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## CPG C8 CLINICAL MANAGEMENT OF ECTOPARASITES (PUBIC LICE AND SCABIES)

**GUIDELINE STATUS:** FINAL 14/05/2008

**REVIEW DATE:** 14/05/2008

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### SCOPE OF PRACTICE

#### TARGET POPULATION

- Clients with a presumptive or confirmed clinical diagnosis of uncomplicated pubic lice and/or scabies

#### EXCLUSION CRITERIA

- Clients with abnormal findings of clinical significance
- Clients with secondary skin infections or irritations
- Clients who are pregnant or breastfeeding
- Clients with disseminated scabies infection

### GUIDELINE OBJECTIVES AND ANTICIPATED OUTCOMES

- Provide appropriate topical antiscabetic/antiparasitic treatment for clients with confirmed pubic lice and scabies infection
- Identification of individual STI risk and provision of appropriate screening
- Identify public health risks to control infections by:
  - Provision of STI education and information
  - Identification and exploration of sexual risk taking behavior
  - Partner notification and treatment as required

### BACKGROUND

#### CONDITION DESCRIPTION

##### PUBIC LICE

Human lice are obligate human insect parasites and are responsible for the diseases pediculosis capitis, pediculosis corporis and pediculosis pubis.<sup>1,2</sup> Pubic lice (*Phthirus pubis*) are predominantly sexually transmitted.<sup>1,3</sup> The incubation period is between 5 days to several weeks.<sup>4</sup> They measure 3-4 mm in length. The female lice live for up to one month and lay up to 10 eggs per day, which hatch within 10 days.<sup>3,4</sup> The lice prefer axillary, eyebrow, eyelash, beard, pubic, limb and trunk hairs.<sup>1,4</sup>

##### SCABIES

Scabies is an infestation of the skin by the mite *Sarcoptes scabiei*.<sup>5</sup> Typical sites of infection are skin folds and flexor surfaces. In adults, the most common sites are between the fingers and on the wrists.<sup>1,5</sup> Clients present with a history of itching which is worse at night. Scabietic lesions may be visible as a grayish fine linear rash or ridge.<sup>2,5</sup> Visible mites may appear as a raised white oval with dark pigmentation. Secondary bacterial infection may also be present. Mites may be found in burrows at certain anatomical sites not influenced by the site of the initial infestation.<sup>1,2,5</sup>



SCABIES <sup>1,2,5</sup>	PUBIC LICE <sup>1,2,5</sup>
<ul style="list-style-type: none"> <li>• Papular and erythematous vesicle/lesions</li> <li>• Secondary bacterial infection of skin</li> <li>• Visible burrows and papular, vesicular eruptions</li> <li>• Eczematous changes</li> </ul>	<ul style="list-style-type: none"> <li>• Pruritis (often nocturnal)</li> <li>• Maculae ceruleae (asymptomatic, macular, blue discolorations on thighs or trunk)</li> <li>• Visible lice in pubic hair</li> <li>• Brown faecal flecks in pubic hair</li> </ul>
	

Table C8.1: Signs and symptoms (photos courtesy of MSHC)

## INVESTIGATIONS AND DIAGNOSIS

SCABIES	PUBIC LICE
<ul style="list-style-type: none"> <li>• Presence of mites, ova or faecal pellets in skin scrapings under microscope</li> <li>• Definitive diagnosis is made by microscopic identification of mites or their eggs from skin scrapings at site of burrows</li> </ul>	<ul style="list-style-type: none"> <li>• Genital exam with good light source</li> <li>• Diagnosis is made by direct examination of the involved area and detection of pubic lice and or lice eggs</li> </ul>

Table C8.2: Diagnosis of pubic lice and scabies <sup>7,8,9</sup>

## TREATMENT AND MANAGEMENT

### TREATMENT INDICATORS

- Clinical diagnosis based on examination findings

### TREATMENT

- **Permethrin 5% cream**- Up to one 30g tube applied and left on skin overnight
- **Loratadine 10mg** one tablet daily as required

Permethrin 5% cream is effective treatment for both scabies and pubic lice and has low toxicity. Apply as single application to clean dry skin, cover whole body except head, focusing on skin folds, leave for 8-12hrs, and wash off thoroughly. <sup>6,7,8,9</sup>

- Do not apply to broken or infected skin
- Do not wash hands after application

### SCABIES <sup>6,7,9</sup>

In clients treated for scabies, itching may persist for up to four weeks post treatment. This is generally regarded as due to an allergic reaction to dead mites under the skin and is not necessarily indicative of treatment failure.

**PUBIC LICE** <sup>6,8,9</sup>

Permethrin has activity against eggs because it retains residual activity for 2 weeks and remains on the hair for 14 days after treatment. Unhatched eggs are then killed.

**SYMPTOM MANAGEMENT** <sup>6,7,8,9</sup>

- Shaving genital hair can assist in treatment
- Retreating with Permethrin 1 week after the first treatment maximizes cure rates.
- Antihistamines may assist with reducing itch

**GENERAL MANAGEMENT** <sup>6,7,8,9</sup>

- Advise the client to avoid close body contact until treatment has been completed
- Treatment failure may be due to reinfection
- Eyelash infection can be treated with petroleum jelly application 5 times daily for 5-7 days
- Treatment of eczematous skin conditions with corticosteroid creams is recommended to be withheld prior to treatment
- Clothing and bed linen need to be hot water machine washed (>60° C)
- Mattress and doonas can be sprayed with insect repellent
- For scabies discuss general hygiene with client

**PUBLIC HEALTH CONSIDERATIONS - FOLLOW UP AND REVIEW**

- Contact tracing is not required <sup>5,6,7,8</sup>
- Sexual partners (of the last month) should be examined and treated to avoid reinfection
- Review client in 1-2 weeks if symptoms continue

**MEDICATION FORMULARY** <sup>10</sup>

DRUG	INDICATIONS	ROUTE	DOSE	FREQUENCY	THERAPEUTIC CLASS/ Poisons Schedule	CONTRAINDICATIONS/ INTERACTIONS	PRECAUTIONS/ ADVERSE EFFECTS
<b>Permethrin 5%</b>	Infestation with sarcoptes scabiei, Phthirus pubis	topical	Adults up to one 30g tube	Stat dose then repeat in 7 days	Scabicide S4 Category B2	Known hypersensitivity to any component	External use only, not to be swallowed. Use with caution with elderly clients, avoid eyes and mucous membranes
							Skin discomfort, burning, stinging, erythema, eczema, rash, pruritus
<b>Loratadine</b>	Symptom relief for chronic urticaria	oral	10mg	One tablet daily	Antihistamine S2 Category B1	Known hypersensitivity to any component including sodium benzoate	Severe liver dysfunction
						Loratidine does not interact with alcohol	Headache, sedation, dry mouth

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