Management of outbreaks of scabies* in congregate[1] non-healthcare settings V1.0 11/07/2024

Diagnosis[2] of two or more epidemiologically linked cases of scabies in the setting within 6 weeks of each other?

Yes → Report to Area Public Health Team.

No → Usual management of a single case

***This algorithm is for the management of outbreaks of classical scabies in congregate settings, if crusted scabies is suspected, seek urgent specialist advice from specialist clinicians (dermatology/ID/microbiology) .**

[1]Congregate settings refer to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) such as: homeless shelters, refuges, group homes and State-provided accommodation for refugees and applicants seeking protection. Those living or staying in the facility are referred to as residents.

Area Public Health Team will:

- Lead/ coordinate outbreak response; may require support from Social Inclusion (SI).
- Carry out public health risk assessment (PHRA) identifying the outbreak extent (whole/part of setting), liaising with Management. If access to clinician (e.g. on-site sessional GP/nurse, or SI/ Migrant Health (MH) in-reach team with clinical staff), ask them to assess residents and identify further cases and contacts. Some emergency accommodation settings may be transient and high turnover of residents makes this difficult. If interpreter is required, see HSE guidance on accessing interpreter services. For State-provided accommodation for refugees and applicants seeking protection see (a) Contact details for SI/MH in-reach teams, (b) International Protection Accommodation Services (IPAS) Infectious Disease (ID) Protocol for settings for International Protection Applicants (IPA) and (c) Ukraine Crisis Temporary Accommodation Team (UCTAT) ID Protocol for settings for Beneficiaries of Temporary Protection (BOTP) (shared directly with PH)
- The PHRA will inform: (a) Whom to treat: Treatment is prescribed by the person's GP. PH may consider prescribing treatment for asymptomatic contacts without a GP, but not for cases, as this requires clinical assessment. If a BOTP/ IPA does not have a GP, liaise with SI/MH teams. (b) Whether to convene an outbreak control team (OCT) and associated actions.
- Managers within the setting are expected to facilitate whatever actions are required by PH to manage the outbreak, as per Medical Officer of Health legislation. Consider referral to the National Infectious Diseases Isolation Facility[4] for case management if the environment is challenging, e.g. multiple occupancy rooms, limited washing and laundry facilities

Further clinical assessment by GP if:

- Signs/symptoms of secondary bacterial skin infection
- Case is unwell
- No improvement in symptoms after 4 weeks following correct application of treatment and other recommended measures

Coordination of simultaneous treatment[5] and IPC measures

- All cases and contacts (including staff) should start treatment and implement appropriate IPC precautions within 24h of each other. This is key to sucessful control of the outbreak. Repeat treatment in 7 days.
- Refer GPs to antibioticprescribing.ie for details on treatment options. This includes advice for breastfeeding mothers.
- Itch may last up to 4 weeks following correct treatment application. It may be relieved using an oral antihistamine and/or a topical steroid.

Infection, Prevention and Control Measures

- Cases and contacts should avoid skin to skin/sexual contact, wear gloves if skin to skin contact is necessary until 24h after first treatment dose has been completed
- Avoid sharing of personal belongings (clothing, towels, linen, etc.). If it is possible to manage laundry as infected linen, this should be implemented with the use of alginate bags in washing machines that are compatible with soluble bags. If the facility cannot manage laundry as infected linen, for activities such as direct contact with infested linen or clothing, gloves and single use disposable gowns may be required until 24hrs after first treatment dose has been completed, if available.
- Clothing, bedding and towels belonging to cases and contacts (including staff) should be washed in a minimum **50 degrees Celsius** wash cycle, washing machines should not be overloaded. Do not place in a mixed wash with clothing from other people in the congregated setting. After laundering, items should be dried immediately in a tumble drier on the first day of treatment. For items that cannot be washed or tumble dried, seal the items in a bag for **4 days** without removing anything during this time period. These items may include shoes, outdoor clothing such as coats, hats and gloves, soft toys and removable covers of child car seats/buggy.
- For classical scabies cases and outbreaks, the routine cleaning regimen will be sufficient to remove skin scales from the environment. Cleaning should be undertaken for items which have had prolonged direct contact with the skin, for example vacuuming of a sofa or a mattress if being used without a sheet covering. If duvets and pillows were not completely covered with a pillowcase or duvet cover, and there has been skin contact with them, these items should be sealed in a plastic bag for **4 days** in a designated area, if possible. It is essential that the bags are not opened, or any items removed.

Isolation and Movement of Staff/Residents[1]

- Cases & contacts should be advised to remain in their room(s) until 24h after their first treatment dose has been completed. Where this is **not feasible**, they should avoid direct contact (including sexual contact) with others until 24h after their first treatment dose has been completed. *If difficulties or challenges still exist, consider referral to National Infectious Disease Isolation Facility[4].*
- Staff (cases & contacts) can return to work 24h after their first treatment dose has been completed. The movement of staff to and from the affected area should be restricted if possible.
- The movement of residents to and from the affected area should be restricted until all cases and contacts have been treated.

Advice for visitors/contacts

- Inform contacts who are living outside the setting of the outbreak and advise them to contact their GP regarding treatment.
- Provide Scabies Patient Information Leaflet to cases and contacts. Visiting health and care workers who have close or prolonged physical contact with residents should be informed of the outbreak prior to their visit to setting. A **point of care risk assessment** (PCRA) will aide Health and Care Workers (H&CWs) to determine what PPE they should wear[6].

Declaring the outbreak over

Outbreak can be declared over by Public Health if no new cases are identified within 12 weeks of symptom onset date of the last known case. Convene OCT if outbreak isn't controlled.

Notes

[2]Diagnosis: Clinical diagnosis by the GP of the resident or staff member. For more information on signs and symptoms of Scabies, please see **here**.

[3]Contact: A **contact** of a single case in a congregate setting is anyone, in the 6 weeks prior to diagnosis of the index case, with one or more of:

- Close physical contact (prolonged direct skin to skin for 10-15 minutes) with the case without appropriate PPE
- Sharing a room or other similar household setting
- Sexual partners

[4]National Infectious Disease Isolation Facility: For outbreaks that are difficult to manage, refer to the **HSE National Infectious Disease Isolation Facility** on St. Ita's campus in Portrane, Co. Dublin. Queries regarding the referral process and suitability for isolation can be raised with the nursing team on a 24-hour basis, by calling (01) 921 0158 or (087) 721 9164.

[5]Treatment: Two applications of treatment. Second treatment to be applied 7 days after the first application. Generally **topical treatment** is advised. Please see antibioticprescribing.ie for details on treatment options.

[6]PPE Recommendations for HCWs: Refer to National Clinical Guideline No. 30 Infection Prevention and Control and the IPC Point of Care Risk Assessment (PCRA) for further advice on standard and contact precautions.