Ivermectin in the management of a scabies outbreak in a long-term care facility

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Help your chronic spontaneous urticaria (CSU) patients achieve symptom control

Xolair (omalizumab) provides proven efficacy for symptom relief of CSU.¹⁻³

Think proven efficacy and symptom control

82% of patients responded to treatment at 12 weeks (vs 59% placebo, p<0.001)¹⁺

34% of patients were itch and hive-free at 12 weeks (vs 5% placebo, p<0.001)³⁺

Think an improved quality of life

73% reduction in DLQI from baseline at 12 weeks (vs 22% placebo, p<0.001)³,⁴⁺

Think an established safety profile

>1.3 million patient-years of market experience across CSU and SAA⁵

To explore key data for Xolair in CSU, please visit www.health.novartis.co.uk/medicines/dermatology/xolair

Explore our suite of resources to support your patients when using Xolair via our website above

Prescribing information and adverse event reporting

CSU, chronic spontaneous urticaria; DLQI, Dermatology Life Quality Index; SAA, severe allergic asthma.

¹Data from a randomised, double-blind, placebo-controlled, parallel group study of 336 patients aged 12–75 years with CSU for 8 months, itch and hives for >6 consecutive weeks before enrolment despite therapy with H1-AH ± H2-AH ± LTRAs, and a UAS7 16. Mean UAS7 at baseline was 31.2 for Xolair and 30.2 for placebo. Mean DLQI at baseline was 13.8 for Xolair and 13.0 for placebo (for the modified intention-to-treat population). †Exploratory endpoint: Proportion of patients achieving MID in UAS7 (reduction in UAS7 from baseline of 11 points).

²Secondary endpoint, UAS7<10. ³Additional efficacy endpoint. Absolute reduction of ≥8.7 (vs 3.1 placebo) in mean DLQI (observed data, p<0.001). ⁴Post hoc analysis of phase 3 studies (ASTERIA I & II, and GLACIAL), demonstrated clinically meaningful improvements in quality of life (measured using DLQI) in patients with CSU.⁵

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Dear Editor,

We read with interest the article by Charlotte Bernigaud and colleagues about the role of oral ivermectin in the management of a scabies outbreak in a long-term care facility (LTCF) affected by COVID-19.¹ Bernigaud et al. reported on the COVID-19 related outcomes in the 69 residents (median age 90 years) of an LTCF who had received two doses of oral ivermectin 200 μg kg⁻¹ between 6th March 2020 and the 20th March 2020 to control an outbreak of scabies. The focus of the research letter is that none of the LTCF residents treated with ivermectin were reported to have been hospitalised or to have died for any reason up to the 15th May 2020. This outcome may have occurred by chance but is consistent with an upper bound of the 95% confidence interval of 4.3%.² We do not wish to discuss the merits or otherwise of oral ivermectin in the prevention or management of COVID-19.

Ivermectin is included in the WHO model list of essential medicines, specifically for ectoparasitic infections.³ However, its use as the treatment of choice for scabies outbreaks in LTCFs for the elderly has long been hampered by the flawed study of Barkwell and Shields which was published in The Lancet in 1997.⁴ They reported an increased mortality in 47 individuals (mean age 73.4 years) treated with a single dose or oral ivermectin 150-200 μg kg⁻¹ compared to controls. We and others have highlighted the deficiencies in this report and have called for an editorial warning to be placed on the article.³,⁵

The data concerning all-cause mortality in the cohort from the study of Bernigaud and colleagues in the 56 days following the administration of ivermectin would be extremely useful for those involved in the...
research and management of scabies outbreaks. We believe this is the first published use of ivermectin as a first-line agent for the control of scabies in an LTCF for the elderly.

The use of topical scabicides, particularly in the very elderly or those with dementia, can be distressing for the individual and staff. The required close contact also risks further transmission. The confirmation of oral ivermectin as a safe alternative to topical therapy for the management of scabies outbreaks in LTCFs for elderly people would make a considerable difference to this vulnerable population and the staff who care for them. 6,7

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References


