

A prospective study of scabies outbreaks in ten residential care facilities for the elderly in South-East England, 2014-15

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Introduction

Sarcoptes scabiei is a mite which is transferred from skin to skin. Scabies is a significant problem in UK residential care facilities (RCF) for the elderly, where outbreaks are common and difficult to control. They typically last for several months and diagnosis is often substantially delayed (1). Clinical presentations in the elderly are poorly understood. We studied scabies outbreaks in RCFs to investigate the clinical signs and risk factors in this population.

Scabies outbreaks are common in care homes and very distressing



While this case of crusted scabies should be easier to diagnose, the appearance of scabies in the elderly is usually much more subtle and easily missed. Covered parts of the body need to be examined carefully by an experienced clinician.

We visited residential care homes during outbreaks and examined residents

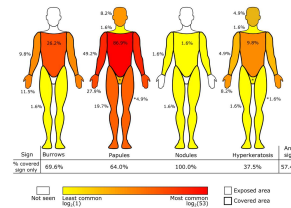
Methods

We visited RCFs with suspected scabies outbreaks. We examined residents, performed dermoscopy and skin scrapings, and classified their scabies diagnosis as definite (mite visualised)/probable (compatible symptoms, mite not visualised)/possible (non-specific rash + contact with case) or non-scabies. All residents were treated twice with a topical scabicide, and a second visit conducted. Consent processes are described in (2).

Results

- We examined 230 residents at 10 RCFs between 03/02/2014-11/02/2015. Their median age was 87 years, 76% were female, and 68% had dementia. 61 (27%) had scabies (13% definite); 41% with burrows, 51% had not reported symptoms.
- Dermoscopy identified the mite in 7 cases (11.5%), skin scrapings in 3. We diagnosed a median 6 cases/RCF. Examination only of uncovered areas of the body (hands, lower legs) would have missed a high proportion of cases.
- Dementia was strongly associated with scabies (OR=2.4, 95% CI 1.4-4.1).
- No new cases were identified at the second visit (median interval 44 days), 10 cases still had scabies (2 probable, 8 possible).

Clinical features were different from younger age groups



Scabies burrows such as this one (seen under dermoscopy) are easily missed.



These papules on the trunk have been scratched. They are easily confused with other irritant conditions.

We are working towards national guidance, consulting professionals and the public on how to implement better detection and management

Discussion

Scabies diagnosis is difficult in this population; over half of cases were asymptomatic, and dermoscopy and skin scrapings were of limited diagnostic value. Our study is the first to confirm that dementia is a risk factor for scabies in this group. Careful examination of elderly residents of RCFs with suspected scabies outbreaks is important, particularly those with dementia, as they may have no obvious clinical signs.

Management guidelines vary substantially (3). We are consulting on potential for national guidelines and developing educational materials for professionals and the public.

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