Northern Territory Government

DEPARTMENT OF HEALTH

Healthy Skin Program

Guidelines for Community Control of Scabies, Skin Sores, Tinea and Crusted Scabies in the Northern Territory

August 2015

Aims/Objectives

- To provide a guideline for the community control of scabies, skin sores, tinea infection and crusted scabies in remote communities
- To reduce the prevalence of these conditions

What can I find in the guidelines?

- 1. Background information
  - Aims, objectives & rationale
- 2. Definitions & clinical presentation
  - How to diagnose scabies, skin sores & tinea
- 3. Skin checks, treatment & follow-up
  - In line with CARPA, updated with regard to:
    - Cotrimoxazole as treatment option for pyoderma
    - Ivermectin indications as listed in the PBS
  - Emphasis on looking for skin disease opportunistically
  - Active follow-up of those treated – resolution of infection?
  - Case management approach to recurrent scabies
    - Detailed assessment of household and potential barriers
    - In line with One Disease work

Managing Households With Recurrent Scabies

2014 EDITION

Breaking the cycle of recurrent scabies and skin sores

Document prepared by:

EveryVoiceCounts.org
Program design and people empowerment

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Assess causes of recurrence

Causes of recurrent scabies in a child despite treatment:

1. **Treatment was not used correctly** (i.e. full body application including hair/head, creams left overnight and reapplied if hands are washed, second treatment for cases one week later- not required in contacts).
2. **All household cases AND contacts did not use the creams.** Often only the child (and mother) and symptomatic contacts use creams but recurrences can occur from contacts without clinical scabies who are less likely to use treatment.
3. **Household has an unmanaged case of crusted scabies.**
4. **Less common:** Permethrin failure or transmission from bedding/clothes.

Engage families in finding solutions

1. **Where does the mother of the child sit in the family hierarchy?** To ensure effective household treatment, a senior member of the household must be involved when developing treatment plan with child's mother.
2. **What other problems are going on within the family?** It may be more effective to delay treatment day if there are other crises present.
3. **Is the health hardware in the house working?** Being an advocate with the Shire or Council to get critical health hardware fixed will build trust. It is important not to over-promise and to focus on broken taps, blocked toilets, blocked drains.
4. **Explain to the mother, family members and particularly the senior member of the household,** the importance of everyone using the scabies creams to break transmission and allow contacts to remain well.

What can I find in the guidelines?

- 4. Diagnosis & management of crusted scabies
  - Accurate diagnosis
    - Clinical features
      - Differentiation between crusted scabies & infected scabies with crusts
    - How to collect skin scrapings for microscopy
    - Crusted scabies is now laboratory notifiable in the NT
  - Treatment of the patient
    - Grading scale, dosing regimen
  - Treatment of household members & environmental health recommendations for the house
    - Community clinics, One Disease, Environmental Health
  - Chronic care plan, prevention of recurrences
  - Focus on engagement of family & destigmatisation
  - One Disease guideline

Managing Crusted Scabies in Remote Aboriginal Communities

2014 EDITION

Chronic disease case management of crusted scabies to break the cycle of recurrences and transmission

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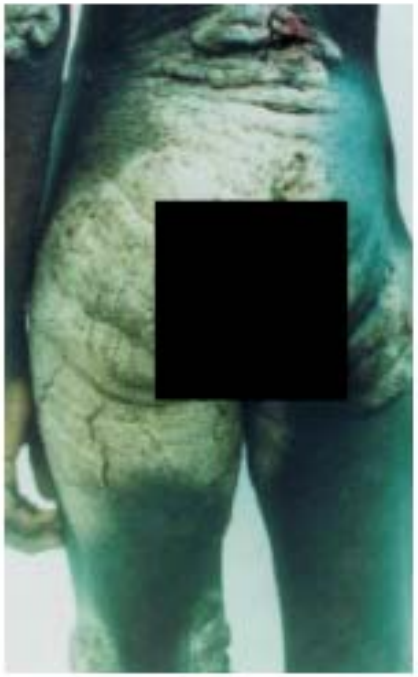
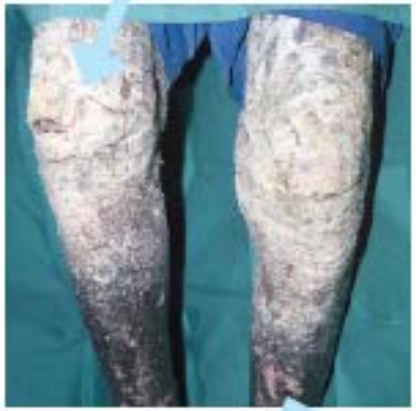


Crusted Scabies cannot be excluded unless buttocks are seen (common area for crusts).

Hyper-keratotic (thick, scaly, cream coloured) areas with significant skin shedding (highly infectious).



Depigmented areas of skin. This is evidence of repeated recurrences of past crusting signifying chronicity and severity (add to grading scale pg 12).

Misdiagnosing crusted sores (scabs, dry exudate) and or fungal as crusted scabies

Scabies papules.

Crusted sores and fungal.

This is not crusted scabies.

Scabies vesicle.

What can I find in the guidelines?

- 5. Surveillance and whole-of-community treatment
  - How to assess baseline prevalence, undertake an MDA, and do ongoing monitoring & evaluation
  - Ideally community-led, with involvement from council, school, community organisations (not just the clinic)
  - Focus on increasing community awareness of skin disease and its causes, denormalisation of skin disease
  - Issues of sustainability, importance of regional approach
  - An option if prevalence becomes very high and the clinic has resources to facilitate this

Where can I find the guidelines?

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[PDF] Healthy Skin Program - Department of Health - NT.GOV.AU
www.health.nt.gov.au/.../objectifyMedia.aspx?file... Northern Territory
Guidelines for Community Control of Scabies, **Skin** Sores,. Tinea and Crusted Scabies in the **Northern Territory**. **Healthy Skin** Program. August 2015 ...

East Arnhem healthy skin project « Programs and projects « ...
www.healthinfonet.ecu.edu.au/.../programs-proje... Edith Cowan University
Mar 18, 2016 - The East Arnhem **healthy skin** project was an initiative of the Cooperative ... **skin** sores and crusted scabies in the **Northern Territory** [2nd ed.].

East Arnhem Healthy Skin Project - Menzies
www.menzies.edu.au › Skin Menzies School of Health Research
To reduce the prevalence of **skin** infections the East Arnhem **Healthy Skin** ... in the **Northern Territory** (**NT**) finding an average monthly prevalence of 15.3%.

CDC Resources for Health Practitioners

This page provides up-to-date information for health providers in the NT on all aspects of disease control. The listing does not include all conditions notifiable in the NT.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z