

IPC newsletter May 2026 Scabies

Westmorland and Furness Council sent this bulletin at 26-05-2026 04:53 PM BST

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Infection Prevention Team Newsletter

May 2026

Scabies: the uninvited mini-beast!



Scabies is a skin condition caused by an immune reaction to the mite *Sarcoptes scabiei* and their saliva, eggs and faeces.

Symptoms

Intense itching is associated with burrows, nodules and redness, often worse at night.

It often affects skin between the fingers, around the wrists, under the arms, and around the waist, groin and bottom.

However, older people and young children may develop a rash on their head, neck, palms and soles of their feet.

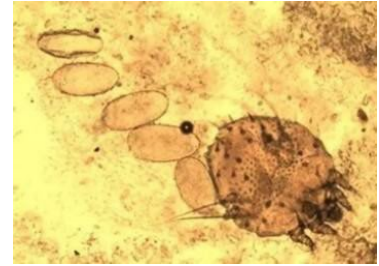
People with a weakened immune system can sometimes get a rare and very contagious type of scabies called crusted scabies. The main symptom is a crusted, flaky rash that often affects the elbows, knees, hands and feet.

Asymptomatic infection has been demonstrated in older adults in care homes. Symptoms may last for weeks or months, can be hard to recognise and are often mistakenly attributed to other skin conditions, leading to avoidable transmission.

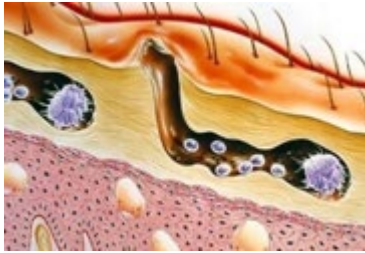
Early diagnosis is essential to avoid further transmission. Diagnosis may be by GP, pharmacist, dermatologist or specialist nurse.

Transmission

Scabies mite can spread person to person via skin to skin contact. Mites can live in the environment for a short time and so people can potentially be infected via towels, blankets, sheets, clothes, furniture etc.



Therefore, skin contact with any of these infected items can result in infection.



Infection spreads more easily in close contact settings such as nursing homes, hospitals, day-care centres, homes and prisons. Anyone can get scabies, it has no relevance to cleanliness or hygiene. Those at increased risk are Doctors, nurses, care workers, teachers, infants and the elderly.

Infected care workers

If you are a care worker and think that you might be infected with scabies, then please inform your direct line manager immediately. You will need to seek treatment from your GP or direct from a pharmacy. You **MUST NOT** work until 24 hours after the first treatment (or longer depending on your workplace policy). Your immediate family/ household and close physical contacts will also require treatment to prevent further spread or reinfection. Do not use pharmacy treatments on children under 2 years old, they will need to see a GP.



Infected care home residents or service users

If you see a rash on care home resident, inform the care home manager immediately and seek a clinical review ASAP. Treatment in symptomatic residents must not be delayed. Please inform WAF Infection Prevention and Control IPC team, even if only one resident is symptomatic.

Email: IPC@westmorlandandfurness.gov.uk

PPE

Clean hands and wear disposable apron and gloves when there is close contact, e.g. when performing personal hygiene.

Contacts

All close contacts will also require treatment. If individuals are asymptomatic (no rash or itching) then only one dose of treatment may be required. However, in outbreak situations whole home treatment may be necessary. In this instance it is best to ensure all contacts have two doses of treatment to limit any further spread or reinfection.

Treatment

There are two treatment methods:

- Permethrin (cream)
- Ivermectin (tablet, number depends on body weight)

For symptomatic individuals either treatment can be used. It is essential that treatment is applied/taken twice, 7 days apart. It is essential that the time scale is adhered to as treatment must work to disrupt the mites life-cycle. Neither treatment is effective at killing the eggs, therefore the second treatment must wait until all eggs have hatched (by day 7) but not be left too long, so that the newly hatched mites do not reach maturity and begin laying further eggs (by day 10).

If you are asked to use Permethrin cream this **MUST** be applied **AT NIGHT** (or morning if on a night shift) all over the body, left on for 8-12 hours before washing off. It is not recommended to have a hot bath or shower before treatment. If applied after showering wait 30min to 1 hour for the skin to cool as it will be more effective.

Always remember to re-apply after handwashing.

Following treatment, itching may persist for several weeks because it takes time for the burrowed dead mites to be absorbed into the body. Persistent itching is not, therefore, an indication of treatment failure. Antipruritic (anti-itch) treatment may be beneficial.

Laundry and Environment

- **DO** laundry the morning after treatment
- **DO NOT** mix with items belonging to unaffected individuals
- **DO** handle all clothing, bedlinen and towels, using appropriate PPE to avoid skin contact.
- **DO** wash all bedding and clothing at 60°C or higher, and if possible, in a hot dryer, on the first day of treatment.
- **DO** put any items which cannot be laundered in a hot wash, into a sealed plastic disposable bag for at least 4 days prior to laundering, this should be sufficient to kill any mites present.
- **DO NOT** share bedding, clothing or towels with someone with scabies.

- **DO** clean all hard surface with warm water and detergent.
- **DO** vacuum daily
- **DO** remove any soft furnishings and items of non-wipeable material, bagged up and out of use for at least 4 days after treatment. Items should then be vacuumed.

Just a little reminder of our FREE training coming up soon:

In – person

IPC Link Practitioner Training

12 June 2026, 1pm – 3pm Kendal Town Hall

Presented by:

Kate Hadwin (Health Protection Nurse)

&

Linda Andrews (IPC practitioner)

To register for a place please E-mail:

IPC.WAF@westmorlandandfurness.gov.uk

(Places are limited!!)

ONLINE

Diabetes - the foundations for disease management

24 June 2026 14:00-15:30

Presented by Victoria Broadley from 'Agamatrix'

Join: <https://teams.microsoft.com/meet/24273470673840?p=EVe3L2HYqaSgtcIY9d>

We are always here to help- email us at IPC@westmorlandandfurness.gov.uk