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# Lice and Scabies Outbreaks in Psychiatric Units

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**Introduction:** Outbreaks of lice and scabies are unfortunately not unusual in congregate settings like psychiatric units. Given how easily these parasites can spread, swift identification and treatment are critical.

## Diagnosis

### Lice

- Visual Inspection: a thorough examination of the hair, particularly around the neck and behind the ears, can reveal adult lice or their eggs, known as nits.

### Scabies

- Physical Examination: Check for a rash and characteristic burrows typically located in skin folds like the wrists, elbows, and between fingers.
- Skin Scraping Test: A more definitive diagnosis involves microscopic examination of a skin scraping, which may reveal scabies mites or their eggs.

## Treatment Recommendations

### Lice

- Permethrin 1% Shampoo: Should be applied to damp hair and left on for 10 minutes before rinsing out.
- Malathion 0.5% lotion or Ivermectin 0.5% lotion: for tougher cases.
- Oral ivermectin: for severe cases or for those who can't tolerate topical treatments. The dosage is 200 mcg/kg, taken orally as a single dose, with a possible second dose a week later.
- All clothes, bedding, and personal items must be washed in hot water and dried on a hot cycle to kill remaining lice and nits.

### Scabies

1. Permethrin 5% cream: Should be applied to all skin from the neck down and left on for 8-14 hours before washing it off.
2. Oral ivermectin: as for lice, this is reserved for severe cases or for those who can't tolerate topical treatments: 200 mcg/kg, taken orally as a single dose, with a possible second dose a week later.
3. Prescribe antihistamines like diphenhydramine to alleviate itching.
4. Similar to lice treatment, washing and hot-drying all clothing, bedding, and personal items is necessary to kill mites and their eggs.

## Preventive Measures

- Patients should avoid sharing personal items, like towels, combs, and clothing.
- Isolate affected individuals until they are declared non-contagious:
  - For lice: patients are checked 24 hours after the lice-killing product has been applied; if no live lice are found, the patient is considered non-contagious.
  - For scabies: Individuals are non-contagious after 24 hours if they have used a prescription scabicial treatment like permethrin cream.
  - For both lice and scabies:
    - For those taking oral medications like ivermectin, check patients for live lice or new burrows/rashes after 24-48 hours the treatment; if none are found, the patient is no longer considered contagious.
    - If lice/scabies are still present, repeat ivermectin dose 7 days after the first dose.