

## SKIN AND SOFT TISSUE INFECTIONS

### Scabies

Scabies is an intensely itchy skin infestation caused by the human parasite *Sarcoptes scabiei*.

**Classical scabies** (typical scabies) involves infestation with a low number of mites (about 5–15 per host).

**Crusted scabies** (formally known as Norwegian scabies) is a hyper infestation with thousands or millions of mites present in exfoliating scales of skin. It develops because of an insufficient immune response by the host ([more information on crusted scabies from BASH guidelines 2025](#)).

Management of scabies involves:

- **Simultaneously treating** the affected person and **all** household members, close contacts, and sexual contacts with a topical treatment, even in the absence of symptoms.
- Identifying close contacts of the symptomatic patient within **the 8 weeks** before the initial scabies diagnosis. For definition of close contact see [UKHSA](#).
- Providing information on scabies, including information on how the treatment should be applied.
- Considering symptomatic treatment for itching (for example topical crotamiton).
- Night-time use of a sedating antihistamine (such as chlorphenamine) may help with sleep and reduce scratching.
- Treating any complications (such as cellulitis).

**Hygiene measures are important in the management of scabies and include:**

- Bedding, clothing, and towels (and those of all potentially infested contacts) should be decontaminated by washing at a high temperature (at least 60°C) and drying in a hot dryer, or dry-cleaning, or by sealing in a plastic bag for at least 72 hours, on the day of application of the first treatment.

**Patient Information Leaflets:**

- [British Association of Dermatologists](#)
- [NHS](#)
- [Primary Care Dermatology Society](#)

### Diagnosis

Early diagnosis is important.

Specialist advice should be sought (Dermatology, GP with Extended Role in Dermatology, Infection Prevention and Control, Infectious Diseases):

- if in doubt,
- treatment is required in a child under 2 months of age (paediatric dermatologist),
- or if there is a possible case of crusted scabies.

Individuals who have been diagnosed with scabies should be treated promptly to alleviate symptoms, reduce risk of complications and reduce risk of further onward transmission. This should never be delayed by waiting for contacts to be treated or for wider mass treatment in the setting.

Resistance to scabies treatments is increasing although many failures are due to inadequate treatment application.

Whilst most scabies outbreaks will occur within households, they also occur in communal residential settings including care homes, places of detention, boarding schools, children's homes and higher risk communal accommodation settings.

The Infection Prevention and Control Team (IPC) should be contacted in the following situations:

- **A single case of crusted scabies in a care setting.**
- **2 or more classical cases in a care setting.**
- **Ongoing complex transmission with multiple treatment failures in the community.**

CityCare Infection Prevention & Control Team: (0115 8834902) or e-mail [ncp.ipct@nhs.net](mailto:ncp.ipct@nhs.net) or

ICB County Infection Prevention & Control Team: (01623 673081) or e-mail [nnicb-nn.ipc@nhs.net](mailto:nnicb-nn.ipc@nhs.net)

Part of the **Antimicrobial Prescribing Guidelines for Primary Care.**

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Accessibility check completed

Managing outbreaks of scabies is outlined in the [UKHSA guidelines for the management of scabies cases and outbreaks in communal residential settings, last reviewed April 2025](#).

The IPC teams do not manage outbreaks in schools and nurseries. Please refer to the [UKHSA](#): 03442254524.

Where occupational exposure of staff has led to their need for treatment, it is recommended that the employer should consider funding any treatment rather than staff paying for their own treatment, either OTC or via a prescription. Where a prescription is required, the staff member should discuss this with their own GP.

## **Classical Scabies Treatment**

Scabies is very rare in children under 2 months of age. Specialist (paediatric dermatology) advice should be sought if treatment is required for this age group.

### **Topical treatment**

#### **Permethrin 5% cream**

- Currently the treatment of choice for therapy and prophylaxis and is safe in pregnancy and breastfeeding (unlicensed use).
- The whole body from the jaw line down should be adequately covered with permethrin and washed off after 8-12 hours.
- Particular attention should be paid to the areas between fingers and toes, under nails, wrists, armpits, external genitalia, breasts, and buttocks.
- In children 2months-2years, the immunosuppressed and the elderly, the cream should also be applied to the face, neck, scalp, and ears as well (avoiding contact with eyes), as they are at a greater risk of infestation of the face and scalp.
- **The cream must be reapplied if washed off during that time (especially after washing hands).**

#### **Malathion 0.5% aqueous liquid**

- Can be used if permethrin is ineffective or not suitable.
- The whole-body including face, neck, scalp, and ears should be adequately covered with malathion and washed off after 24 hours.
- **The liquid must be reapplied if washed off during that time (especially after washing hands or following episodes of incontinence).**

Both treatments should be applied to cool dry skin (not after a hot bath) and allowed to dry before the person dresses in clean clothes. **Both treatments need to be reapplied after 7 days.**

Medicine <sup>1</sup>	Dosage	Duration	Usual quantity per application
First line			
Permethrin 5% cream (From 2 months of age) <i>Available OTC from 2 years</i>	See written instructions provided with medication	Apply ONCE, leaving on for 8-12 hours, and repeat after 7 days	<b>2 months to 1 year:</b> up to an eighth of a tube (3.75g) <b>1-5 years:</b> up to a quarter of a tube (7.5g) <b>6-12 years:</b> up to half a tube (15g) <b>Adults and children &gt;12 years:</b> usually up to one tube (30g). No more than two tubes should be used at each application.
Second line			
Malathion 0.5% aqueous liquid <i>Available OTC from 6 months</i>	See written instructions provided with medication	Apply ONCE, leaving on for 24 hours, and repeat after 7 days	<b>Adult:</b> 100ml (half a 200ml bottle) of lotion is usually enough for one application.

<sup>1</sup>See [BNF](#) and [BNFC](#) for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.

If symptoms persist for longer than 2–4 weeks after the last application and/or if new burrows have appeared since treatment, **advise re-treatment with topical treatment for index case and contacts.**

All topical preparations can cause dermatitis, especially if used repeatedly, which can lead to diagnostic uncertainty. Management with emollients, topical anti-inflammatory treatments and antihistamines should be prescribed as necessary.

### **Itch**

The itch and eczema of scabies persists for some weeks after the infestation has been eliminated. The itch may be reduced by washing with an emollient after treatment or by using a symptomatic treatment e.g., crotamiton 10% cream.

The persistence of pruritus or post-scabetic nodules does not necessarily indicate a recurrent infestation. Post-scabetic nodules may take several weeks to resolve and treatment with a potent topical steroid may be helpful. Refer to a dermatologist if there is diagnostic uncertainty or persistence after treatment.

### **Oral treatment**

**Oral Ivermectin 3 mg tablets** are licensed for the treatment for scabies once diagnosis has been confirmed clinically or by parasitological examination. Itching alone, without a formal diagnosis of scabies, does not justify treatment with ivermectin. Confirmation should be obtained that topical treatment has been used correctly (including treatment of contacts and laundry) and not resolved the symptoms, or that there is evidence of ongoing infestation with the presence of burrows.

Oral ivermectin may be considered:

1. For crusted scabies (will require specialist advice).
2. In outbreaks, conditions where topical treatments may be difficult to apply effectively, e.g. in care home settings, where treatment of large numbers of persons is required or patients with no fixed abode.
3. If patient has severe pre-existing skin condition e.g. eczema and topical treatments have aggravated this.
4. If topical treatments are difficult to access or are unavailable.
5. If resistant scabies is suspected after treatment failure with at least two courses of topical treatment, consider oral ivermectin in combination with a topical treatment.

**Contacts** should be treated with permethrin unless it is determined on an individual basis that ivermectin should be used.

Ivermectin is available in 3mg tablets and can be used in adults and children weighing  $\geq 15$ kg. Patients weighing less than 15kg must be managed by a specialist.

Medicine	BODY WEIGHT (kg)	DOSE (number of 3mg tablets)	Duration
Oral Ivermectin 3mg tablets (can be used in adults and children weighing $\geq 15$ kg)	15 to 24	One	<b>The dosage for classical scabies treatment is 200micrograms/kg taken in a single dose on an empty stomach. *</b>
	25 to 35	Two	
	36 to 50	Three	
	51 to 65	Four	
	66 to 79	Five	
	$\geq 80$	Six	Ivermectin is not ovicidal, so <b>a second dose</b> should be given 7 days later to kill recently hatched mites to enhance effectiveness. **

\* In children less than 6 years of age, tablets should be crushed before swallowing. Treatment is one single oral dose taken with water on an empty stomach. The dose may be taken at any time of the day, but no food should be taken within two hours before or after administration, as the influence of food on absorption is unknown.

**\*\*The infestation is considered cleared if 1 week after the end of treatment there are no manifestations of active scabies (no active lesions, no nocturnal pruritus). Post-treatment itch may persist for up to 2-4 weeks.**

See [BNF](#) and [BNFC](#) for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding

The administration of a second course (one course = 2 doses as above) of ivermectin within 2 weeks after the initial course should only be considered:

- When new specific scabies lesions occur.
- When a parasitological examination is positive at this date.

People with scabies should be offered screening for other STIs. (Good Practice Point)

### **Crusted Scabies Treatment**

If crusted scabies is suspected, specialist advice should be sought.

The patient may require combination topical treatment and oral ivermectin. This will be advised by the specialist.

**For people with persistent nodular scabies**, refer to a dermatologist.

Treatment with high-potency topical steroids, intralesional steroids, oral steroids, or oral ivermectin may be required.