1. Scabies is a common infection affecting young individuals and people of lower socioeconomic status.
2. The incidence of scabies in Singapore is approximately equal among residents in institutions and those staying in their own homes.
3. There are three major clinical variants of scabies: classic scabies, crusted scabies and Norwegian scabies.
5. The number of mites on the body in classic scabies is more than a thousand times that of crusted scabies.
6. Crusted scabies usually occurs in older adults or immunocompromised individuals.
7. Classic scabies infestations often present as generalised dermatitis with crusted hyperkeratoses on the palms, soles, under the fingernails, and on the ears, trunk and extremities.
8. Salient features of classic scabies are intense itch, erythematous papules and excoriations.
9. Skin scraping, with the positive finding of mites, is necessary to diagnose scabies infestation.
10. Differential diagnoses of scabies infestation include eczema, hemiptera (bedbug) infestation, other arthropod reactions, lichen planus and drug eruptions.
11. Skin scrapings from the non-excoriated or non-inflamed areas, where there are burrows and a pimple-like rash, are more likely to yield mites.
12. Once an outbreak occurs, prompt control of the index patient and rapid tracing of contacts to identify secondary cases are necessary.
13. Topical malathion treatment of all close personal contacts should be done to avoid a cycle of transmission.
14. When identifying close personal contacts of scabies patients, do not include domestic helpers or grandparents who are living together with them.
15. When prolonged exposure to a case of crusted scabies results in multiple secondary cases in a nursing home, simultaneous mass topical treatment is the most efficient strategy for terminating the outbreak and can be implemented without ward closure.
16. The recommended treatment for classic scabies in children aged less than six months is malathion 0.5% lotion applied to all areas of the body from the neck down and left for 24 hours before washing off.
17. Itching may persist or even worsen for some time after applying the medication and topical calamine lotion or oral antihistamines and medium-potency topical steroids are recommended for scabetic nodules.
18. Scabies can cause secondary skin infections leading to boils, cellulitis or lymphangitis due to Streptococcal pyogenes. These infections are a major precipitant of acute post-streptococcal glomerulonephritis and possibly rheumatic fever.
19. When malathion 0.5% or permethrin 5% is used, treatment should be repeated in one week to kill any mites emerging from eggs that survived the first application.
20. Patients with crusted scabies should be referred to a dermatologist for assessment and appropriate management.