

# Scabies update

Information for GPs – please distribute to all staff

1. NSW Health has received increasing reports of scabies cases in the community.
2. Consider scabies in patients presenting with intense itch and papules or burrows in typical locations.
3. Supply of permethrin 5% cream is currently interrupted, but an alternative product is available.

## Increasing reports of scabies across NSW

- NSW Health has received anecdotal reports of higher than usual scabies cases in parts of NSW including outbreaks in health and aged care facilities. Scabies is not a notifiable condition in NSW.

## Scabies is a highly infectious skin infestation caused by the mite *Sarcoptes scabiei*

- It is spread by close, prolonged physical contact, usually in households.
- It is more common in school aged children, some Aboriginal and Torres Strait Islander communities and institutional settings such as residential aged care.

## Clinical presentation

- Symptoms are triggered by an allergic reaction to the mites which typically begin 3 to 6 weeks after primary infestation.
- Symptoms include: intense itch (especially at night), rash, papules or burrows in locations such as web spaces of the fingers and toes, wrists, axillary folds, lower buttocks, breasts, and genitals. Head and neck are usually spared (except in young infants).
- Crusted scabies is more infectious with a higher mite burden. It presents with plaques and extensive scale often in older patients and immunocompromised.

## Diagnosis is primarily clinical

- Dermatoscopy may assist by identifying mites within skin burrows.
- Skin scrapings from the suspected burrows may be considered but has low sensitivity especially if there is a low mite burden. Pathology collection centres may provide skin scrapings and microscopy.

## Treatment

- Treatment generally needs to be repeated in **7 days**. Treatment options include:
  - **First line:** permethrin 5% cream **OR** oral ivermectin 200µg/kg (non-pregnant adult or child > 15kg)
  - **Second line:** benzyl benzoate 25% emulsion (age > 6 months)
  - Crothamiton 10% cream can also be considered.
- Crusted scabies requires combined therapy with ivermectin, a topical scabicide and a topical keratolytic.
- Refer to the [Therapeutic Guidelines](#) for detailed treatment advice including recommendations for crusted scabies, children under 6 months and pregnant women. Seek specialist input when required.
- To prevent further transmission, treat household contacts empirically as there is a prolonged period before symptoms develop. Provide patients with advice for managing clothes, linens and furniture. See healthdirect for details: <https://www.healthdirect.gov.au/scabies>.
- Children with scabies should not attend school or child care until the day after starting treatment.
- If treatment fails consider an alternative diagnosis, source of re-infestation and check adherence.

## Topical treatments impacted by supply interruptions

- There is a current supply disruption of permethrin (Lyclear) 5% cream and benzyl benzoate 25%. Limited supply may be available. Consider current availability of treatments by consulting your local pharmacy.
- Pharmacists can order an alternative international product, permethrin (Encube) 5% cream, under Section 19A (S19A) of the *Therapeutic Goods Act 1989* and is listed on the PBS. Patient will still require a valid script and it is important to note that medications supplied under S19A may be more expensive.

## Further information

- Clinical resources: **Scabies: A clinical update:** <https://www.racgp.org.au/afp/2017/may/scabies-a-clinical-update> **National Healthy Skin Guideline** <https://infectiousdiseases.thekids.org.au/resources/skin-guidelines/>
- Information on permethrin alternative: <https://www.tga.gov.au/resources/section-19a-approvals/permethrin-cream-5-ww-encube-ethicals-usa> . PBS Listing for permethrin 5% (Encube) 60g tube: <https://www.pbs.gov.au/medicine/item/14259L>



Dr Stephen Conaty, **Director, Environmental Health Branch**  
13 September 2024