

Combating Infection

Stopping the itch of scabies and lice

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ALTHOUGH AN INFESTATION of scabies or lice isn't life-threatening, it can be expensive for a hospital to treat affected staff and patients. People are contagious until all parasites and their eggs have been killed or removed. So involve the infection control nurse if you find scabies (*Sarcoptes scabiei*), head lice (*Pediculus humanus capitis*), body lice (*Pediculus corporis*), or pubic lice (*Pediculus pubis*) on anyone in your unit.

Scabies

With scabies, the female mite burrows into the skin, laying two or three eggs daily and producing a rash of pimplelike sores. Common symptoms include itching, which often increases at night, and secondary lesions and infection from scratching. Symptoms appear 2 to 6 weeks after an initial infestation and 1 to 4 days after reinfestation. Some people

develop a severe form called *crusted scabies*, characterized by plaques on the hands and feet or scales on the scalp and trunk. Diagnosis generally hinges on patient complaint and the presence of other symptoms. See the accompanying chart for how to treat scabies and lice.

Lice

People with lice may be asymptomatic or may complain of itching from an allergic reaction to lice bites or feces and a "crawling sensation." Use a bright light to check for lice, which are grayish white and about the size of a sesame seed. (Body lice are somewhat larger.) Nits (lice eggs) are tan or white ovals that seem glued to hair shafts. Before treating for lice, rule out dandruff, which can easily be removed from hair.

The biggest danger associated with lice is overtreatment with a

toxic substance, so reserve treatment for those diagnosed with lice or eggs. Teach patients how to check others at home to prevent reinfestation. Stress the importance of using medication correctly, treating infested family members, and cleaning the environment properly.

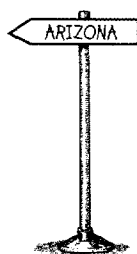
Anyone with scabies or lice must rid the home of parasites. Advise the patient to wash all bedding and clothing in hot water and dry them on the hot dryer cycle. Dry-clean items that can't be washed or seal them in a plastic bag for 5 days (scabies) or 2 weeks (lice). Someone with head lice should soak hairbrushes and accessories in hot water for 15 minutes or throw them away and buy new ones. Advise her against sharing anything that touches her head and recommend thoroughly vacuuming all carpets, furniture, mattresses, pillows, and car interiors.

Transmission to treatment

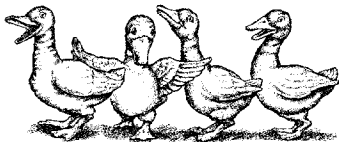
Use this chart to help detect and treat scabies or lice in your patients. When caring for infested patients or handling their clothing, be sure to wear gloves and thoroughly wash your hands after glove removal. Isolate infested patients and apply linen-handling precautions until treatment is completed. Follow up on patient complaints of itching.

	Transmission	Likely locations of infestation	Treatment for the infected person
Scabies	Skin to skin contact; shared clothing or sleeping areas	Hands, between fingers, body creases, wrists, beneath breasts, groin area, or shoulder blades	Advise patients to: <ul style="list-style-type: none">• take a warm, soapy bath or shower to remove scales from the skin• thoroughly dry skin and allow it to cool because warm skin may absorb the scabicide and cause central nervous system damage• apply a scabicide, such as permethrin cream (5%), from the neck to the toes; don't apply it to inflamed or weeping skin, the scalp or face• follow the directions on the product for how long to leave the medication on, usually 8-12 hours• take a tepid bath or shower to remove medication• treat people who've had close contact with the patient at the same time• use a prescribed topical ointment to ease itching, which can continue for weeks after treatment• warn sleeping partners of possible infestation.

	Transmission	Likely locations of infestation	Treatment for the infected person
Head lice	Most common in school-age children from head-to-head contact; contact with infested combs, hats, hair accessories, headphones, pillows, stuffed animals, couches, carpeting, or car seats	Scalp and around ears and neckline	Advise patients to: <ul style="list-style-type: none"> • apply either a prescription or over-the-counter lice-killing shampoo by carefully following directions on the product insert • separate hair into small sections and comb each strand with a fine-tooth comb (often included with shampoo) to remove the eggs • remove by hand any eggs still present after combing • comb hair and remove eggs daily until no more eggs are present • reshampoo 7-10 days after first shampoo only if live lice are found • check all household members for 2-3 weeks after treatment to ensure lice are gone • contact a clinician if lice still seem very active 8-12 hours after the initial treatment.
Body lice	Contact with infested people, clothing, or bedding	Body creases	Advise patients to: <ul style="list-style-type: none"> • apply a prescription pediculicide cream as directed on the product insert; all infested and hairy body parts must be treated • warn sleeping partners of possible infestation.
Pubic lice	Sexual contact	Pubic hair and perianal region	Advise patients to: <ul style="list-style-type: none"> • apply a prescription pediculicide cream as directed on the product insert • recommend that their sexual partners get treatment. ⓐ



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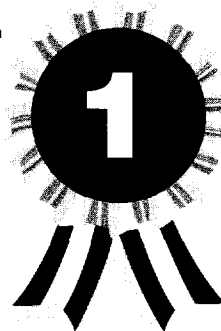
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