



Scabies And Lice

Scabies

- Scabies is a common skin infection caused by the mite, *Sarcoptes scabiei*. This mite only lives on human skin, where it also lays its eggs. The eggs take a week to hatch and the mite lives for 30 to 60 days.
- Scabies is transmitted by direct contact with an infected person. It can spread through shared bedding and clothing. Re-infection can occur if other infected family members are not treated at the same time.
- Patients present with severe itch that is usually worse at night.
- Skin rashes include scratched, red bumps and small burrows. Common areas affected are web spaces between the fingers and toes, wrists, ankles, armpits, waist and genitals.
- Sometimes, after excessive scratching, bacterial infection can occur, and the rashes become weepy and painful. This requires treatment with antibiotics.
- After treatment, itching will improve but can last for up to a few months.
- Sometimes, the mites may be seen from scrapings of the skin rash. However, a negative result does not exclude the presence of scabies and your doctor may still prescribe scabies treatment if the suspicion is high.

Treatment for scabies

- Topical therapies are the most commonly used treatment options.
- Topical permethrin cream: Safe for use above one month of age. Apply and leave on overnight (at least 8 hours) before washing off. For infants less than one year old, apply to the whole body including the scalp. In older children and adults, apply from the neck down. Repeat treatment one week later.

- Topical malathion lotion: Safe for use above one year of age. Apply from neck down, leave on for 24 hours, before washing off. Treatment is recommended for two consecutive days. Repeat treatment one week later.
- Topical benzyl benzoate: Not recommended for children less than two years of age. Apply and leave on for 24 hours, before washing off. Apply for three consecutive days. Can be used in pregnant women.
- Oral ivermectin: This may be given for severely affected patients who do not clear with other forms of treatment.
- All close contacts need to be treated to minimise re-infection. Bed sheets, linen and clothing require thorough cleaning, preferably in a washing machine.

■ Head lice (Pediculosis)

- Lice are small, six-legged, wingless insects that may be visible to the naked eye. Three species of lice can infest humans (body lice, head lice and pubic lice). Body lice may spread other diseases.
- Head lice are the most common form of lice to affect children, and usually affect those between three to twelve years of age. They are transmitted by close contact or via household items, including clothing and combs, brushes, and hats or other headgear. They may spread within pre-schools, schools, or homes.
- Patients present with scalp itch and scratch marks on the scalp. On close inspection, the lice may be seen on the hair.

■ Treatment for head lice

- Topical permethrin cream: Safe for use above one month of age. Apply to mildly damp hair, leave on overnight and rinse off in the morning. Repeat treatment one week later.

- Topical malathion lotion: Safe for use above one year of age. Apply to mildly damp hair, leave on for 24 hours, then rinse off. Treatment is recommended for two consecutive days. Repeat treatment one week later.
- Application of hair conditioner on dry hair and combing with a fine toothed comb for 5-10 minutes a day can be used as additional treatment.
- All close contacts need to be treated to minimise re-infection.
- Play areas and furniture should be vacuumed; bedding, clothing, and headgear should be machine washed. Items that cannot be washed may be dry-cleaned or placed in sealed plastic bags for two weeks. Hats, combs, brushes, grooming aids, towels, school lockers and hooks, and other items that come into contact with the head or head coverings should not be shared.

Useful telephone number

Central Appointments

6294-4050



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