You or your child has been diagnosed with scabies. Please note the following information.

Pathogen and transmission path

Scabies occurs worldwide and affects people of all ages.

**Ordinary scabies** is an infectious skin disease caused by the itch mite. Itch mites are only 0.3 to 0.5 mm in size and barely visible. The transmission usually takes place via:

- Direct skin-to-skin contact when this contact lasts for about five to ten minutes,
- Contact with the clothing of infected persons (bed linen, towels, clothes).

The rare **scabies crustosa** (Scabies crustosa, Scabies-norvegica) affects people with immune deficiency, behavioural anomalies, pronounced dementia or severe restriction in the ability to scratch themselves. Here, the mites multiply uninhibited, so that up to several million can be settled on and in the skin. This disease is highly contagious! Even with brief skin contact, removed flakes can transfer mites to other persons.

The mite is viable only for 48 to a maximum of 72 hours, independent of humans.

Course of disease

In the case of first colonisation with **common scabies**, the first symptoms appear after two to five weeks:

- Newly occurred severe itching (increasing at night),
- Point-like or comma-like, duct-like areas with partial blistering, for example, on wrists or ankles.

In the case of a new colonization, eczema occurs after one to four days due to the already existing sensitivity.

The affected person is no longer contagious immediately after completion of treatment with an anti-scabies ointment or 24 hours after taking the medication Ivermectin.

Complications

Excessive cornification of the skin with crust formation as well as scaling occurs in **scabies crustosa**. Nails, scalp, face and neck may be affected. The otherwise typical itching can be low or completely absent due to the lack of response of the body's own defence system.

Therapy

All mites, larvae and eggs must be killed

- on patients
- in his laundry
- in his close contact persons

Measures on the patient:

- Complete application of a mite-killing cream on the entire body with the exception of the head. First take a shower, allow to dry for 60 minutes, cut nails short.
- Treat head only in the case of immunocompromised persons or children under the age of three
  - Apply a thin layer of cream and rub carefully from neck to toes. Treat finger and toe spaces, all body folds, chest, external genitals, belt area and buttocks particularly thoroughly.
- Apply a thick layer of cream on visibly affected areas.
- Do not wash hands afterwards (usually overnight).
- Pay close attention to the exposure duration!
- Permethrin cream 5 % - one-time application, take shower after eight to twelve hours
- Benzyl benzoate cream 10 % / 25 % - application for three days in a row, take shower only on day four
- Crotamiton cream, gel or lotion - application from day three to five, take shower only on day four to six
- Use fresh laundry daily.
- Ivermectin tablets: Application depends on body weight. Linen change as with cream. Take the tablets two hours after or before meals.

Repeated therapy recommended on day seven in the case of severe infestation or if several persons are affected.
Environmental measures:
Disinfectants are ineffective against mites.

Important! Laundry and home must be made free of mites at the same time as skin therapy. This concerns all things that have been used in the last two to three days and during the therapy: e.g., bed linen, sleeping bag, towels, clothing (even scarves, stockings, jackets ...), blankets, pillows, cuddly toys, etc.

The laundry should be:
- washed at at least 50 °C for 10 minutes. If that is not possible, then:
- these should be packed in plastic bags and kept warm for 72 hours (at a temperature of at least 21 °C), or
- stored for two hours at -25 °C (does not apply to Scabies crustosa).

Upholstered furniture or floorings (if infected persons with bare skin have been lying on them) can be vacuumed with a strong vacuum cleaner (dispose of filter and bag afterwards) or not used for at least 48 hours.

Therapy control:
Follow-up check by dermatologist after 14 days and, if required, after one to two months for patients and close contact persons.
The therapy is successful if the itching subsides significantly and the mite ducts/papules become detached after one to three weeks.

Procedure after contact with a patient suffering from scabies

Close contact persons should be treated at the same time as the patient. Typical symptoms do not appear until two to six weeks after infection, but the pathogen can be transmitted to other people beforehand.
Close contact persons are defined as all persons who have had close, extensive skin-to-skin contact for more than five to ten minutes, for example by sleeping together on one bed, cuddling, caregiving and caressing babies, sexual intercourse, caregiving to sick people.

Distanced social contact, as well as shaking hands or a hug as a greeting, do not constitute close bodily contact. Exceptions concern the Scabies crustosa.

In the absence of close physical contact, infection is unlikely. Preventive treatment is not required here.

Reinfection/immunity

The person does not develop immunity to the itch mite. A new infection is possible at any time.

Therefore, simultaneous and complete killing of mites during treatment is very important for
- the infected person,
- the close contact persons,
- The clothes/bed linen, etc.

This is the only way to prevent reinfection by surviving mites.

If you have any questions, please contact the Public Health Department by telephone on (03 51) 4 88 82 04 or 4 88 82 05.

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