

*This algorithm is for the management of outbreaks of classical scabies in complex domestic settings, if <u>crusted scabies</u> is suspected, seek urgent specialist advice from specialist clinicians (dermatology/ID/microbiology).

¹Examples of complex domestic settings can include the following: overcrowded mobile homes, tented accommodation, or other crowded domestic settings etc.

Area Public Health Team will:

- Lead/ coordinate the outbreak response; may require support from Social Inclusion.
- Carry out public health risk assessment (PHRA), liaising with the GP. Request GP to assess within the setting, if
 possible, for additional cases and contacts³, recognising that this may be challenging. Additional support may be
 required.
- If interpreter is required, see HSE quidance on accessing interpreter services.
- · The PHRA will inform:
 - Whom to treat: Treatment for cases is prescribed by the person's GP. PH may consider prescribing treatment for asymptomatic contacts without a GP, but not for cases as this requires clinical assessment.
 - Whether to convene an outbreak control team (OCT) and other actions.
- Consider referral to the <u>National Infectious Diseases Isolation Facility</u>⁴ for case management due to the challenging environment e.g. overcrowded settings with very limited washing and laundry facilities.

Further clinical assessment by GP if:

- Signs/symptoms of secondary bacterial skin infection
- Case is unwell
- No improvement in symptoms after 4 weeks following correct application of treatment and other recommended measures

Coordination of simultaneous treatment⁵ and IPC measures

- All cases and contacts should start treatment and implement appropriate IPC precautions within 24h of each other. This is key to sucessful control of the outbreak. Repeat treatment after 7 days.
- Refer GPs to antibioticprescribing.ie for details on treatment options. This includes advice for breastfeeding mothers.
- · Itch may last up to 4 weeks following correct treatment application. It may be relieved using an oral antihistamine and/or a topical steroid.

Infection, Prevention and Control Measures

- Cases and contacts should avoid skin to skin/sexual contact with others, wear gloves if skin to skin contact is necessary until 24h after first treatment has been completed
- Avoid sharing of personal belongings (clothing, towels, linen, etc.). Clothing, bedding and towels belonging to cases and contacts should be washed in a minimum **50 degrees Celsius** wash cycle, washing machines should not be overloaded. Do not place in a mixed wash with clothing from others outside the setting. After laundering, items should be dried immediately in a tumble drier on the first day of treatment (if available). When placing laundry in the washing machine, ensure gloves are used and that there is no contact when handling contaminated laundry.
- For items that cannot be washed or tumble dried, seal the items in a bag for **4 days** without removing anything during this time period. These items may include shoes, outdoor clothing such as coats, hats and gloves, soft toys and removable covers of child car seats/buggy.
- For classical scabies cases and outbreaks, the routine cleaning regimen will be sufficient to remove skin scales from the environment. Cleaning should be undertaken for items which have had prolonged direct contact with the skin, for example vacuuming of a sofa or a mattress if being used without a sheet covering. If duvets and pillows were not completely covered with a pillowcase or duvet cover, and there has been skin contact with them, these items should be sealed in a plastic bag for 4 days in a designated area, if possible. It is essential that the bags are not opened, or any items removed.

Isolation and Movement

- Cases and contacts should be advised to remain at home and not have visitors until 24h after their first treatment has been completed. Where this is not feasible, they should avoid direct contact (including sexual contact) with others until 24h after their first treatment has been completed. If difficulties or challenges still exist, consider referral to National Infectious Disease Isolation Facility⁴.
- Cases and contacts can return to school, creche or work 24 hours after the first treatment has been completed.

Advice for visitors/contacts

- Inform contacts³ who are living outside the setting of the outbreak and advise them to contact their GP regarding treatment.
- Provide <u>Scabies Patient Information Leaflet</u> to cases and contacts.
- Visiting health and care workers who have close or prolonged physical contact with cases or contacts should be informed of the outbreak prior to their visit to setting. A point of care riskassessment (PCRA) will aide Health and Care Workers (H&CWs) to determine what PPE⁶ they should wear

Declaring the outbreak over

Outbreak can be declared over by Public Health if no new cases are identified within 12 weeks of symptom onset date of the last known case. Convene OCT if outbeak is not controlled.

Notes

2Diagnosis: Clinical diagnosis by the GP of the individual. For more information on signs and symptoms of Scabies, please see here.

³Contact: A contact of a single case is anyone, in the 6 weeks prior to diagnosis of the index case, with one or more of:

- Close physical contact (prolonged direct skin to skin for 10-15 minutes) with the case without appropriate PPE
- Sharing a room or other similar household setting
- Sexual partners

⁴National Infectious Disease Isolation Facility: For outbreaks that are difficult to manage, refer to the HSE National Infectious Disease Isolation Facility on St. Ita's campus in Portrane, Co. Dublin. Queries regarding the referral process and suitability for isolation can be raised with the nursing team on a 24-hour basis, by calling (01) 921 0158 or (087)

⁵Treatment: Two applications of treatment. Second treatment to be applied 7 days after the first application. Generally topical treatment is advised. Please see antibioticprescribing ie for details on treatment options.

PPE Recommendations for HCWs: Refer to National Clinical Guideline No. 30 Infection Prevention and Control and the IPC Point of Care Risk Assessment (PCRA) for further advice on standard and contact precautions.