

Attachment C: Treatment Options for Scabies

The most appropriate treatment will generally be a topical medication or cream containing permethrin, lindane, or crotamiton. The following treatment considerations are provided for informational purposes only.

- Topical medications - ensure thorough application of topical scabicides, including within severe contractures and skin folds of patients.
 - 5% permethrin cream (Elimite, Nix) is the medication most commonly used to kill scabies mites. This medication is safe for use in children as young as two months of age, pregnant and lactating women, and the elderly.
 - After bathing or showering, the cream should be applied over the entire body, from the chin down to, and including, the soles of the feet. Include the scalp, face and neck in children less than five years of age. It should be left on for 8-14 hours and then rinsed off by bathing. It is best to apply at bedtime and then wash off in the morning. The treatment should be repeated in 1 week since treatments may not be ovicidal (i.e., kill the mite eggs).
 - Other options include:
 - 1% lindane (Kwell) is rarely used because of its limited safety profile: do not use lindane in persons who are less than 10 years of age, weigh less than 50 kg, who are immunocompromised, pregnant or lactating, who have a known seizure disorder, or who have extensively broken, denuded or excoriated skin. In addition, scabies resistance to lindane has been reported in some areas of the world, including parts of the United States. It should be left on for 6-12 hours and then rinsed off by bathing. A second application may be needed one week later.
 - 10% crotamiton (Eurax) has a good safety profile, but is more difficult to use and has a much lower cure rate. To use, wash thoroughly and scrub away any loose scales, then apply a thin layer topically from neck to toes. Gently massage into skin and leave on; a second application should be applied after 24 hours; bathe 48 hours after the last application.
 - Precipitated sulfur 6% in petrolatum is safe and effective in infants less than two months of age and pregnant or lactating women. However, sulfur is less acceptable to patients secondary to its odor and messy application. It should be applied to the entire body (including the head and neck in newborns) for 24 hours and then reapplied every 24 hours for the next two days (i.e., a total of three applications). A bath should be taken before each application and 24 hours after the last application.
 - Ivermectin (Stromectin) is an antiparasitic drug taken orally. While not approved by the FDA for the treatment of scabies, it has been found to be effective and is especially useful for patients whose infestation is refractory or who cannot tolerate topical therapy. Therefore, off-label use of ivermectin for the treatment of scabies is a consideration. The dosage is 200 mcg/kg PO once; a repeat dose may be necessary if the patient is infected with Norwegian scabies or in immunocompromised patients. The

safety of this medication in pregnancy and in children less than five years of age has not been established

- Re-screen affected persons for continuing infestation after one, two, and four weeks to ensure that treatment was successful.
- Patients with Norwegian scabies may need brushing and topical keratolytics (e.g., salicylic acid 3-6% cream) to remove scales.
- The nails of cases should be trimmed and should be cleaned under to remove any mites or eggs that may be present from scratching. For those with nail involvement, nail scrubbing with scabicide may be performed; removal of the nail using 40% urea cream or by avulsion may be required for recalcitrant subungual scabies.
- Itching can last as long as several weeks after effective treatment. To combat this:
 - Moisturize before and after showering;
 - Avoid irritants such as too much soap and excessive sweating;
 - Consider the use of oral or topical anti-itch medications in the antihistamine class, such as diphenhydramine (Benadryl), as indicated. Other antihistamine medications that could be considered include hydroxyzine (Atarax), cetirizine (Zyrtec), loratidine (Claritin) and promethazine (Phenergan); and,
 - Consider the use of appropriately potent topical corticosteroids. Oral steroids may rarely be used. However, steroids should not be prescribed before the completion of primary scabicide therapy.
- Occasionally, the rash area can become infected with bacteria. If this occurs, it may need to be treated with an antibiotic ointment applied to the area, or oral antibiotics.
- Nodular scabies: 10% crotamiton cream (Eurax) may be used for treating scabies nodules in children. The cream should be left on the nodules for 24 hours, washed off, and then reapplied for an additional 24 hours. Persistent nodular scabies may need to be treated with injections of steroids into the nodules or (rarely) with coal tar products applied to the skin.

All family members and close contacts should be treated. If a child with scabies attends daycare or a person is institutionalized (such as in a nursing home or prison), then staff in contact with the person should be treated. It is necessary to treat everyone at the same time to avoid re-infection.

Environmental controls and preventative measures must be implemented to ensure successful treatment.

Note: The above therapeutic options are provided for information purposes only. Persons with scabies should be evaluated and treated by the appropriate healthcare providers.