

IPC Bulletin for Care Homes

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Produced by an NHS Community Infection Prevention and Control Team based in North Yorkshire for distribution to subscribers.

Scabies

Did you know:

- Scabies is a skin condition caused by tiny mites called *Sarcoptes scabiei* which burrow into the skin.
- There are 2 forms of scabies caused by the same mite, classical and crusted.
- The body reacts to the droppings and saliva which the mite deposits under the surface of the skin causing an itchy rash.
- The symptoms can be hard to recognise.
- Misdiagnosis is common because of its similarity to other itchy skin disorders, such as contact dermatitis, insect bites, and psoriasis. Diagnosis needs to be made by a GP or other clinician.



Transmission

- Can occur with frequent, prolonged skin-to-skin contact, without appropriate personal protective equipment (PPE), with a person who is infected with scabies (approximately 10 minutes uninterrupted skin-to-skin contact, e.g. holding hands).
- Evidence suggests that the mites can live away from a host for up to 4 days, but the role of bedding, clothing and/or towels in transmission is unclear. Transmission via clothing is considered much more likely from cases with crusted scabies due to the large number of mites present.

Incubation

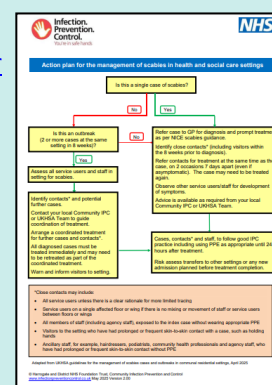
It can take 3-6 weeks for the symptoms to appear if a person has never had scabies. However, if a person has previously had scabies, symptoms can occur in 1-4 days.

Close contacts

A person who has had skin-to-skin contact with a symptomatic person without wearing appropriate PPE within 8 weeks of the person's diagnosis is classed as a 'close contact'.

Treatment and outbreak management

- An outbreak is when there are 2 or more cases at the same setting within 8 weeks.
- Coordination of mass treatment is the responsibility of the home manager. See '[Action plan for the management of scabies in health and social care settings - Infection Prevention Control](#)'.
- Treatment consists of 2 whole body applications of permethrin 5% cream, one week apart. In some cases, a tablet, e.g. Ivermectin, may be prescribed.
- All cases should start treatment as soon as possible and not wait for wider mass treatment in the setting. This is to minimise their symptoms, reduce complications and risk of onward spread.
- Treatment of all contacts should be carried out at the same time. Treatment application instructions are available to download at: [Scabies treatment: Care Home and Domiciliary Care staff instructions for application of cream - Infection Prevention Control](#).
- Isolation is not required if the affected resident does not have skin-to-skin contact with other residents.
- A disposable apron and gloves should be worn for direct contact and handling of clothing, bedding, towels and soft furnishings.



Further information: [Community IPC Scabies Policy for Care Home settings](#),

[UKHSA guidelines for the management of scabies cases and outbreaks in communal residential settings](#)

What's new:

LAST FEW PLACES AVAILABLE IPC training event for Care Homes

13th October, 2025. [Infection Prevention and Control Training Event for Care Home and Domiciliary Care staff October 2025 - Infection Prevention Control](#)

Visit our website to find lots of IPC resources, many of which are free to download.

www.infectionpreventioncontrol.co.uk

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