

Management of Scabies in Primary Care: Information for Primary Care and Community Pharmacy

The information below pertains to the management of scabies in the general population, for out breaks within specific community settings e.g. care homes, health protection advice should be sought.

Pharmacological Management of scabies in the community

Unless contraindicated treatment for scabies should be as follows:

First Line:	Permethrin 5% cream (Lyclear®) Note: is contra-indicated in individuals with chrysanthemums allergy.
Second Line:	Malathion 0.5% (Derbac-M®)
Third Line:	Ivermectin tablets (unlicensed)

It is important that all close contacts of the individual diagnosed with scabies are also treated, and that where possible, treatment times should be synced.

Permethrin and Malathion

- For symptomatic individuals, a complete treatment for both permethrin and malathion require two treatments, applied one week apart to ensure eradication of mites.
- For contacts, only one treatment is required. (Contacts include those living in the same house, partners and other significant contacts).
- It is recommended that prescribing is undertaken for both treatments at time of diagnosis (see quantities section for a guide on permethrin quantities).

Ivermectin

- Ivermectin should only be considered for use as a third choice option if topical treatments have been used correctly and not resolved symptoms and there is evidence of ongoing infestation with the presence of burrows.
- Ivermectin is not a licensed product in the UK, therefore any prescribing would be unlicensed. As with all prescribing, the clinician signing the prescription is taking full clinical responsibility for the medication prescribed and any associated monitoring. Patients should be made aware of unlicensed prescribing.
- The dose is 200 micrograms/kg ([BNF](#)) with a second dose advised after 10-14 days to deal with recently hatched mites.
- Where no weight information is available for the patient, this should be recorded before prescribing.
- Ivermectin comes in various strength. Within NHS Grampian prescribing of 3mg tablets is recommended.
- NHS Grampian dermatology service do not recommend repeat courses of ivermectin for scabies.

- There may be specific clinical situations where ivermectin is prescribed without first/second line treatments being supplied e.g. challenges with liquid application, large scale outbreak in care setting.

Pharmacological Management of Post-scabetic Itch

- After treatment has been successfully completed, post-scabetic itch / dermatitis may persist for up to 6 weeks. This should be managed using topical itch relief products or an oral antihistamine.
- Re-treatment for scabies should not be prescribed, unless there is visual evidence of ongoing infestation with the presence of new burrows.
- Nodules, which are not contagious, can occasionally persist for several months and should be treated with a moderately potent topical steroid.

Availability of Treatments

- Ivermectin is only available via prescription.
- Both permethrin and malathion are available for purchase and via NHS Scotland Pharmacy First.

Application Counselling for Patients Prescribed Topical Treatments

- Cream / liquid should be applied to the whole body apart from hair bearing scalp unless elderly or immunosuppressed.
- Treatment should remain on the skin for a defined time period before being washed off:
 - 8-12 hours for permethrin
 - 24 hours for malathion
- Treatment should be reapplied to any area that is washed during the 24 hour period of application (e.g. hands).
- Treatment should be repeated 7 days later.

Prescribing Quantities

Note that this information is *per application*, for symptomatic individuals double quantities will be required for full treatment course. Contacts only require one treatment.

Patient group	Quantity required per application	
	Permethrin cream	Malathion liquid
Adults, the elderly and children over 12 years	Up to one tube (30g). Some adults may need two tubes (60g) for full body coverage.	One bottle should be suffice for two treatments.
Children 6 to 12 years	Up to half a tube (15g).	
Children 1 to 5 years	Up to a quarter of a tube (7.5g).	
Children 2 months to 1 year	Up to an eighth of a tube (3.75g).	

UNCONTROLLED WHEN PRINTED

Further Information

[Primary Care Dermatology Society guidelines](#)

Advice for Patients

Application of permethrin cream or malathion liquid:

- All members of the household and/or intimate contacts should be treated within the same 24 hour period.
- Cream/liquid should be applied to the whole body apart from hair bearing scalp unless elderly or immunosuppressed. Care should be taken to treat the webs of fingers and toes, under the nails, the ears and any areas where there are skin folds.
- Treatment should remain on the skin for a defined time period before being washed off:
 - 8-12 hours for permethrin
 - 24 hours for malathion
- Treatment should be reapplied to any area that is washed during the period of application (e.g. after washing hands).
- In symptomatic individuals treatment should be repeated 7 days later.

Additional information

- Having a hot bath/shower is NOT advised prior to application as this may increase the risk of the cream being absorbed into the body away from the skin.
- Bedding and clothing are not considered major risk factors in the spread of scabies, however they should be laundered at the hottest wash possible for the fabric and tumble dried, if possible once each treatment is complete.
- If an item of clothing cannot be machine washed, keep it sealed in a plastic bag for 72 hours to keep any remaining mites contained until they die naturally.
- It is NOT necessary to fumigate any living areas to eradicate mites.
- Once the first treatment has been completed you can return to school/work.
- Symptoms of itching may persist for a couple of weeks after scabies treatment and can be managed by over the counter creams and/or oral antihistamines.

Further information can be found at NHS Inform

<https://www.nhsinform.scot/illnesses-and-conditions/skin-hair-and-nails/scabies>