

4 July 2023

Health Alert: Increase in cases of Crusted Scabies

Current situation

There has been an increasing number of crusted scabies cases observed across the Northern Territory, with a 35% increase this year to date compared with recent years. The largest increase has occurred in Alice Springs and Darwin, while the East Arnhem region continues to have the highest rates in the NT.

Actions for clinicians

Clinicians should be on **alert for cases of crusted scabies**.

Please contact your local CDC unit as soon as you suspect crusted scabies.

Cases are highly infectious to others, and missed cases can lead to **widespread transmission** and recurrent infection of residents in households or care facilities.

Scabies and crusted scabies

- Scabies is a disease caused by an infestation of the skin with the mite *Sarcoptes scabiei*. When hyper-infestation occurs, the condition is known as crusted scabies (previously Norwegian scabies), which can involve thousands of mites over the person's body.
- Crusted scabies is often associated with underlying immune deficiencies, however the majority of crusted scabies cases in the NT have not been associated with immune problems. Crusted scabies has an associated high morbidity, and secondary bacteraemia may result in life threatening sepsis.

Clinical presentations

Crusted scabies commonly presents:

- As thickened, scaling and crusting of skin, often with a distinctive creamy colour, even in people with darker skin.
- On buttocks, armpits, elbows, knees, hands and feet, but sometimes involving the scalp and ears.
- In one or two areas or may cover the entire body, depending on severity.
- With itching which may be minimal or absent. It is often misdiagnosed as other conditions such as psoriasis, fungal infection or diseases in which hyperkeratosis is a feature.

Testing for suspected scabies

- Patients need a **skin scraping** for scabies microscopy and fungal culture (write “possible crusted scabies” on the pathology request form)
- Discuss with an infectious disease or dermatology specialist to **confirm diagnosis**.
- Crusted scabies are graded from 1-3 depending on severity. See [CARPA Standard Treatment Manual 8th Ed.](#), p. 472, or other relevant treatment guideline.

Clinical management

- All cases will likely be referred to hospital for inpatient management.
- Cases with Grade 2 or 3 crusted scabies require hospitalisation to ensure an appropriate treatment regime has been completed. Treatment regimens can last for 7 to 28 days.

Contacts and environmental management

- It is important that all **household contacts** of the case are treated as per [Guidelines for Community Control of Scabies, Skin Sores, Tinea and Crusted Scabies in the Northern Territory](#).
- Environmental measures should be implemented before the person is discharged, to ensure they are able to return to a scabies-free home.

Risk of reinfection

People with crusted scabies are at high risk of recurrence from reinfection after initial successful treatment, and require ongoing monitoring, education and maintenance of a scabies-free home.

Patients should be reviewed **proactively** in the clinic for regular skin checks and **early treatment** of scabies recurrence.

Notifiable disease

Crusted scabies is a notifiable disease in the NT.

Further information and resources for crusted scabies is available at [Scabies and crusted scabies | NT Health](#).

Issued by: Dr Pasqualina Coffey

A/Director, Centre for Disease Control, Public Health Division, NT Health

Centre for Disease Control	Darwin	Katherine	Nhulunbuy	Tennant Creek	Alice Springs
Phone	08 89228044	08 89739049	08 89870357	08 89624259	08 89517540
Fax	08 89228310	08 89739048	08 89870500	08 89624420	08 89517900