CONDITION

Scabies

Scabies is a contagious skin condition caused by tiny mites that burrow into the skin.

WHAT IT IS
Contagious skin infestation by microscopic human itch mites

BODY SYSTEM
Skin

MAIN SYMPTOMS
Intense itching, night-time worsening, small rash, thin burrows

WHAT CAUSES IT
Prolonged skin contact with Sarcoptes scabiei mites

HOW IT IS DIAGNOSED
Examination; dermoscopy or scraping may identify mites

MAIN TREATMENT
Mite-killing medicines and simultaneous treatment of close contacts

CAN IT BE CURED?
Yes - treatment can eliminate the mites

IS IT AN EMERGENCY?
Sometimes - fever with rapidly spreading painful redness

LONG-TERM OUTLOOK
Usually clears, though itching may continue for several weeks

Overview

Scabies is a contagious skin condition caused by a microscopic mite called Sarcoptes scabiei . The mites live in the upper layer of human skin. Female mites make tiny tunnels, called burrows, where they lay eggs.

Your immune system reacts to the mites and their waste. This causes intense itching and a spotty rash. Itching is often worse at night.

Scabies can affect anyone. It is not caused by poor hygiene, and washing more often does not prevent or cure it. It commonly spreads between household members, sexual partners, and people who have prolonged skin-to-skin contact.

Treatment can eliminate the mites. However, everyone who needs treatment must usually be treated at the same time, even if some people do not yet have symptoms. This helps prevent

the condition from passing back and forth.

A more serious form, called crusted scabies, can occur in people whose immune response or ability to scratch is reduced. Large numbers of mites may be present in thick, crusted areas of skin, making this form much more contagious.

Symptoms

The main symptom is severe itching. It may affect sleep because it is usually worse at night or after you become warm.

The rash can look different from person to person. Common features include:

In adults and older children, common sites include between the fingers, around the wrists and elbows, under the arms, around the waist, on the buttocks, and around the genitals. The head and neck are usually unaffected in healthy adults.

Babies, young children, older adults, and people with weakened immune systems may have a wider rash. It can involve the scalp, face, neck, palms, and soles.

Symptoms may not begin until four to eight weeks after a first infestation. During this time, a person can still pass on the mites. If you have had scabies before, symptoms can appear within a few days because your immune system recognises the mites more quickly.

Crusted scabies may cause thick, flaky or crusted patches, often on the hands and feet. Itching may be mild or absent despite the high number of mites.

- Small red, brown, or skin-coloured bumps
- Scratch marks or areas of broken skin
- Thin, raised, wavy lines caused by burrows
- Small blisters, especially on the hands or feet
- Firm, itchy lumps around the genitals, armpits, or buttocks

Causes and risk factors

Scabies is caused by human itch mites. They cannot jump or fly. They crawl from one person to another, usually during prolonged, direct skin contact.

A brief handshake or quick hug is unlikely to spread ordinary scabies. Contact such as sharing a bed, sexual contact, caring for someone, or frequent close physical contact creates more opportunity for transmission.

Mites can sometimes spread through recently used clothing, bedding, or towels. This is less common with ordinary scabies but is important with crusted scabies because many more mites are shed into the surroundings.

The chance of transmission is higher in places where people live or receive care close together, including households, care homes, shelters, prisons, and some hospital or childcare settings. Outbreaks can be difficult to recognise because symptoms take weeks to appear.

People with weakened immune systems, reduced sensation, limited mobility, or difficulty scratching may be more likely to develop crusted scabies. This includes some older or medically frail people.

Human scabies is not caught from pets. Animal mites may cause temporary itching after contact, but they do not usually survive or reproduce on human skin.

Diagnosis

Scabies is often diagnosed from the pattern of itching, the appearance and location of the rash, and whether close contacts have similar symptoms. A clinician may examine your skin with a handheld magnifying instrument called a dermoscope.

Finding a mite, egg, or mite waste confirms the diagnosis. This may be done by gently scraping a burrow and examining the material under a microscope. Adhesive tape or other skin-sampling methods may also be used.

A negative skin sample does not always rule out scabies. People with ordinary scabies may have only a small number of mites, so a sample can miss them.

Other conditions can resemble scabies, including eczema, contact dermatitis, insect bites, and some medicine reactions. Medical assessment is especially useful if the rash is unusual, treatment has not worked, or crusted scabies is possible.

Treatment and management

Scabies is treated with medicines that kill the mites. These are called scabicides. Depending on local guidance and your circumstances, treatment may be a cream or lotion applied to the skin, or tablets taken by mouth.

Permethrin cream is a commonly used skin treatment. Oral ivermectin may be used in some situations, including outbreaks, difficult-to-treat cases, or crusted scabies. The most suitable option can differ for babies, young children, pregnant or breastfeeding people, and people with

certain health conditions.

Skin treatments need to cover all areas listed in the product or clinical instructions, not only the visible rash. Missed areas are a common reason treatment fails. Fingernails, skin folds, the spaces between fingers and toes, and the genital area may need particular attention. Instructions for treating the scalp and face differ by age and circumstance.

A second treatment is often needed because some medicines do not reliably kill every egg. Follow the timing provided with the medicine or by the prescribing clinician rather than applying it more often.

Household members, sexual partners, and other close contacts usually need treatment at the same time. They may need treatment even without itching because symptoms can take weeks to develop.

On the day treatment begins:

Pesticide sprays, foggers, and fumigation of living areas are not recommended. Mites generally survive only a few days away from human skin.

Itching can continue for several weeks after successful treatment. This happens because the immune reaction takes time to settle; it does not automatically mean live mites remain. Moisturisers, soothing skin treatments, or medicines for itching may help when recommended by a pharmacist or clinician.

Crusted scabies requires prompt medical management. Treatment usually combines repeated skin treatment with oral medicine, alongside careful management of close contacts and contaminated items.

- Wash recently used clothes, towels, and bedding on a hot cycle and dry them with heat
- Seal items that cannot be washed in a closed bag for at least several days
- Vacuum upholstered furniture and floors when appropriate
- Avoid sharing beds, clothes, or towels until treatment requirements are complete

Complications

Scratching can break the skin and allow bacteria to enter. This may cause impetigo, which often produces sores or honey-coloured crusts, or cellulitis, which causes painful, spreading redness and swelling.

In some parts of the world, bacterial infection following scabies contributes to more serious problems, including inflammation of the kidneys. These complications are not caused directly by the mite.

Ongoing itching may disturb sleep, concentration, mood, and daily activities. Visible rashes or the mistaken belief that scabies reflects poor hygiene can also cause embarrassment. Scabies is a common infestation and is not a sign that someone is unclean.

Crusted scabies can lead to widespread transmission and serious secondary infection. People with this form may need specialist or hospital-based care.

Prevention

Scabies cannot always be prevented because someone may be contagious for weeks before symptoms appear.

If scabies is identified, treating close contacts at the same time is the most important way to stop repeated transmission. Avoid close skin contact and sharing bedding, towels, or clothing until the recommended treatment period has been completed.

Wash or isolate recently used fabrics as directed. Extensive deep cleaning is not usually needed for ordinary scabies, and routine household insecticides do not help.

In care homes, shelters, hospitals, or other shared settings, several connected cases may signal an outbreak. Staff should follow local infection-control procedures so contacts can be identified and treated together.

Having scabies once does not create lasting immunity. You can catch it again after another exposure.

Living with it and what to expect

The mites can usually be eliminated with correct treatment. The rash and itching often improve more slowly because your skin remains sensitive to mite material after the mites have died.

For the first few days after treatment, itching may feel unchanged or occasionally worse. It should then gradually settle, although it can continue for several weeks. Firm itchy lumps, especially around the genitals, may last longer.

New burrows, a spreading fresh rash, or itching that is not improving after the expected recovery period may mean treatment was incomplete, contacts were not treated, or you were exposed again. Less commonly, the original rash may have had another cause.

Skin can remain dry and irritated after repeated washing or treatment. Gentle skin care and moisturiser may support recovery. Avoid repeating scabies medicine more frequently than directed because some treatments can irritate the skin.

Most people return to their usual activities after completing the required treatment and contact precautions. Rules for work, school, childcare, or residential care differ by setting, so follow the advice provided for your situation.

When to get medical help

Arrange routine medical or pharmacy advice if you think you may have scabies. Assessment is particularly useful when several household members are itching, the rash involves a baby, or you are pregnant, breastfeeding, immunocompromised, or medically frail.

Seek prompt medical assessment if:

Seek urgent medical help for fever with rapidly spreading, painful redness, red streaks, marked swelling, confusion, unusual drowsiness, or feeling seriously unwell. These can be signs of a significant bacterial infection rather than the mite infestation itself.

Call emergency services for severe breathing difficulty, collapse, or swelling of the mouth or throat after using a treatment.

- Skin develops thick crusts or widespread scaling
- Symptoms continue or new burrows appear after correctly completed treatment
- Pus, increasing pain, warmth, or swelling suggests a skin infection
- You are unsure which close contacts need treatment
- There is a possible outbreak in a shared living or care setting

Common questions

What does scabies look like?

It often causes small, itchy bumps and scratch marks. Burrows may appear as fine, raised, wavy lines, particularly between the fingers or around the wrists. The rash can resemble eczema or insect bites, so appearance alone may not identify it.

Can I get scabies from a sofa or hotel bed?

Ordinary scabies spreads mainly through prolonged skin contact. Transmission from bedding, towels, clothing, or upholstered furniture is possible but less common. It is more likely when items were recently used by someone with crusted scabies.

Does scabies mean my home or body is dirty?

No. Scabies can affect anyone and is unrelated to personal cleanliness. Normal washing does

not remove mites once they have burrowed into the skin.

How long am I contagious after treatment?

The answer depends on the treatment used and whether it was applied correctly. Many people are considered much less likely to spread scabies after completing the initial recommended treatment period. Follow the instructions for your medicine and local advice about returning to close-contact activities.

Why am I still itching after treatment?

Your immune system can continue reacting to dead mites and their material for several weeks. Persistent itching alone does not prove treatment failure. New burrows, a fresh spreading rash, or affected untreated contacts are stronger reasons to seek reassessment.

Can scabies go away without treatment?

It usually does not clear reliably without mite-killing treatment. Symptoms may change over time, but mites can remain and spread to other people. Appropriate treatment also reduces the risk of skin damage and bacterial infection.

Sources

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