



## Scabies Operational Clinical Pathway



**THIS OPERATIONAL CLINICAL PATHWAY HAS BEEN DEVELOPED TO PROVIDE SUPPORT IN THE MANAGEMENT AND CONTROL OF SCABIES OUTBREAKS IN A CARE HOME SETTING AND OTHER CLOSED SETTINGS.**

PAGE 2: NHS LANCASHIRE AND SOUTH CUMBRIA ICB SCABIES OPERATIONAL CLINICAL PATHWAY

PAGE 3: ESCALATION PATHWAY FOR NHS LANCASHIRE AND SOUTH CUMBRIA ICB, UK HEALTH SECURITY AGENCY

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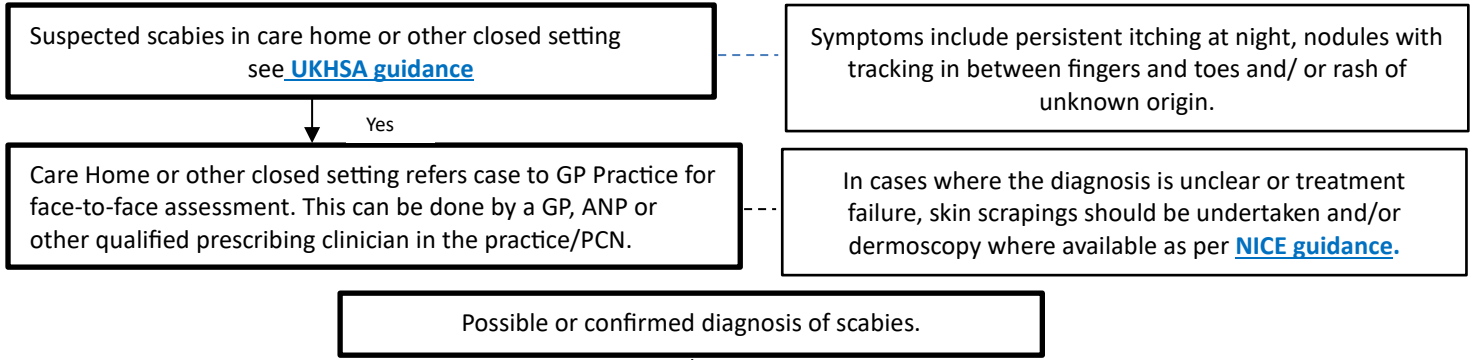
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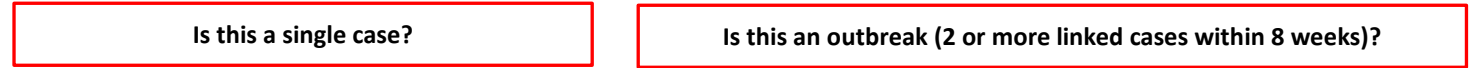
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# NHS Lancashire and South Cumbria Scabies Clinical Operational Pathway



**Crusted scabies is highly transmissible and if suspected seek urgent conversation (via advice and guidance) with secondary care dermatology to discuss immediate oral ivermectin treatment – see DermNet resources [Scabies images](#) [Crusted scabies](#)**



**Care home/Closed setting manager to**  
 Inform local IPC teams: Lancashire County Council [infectionprevention@lancashire.gov.uk](mailto:infectionprevention@lancashire.gov.uk)  
 Blackpool: [PHdutydesk@blackpool.gov.uk](mailto:PHdutydesk@blackpool.gov.uk) Cumbria: [publichealthenquiries@cumbria.gov.uk](mailto:publichealthenquiries@cumbria.gov.uk)  
 Westmorland and Furness: [IPC@westmorlandandfurness.gov.uk](mailto:IPC@westmorlandandfurness.gov.uk)  
 Identify close contacts [including up to 8 weeks prior to diagnosis]  
 Undertake any other contact tracing [see [LCC IPC pack](#)]  
 Refer contacts for treatment.  
 Co-ordinate treatment of case and contacts to break cycle of transmission.  
 Provide hygiene and exclusion advice and avoid transfers to other settings during treatment.  
 Advise on appropriate personal protective equipment (PPE) for staff and visitors.

Treat empirically with permethrin cream 5%. [Two treatments one week apart] *The cream should be applied all over the body, including the neck, face, ears, and scalp. Attention should be paid to areas between the toes, under nails, wrists, armpit, external genitalia, breasts, and buttocks. The area close to the eyes should be avoided. Treatment should be washed off after 8–12 hours. If hands are washed with soap within 8 hours of application, they should be treated again with cream.*  
 See [How to use Permethrin Cream](#) for more detailed information.  
 Observe other residents/staff for development of symptoms.  
 NB: 2 tubes of cream may be required to treat larger patients.  
 Malathion (0.5%) aqueous lotion may be considered if permethrin is not appropriate/unavailable. SEE [MSN](#) for latest supply summary.

**CARE HOMES/CLOSED SETTINGS:** GP to issue prescription for each resident [symptomatic and contacts].  
**FOR STAFF:** Any symptomatic staff to isolate until 24 hours after first treatment application. Care Home/Closed Setting must purchase treatment directly from community pharmacy, in bulk, for all relevant staff. (\*Contact local medicines optimisation teams if supply issues- see below)  
 ▶ **Co-ordinated treatment** for all symptomatic staff/residents and contacts: should commence treatment at the same time to break the cycle of transmission (within a 24-hr period). [Two treatments one week apart].  
 ◀ **NB: laundry disinfection should take place at the same time as treatment.**

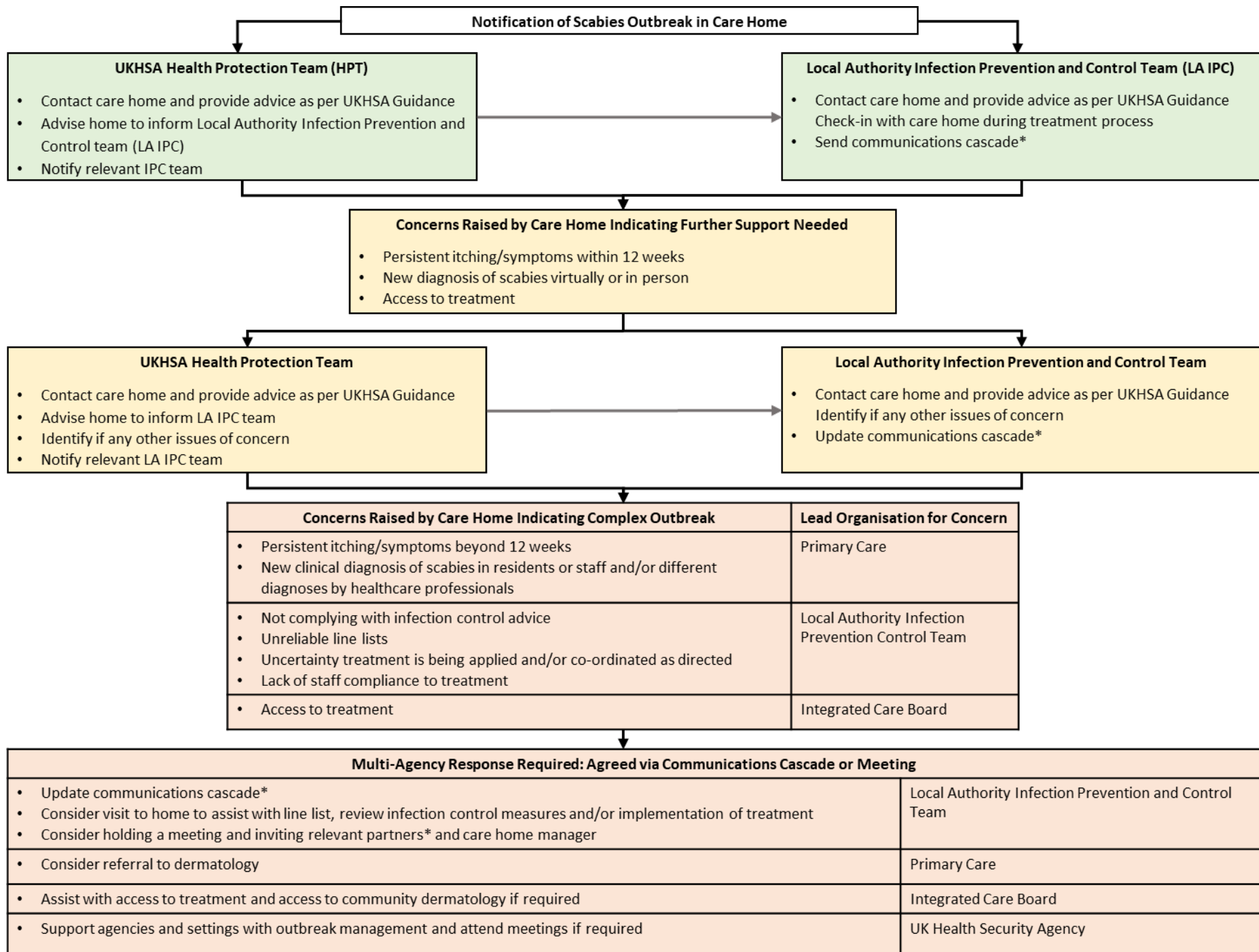
**NOTE:** After Day 8 it is common for patient[s] to experience itching or dry skin and may continue for up to 6 weeks. This can be treated with emollients, antihistamines, a moderate to potent steroid such as Betnovate® ointment or Betnovate® RD ointment.

**Post Treatment Review**  
 If symptoms persist after 6 weeks GP to seek advice from specialist dermatology service and explore further treatment options. This may require specialist face to face clinical assessment.

**Failed Treatment options**  
 Oral ivermectin\*\* can be considered for those with ongoing symptoms, dosage based on weight, [200mcg/kg], for 1 dose. A second dose should be repeated after 7 days. (Dose available in multiples of 3mg tablets) Seek advice using advice and guidance tab on EMIS. [See MSN](#)

**Treatment Compliance Factors in Exceptional cases**  
 For those residents with challenging behaviour where effective topical treatment may not be possible oral ivermectin may need to be considered. Advice should be sought from local Medicines Management Optimisation Teams with regards to swallowing difficulties. Also consider [Covert Administration Guidance](#) and best interest if needed.

\*\* Oral ivermectin are licenced for the treatment for scabies but are not currently marketed in the UK. Unlicensed supplies of ivermectin 3mg tablets may be sourced, lead times vary. [See MSN](#)



*Contact Details for Communications Cascade	
Lancashire County Council Infection Control Team	<a href="mailto:InfectionPrevention@lancashire.gov.uk">InfectionPrevention@lancashire.gov.uk</a>
UK Health Security Agency Health Protection Team	<a href="mailto:CL.HPT@ukhsa.gov.uk">CL.HPT@ukhsa.gov.uk</a>
Blackburn with Darwen Borough Council Public Health Team	<a href="mailto:publichealthadmin@blackburn.gov.uk">publichealthadmin@blackburn.gov.uk</a>
Lancashire & South Cumbria Integrated Care Board	<a href="mailto:lscicb-el.infectioncontrol@nhs.net">lscicb-el.infectioncontrol@nhs.net</a>
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