Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT:

What is your favorite Thanksgiving Food?

INSTRUCTION FOR CONTACT HOUR

- **Your display name MUST match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.**
- **Enjoy the entire program.**
- **Complete the post-evaluation by November 6, 2026, 5:00 PM (available on the last slide).**
- **Certificate will be emailed to you by December 15, 2026.**

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San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

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Reminders

Healthcare Associated Infections Program



Recording is on!



PHS.HAI.HHSA@sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



Type into the chat your:

- Name
- Title
- Facility

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Land Acknowledgement

Healthcare Associated Infections Program

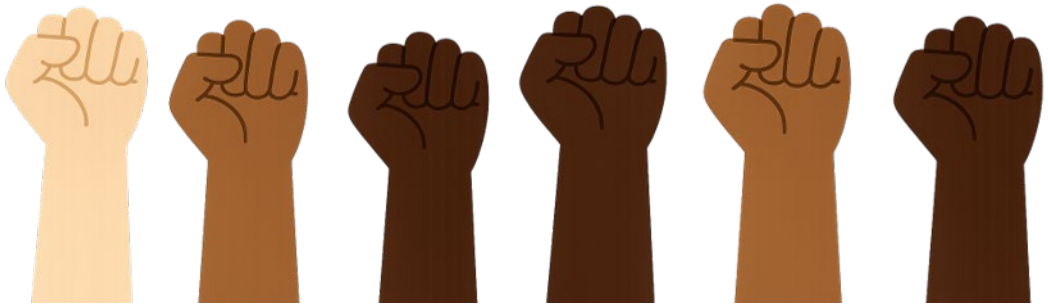
Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

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Anti-Racism Statement

Healthcare Associated Infections Program

In 2021, the Board of Supervisors unanimously declared racism a public health crisis, affirming the County's commitment to advancing equity and dismantling structural barriers that harm historically marginalized communities. We affirm this commitment by practicing cultural humility, amplifying diverse voices, addressing structural racism, and ensuring individuals are heard, valued, and respected.



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Agenda

- Welcome
- General Updates
- Announcements
- Featured Topic: “Scabies Outbreak in LA County”
- Next Collaborative

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SNF IP Email List



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Contact Hour Instructions

Ensure	• Ensure your full name identifies you on Teams
Enjoy	• Enjoy the full presentation
Complete	• Complete the post-evaluation

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Presenters

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Not Just Scratching The Surface: A Deep Dive Into Scabies Outbreaks In LA County

Mona Yazdi DO MPH

Erick Paiva MSN PHN

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Objectives

- Introduction to Scabies Infestation, Treatment, and Outbreak Response
- Overview of Scabies Outbreaks in LA County
- Identification of Barriers to Infection Prevention Measures Through a Narrative Outbreak Scenario
- Key Takeaways to Approaching Scabies in the Community

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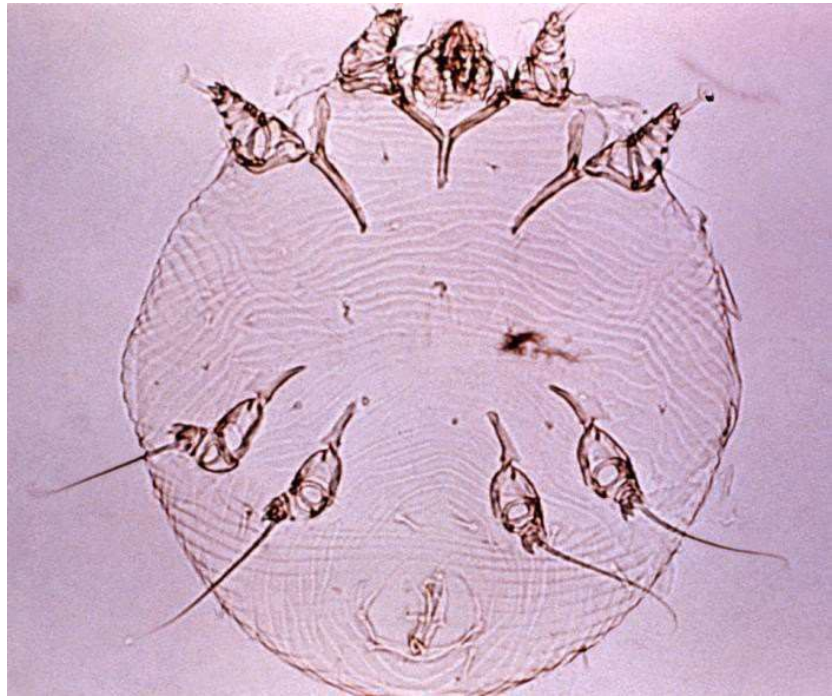
Overview of Scabies Infestation

Erick Paiva

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Scabies (Sarcoptes scabiei var. hominis)

- Scabies is a microscopic mite that lives on human skin
- Burrows into skin and lays eggs
- Infestations can start with as little as 10-15 mites
- Live for up to 6 weeks
- Do not jump, fly, or carry disease
- Usually die within 3 days off human skin
- Must be diagnosed by a medical provider **who is experienced in scabies diagnosis and management**

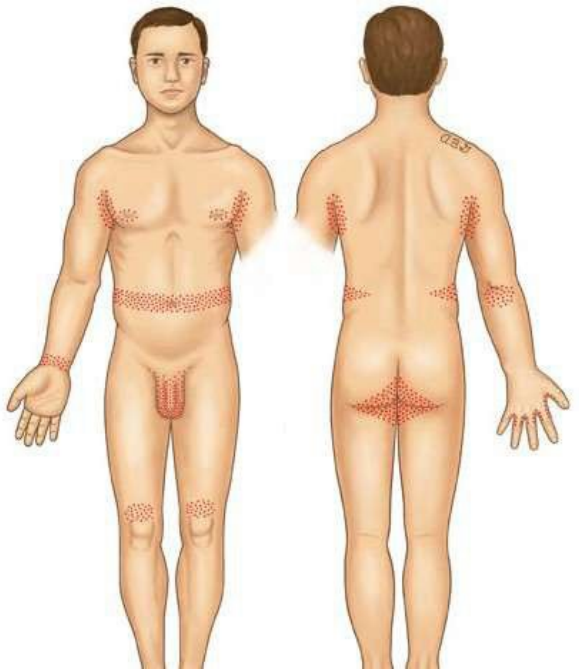


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Symptoms

- Itching at infested site. Often intense, especially at night
- Most commonly found between fingers, skin folds, genitals, nipples, waist, buttocks, and shoulder blades
- Infants and bed-bound elderly individuals often experience rash on head, face, neck, palms of hand and bottom of feet

Photo credit: Uptodate.com



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Symptoms

- Can take up to 4-6 weeks to feel symptoms.
- If infested before, can feel symptoms within days
- Atypical scabies (crusted/Norwegian) is when there are so many mites that they create a crusted appearance to skin



Photo credit: Uptodate.com



Photo Credit: http://www.firstderm.com/skin-guide/scabies/

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Scabies Diagnosis and Treatment

Mona Yazdi

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Diagnosis

- Definitive diagnosis requires microscopic identification of the mite and/or its eggs or fecal pellets on specimens collected by skin scraping, biopsy or other means.
- Diagnosis can be made clinically and following a case definition. This diagnosis should be made by a clinician experienced with diagnosing scabies infestation.
- The yield from skin scrapings is highly dependent on the experience of the operator and the severity of the infestation. Sensitivity of skin scraping is <50% (*JAMA Dermatology 2011*)
- **A negative skin scraping from a person with typical scabies does not rule out scabies infestation;** however, skin scrapings from a person with atypical scabies infestation should be more easily recovered.

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Treatment/PEP with Permethrin

- There are prescribed medications called scabicides that are available as a cream, such as permethrin 5%, that kill the mites and eggs.
- Scabicide creams should be applied from the neck to the toes.
- Adults should avoid the head and face.
- It is important that clear instruction is given on how long to leave scabicides on the skin, which is usually stated on the prescription and on the box.





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Treatment/PEP with PO Ivermectin

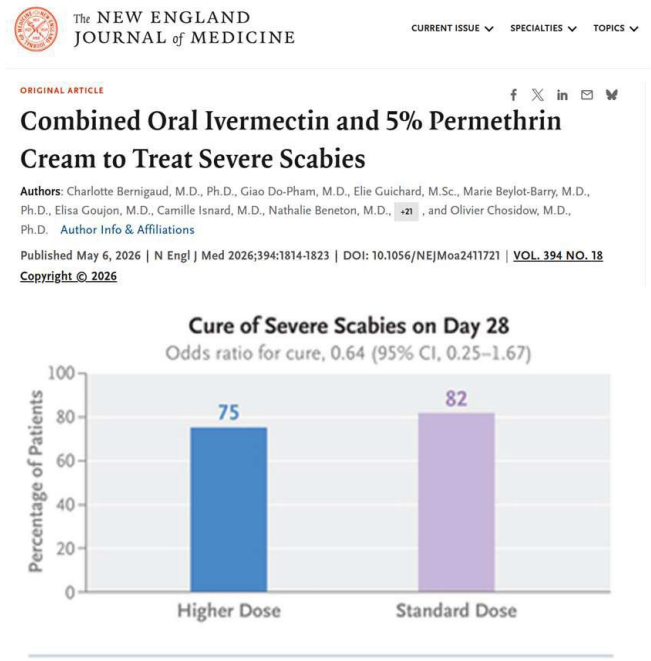
- Scabies treatment dose of ivermectin is weight based, 200 mcg/kg orally. A total of two or more doses at least 7 days apart may be necessary to eliminate a scabies infestation. Isolation 24 hours after the first treatment is not required if typical scabies (if resident has crusted scabies, then will require ongoing isolation until all treatments are done).
- Crusted scabies is treated with both ivermectin PO and permethrin 5% cream simultaneously in multiple doses.



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GALE CRUSTED Trial - Is high dose Ivermectin better?

- Randomized, blinded, controlled trial
- 33 sites in France
- Adults with crusted scabies got 400mcg/kg (higher-dose group) vs 200ug/kg (standard-dose group) on days 0, 7, and 14 combined with head-to-toe application of 5% permethrin cream on days 0 and 7 and recommended daily use of emollients.
- Primary end point: cure, no mites on scraping or dermatoscope on days 18 and 21 and no active clinical lesions on day 28.
- Results: high-dose group had 75% cure and standard-dose group had 82% cure
- Conclusions: Among patients with crusted scabies, a **higher dose of ivermectin was not superior to the standard dose**



Bernigaud C, et al. *N Engl J Med*. 2026;394(18):1814-1823.

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Atypical (Crusted) Scabies Treatment Options

- Regimen A
  - 1) Apply 5% permethrin cream for 12 hours, followed by repeat application of 5% permethrin cream for 12 hours, wash off.
  - 2) After seven days, repeat step (1), above.
  - 3) Seven days following last treatment, obtain scrapings from at least 3 sites. If scrapings are positive or if symptoms are unabated, treat again.
- Regimen B
  - 1) Apply 5% permethrin cream, as previously described, on day one.
  - 2) Apply 10% crotamiton lotion, as previously described, on days 2-6.
  - 3) Reapply 5% permethrin cream on day 7.
  - 4) Reassess on days 7 through 14, obtain scrapings from at least 3 sites in one month. If scrapings are positive or if symptoms unabated, begin regimen again.
- Regimen C
  - 1) Ivermectin 200 ug/kg in a single oral dose in combination with 5% permethrin cream on day one.
  - 2) Two weeks after therapy (day 15), obtain scrapings from at least 3 sites. If scrapings are positive or if symptoms unabated, treat again.

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Post-treatment

- Improvement of rash should be seen within a week of treatment. Itching can persist for 2-4 weeks following treatment .
- Petroleum emollients (± keratolytic agents like 5% salicylic acid) and other antipruritic medications can be prescribed by overseeing clinician to help with discomfort.
- If scabies rash persists beyond 2 weeks from treatment, it can be due to a few different things such as:
  - Misapplication of the scabicide (I.e. usually occurs with permethrin, but not with PO Ivermectin)
  - Reinfection (could be reinfected from other contacts. This would present as new burrowing rashes)
  - Exposure to infested fomites (e.g., clothing, bed linens, curtain dividers, headphones with foam ear covers, baseball caps, footwear, stuffed animals)
  - Allergic contact dermatitis to topical scabicides
- If patient is still symptomatic after two completed treatments, they should be evaluated by a Dermatologist. If rashes suspicious for scabies persist, clinician could consider skin scrapings (at least 3 sites) to evaluate for ongoing scabies.

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Scabies Outbreak Response

Erick Paiva

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Managing of Infestation

- Refer case to medical provider. Scabies requires a clinical diagnosis and prescribed permethrin (not OTC!) as well as monitoring of response to prescribed treatments.
- Identify and treat close contacts at same time. Close contacts are individuals who have had prolonged unprotected direct or indirect skin to skin contact such as direct patient care, sexual contact, and sharing/handling of linens and towels. A simple handshake is not considered a risk of transmission
- An individual can be infectious immediately after infestation, before symptoms start
- 1 treatment is typically sufficient to eradicate infestation for typical scabies. No need to isolate individuals after treatment. In healthcare facilities, contact precautions may be discontinued 24 hours after treatment. **Patients/residents diagnosed with atypical or crusted scabies should remain on contact precautions until all treatments are completed**.

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Management of Infestation
Environment

- Wash all linen and clothing worn 72 hours prior in hot water for at least 10 minutes along with hot dryer cycle.
- Any untreatable items can be dry cleaned or placed in a tightly sealed plastic bag for 3 to 7 days (scabies mites generally don't survive longer than 3 days away from human skin).
- There are no special considerations for furniture except to vacuum fabric. Clean all surfaces with disinfectant.

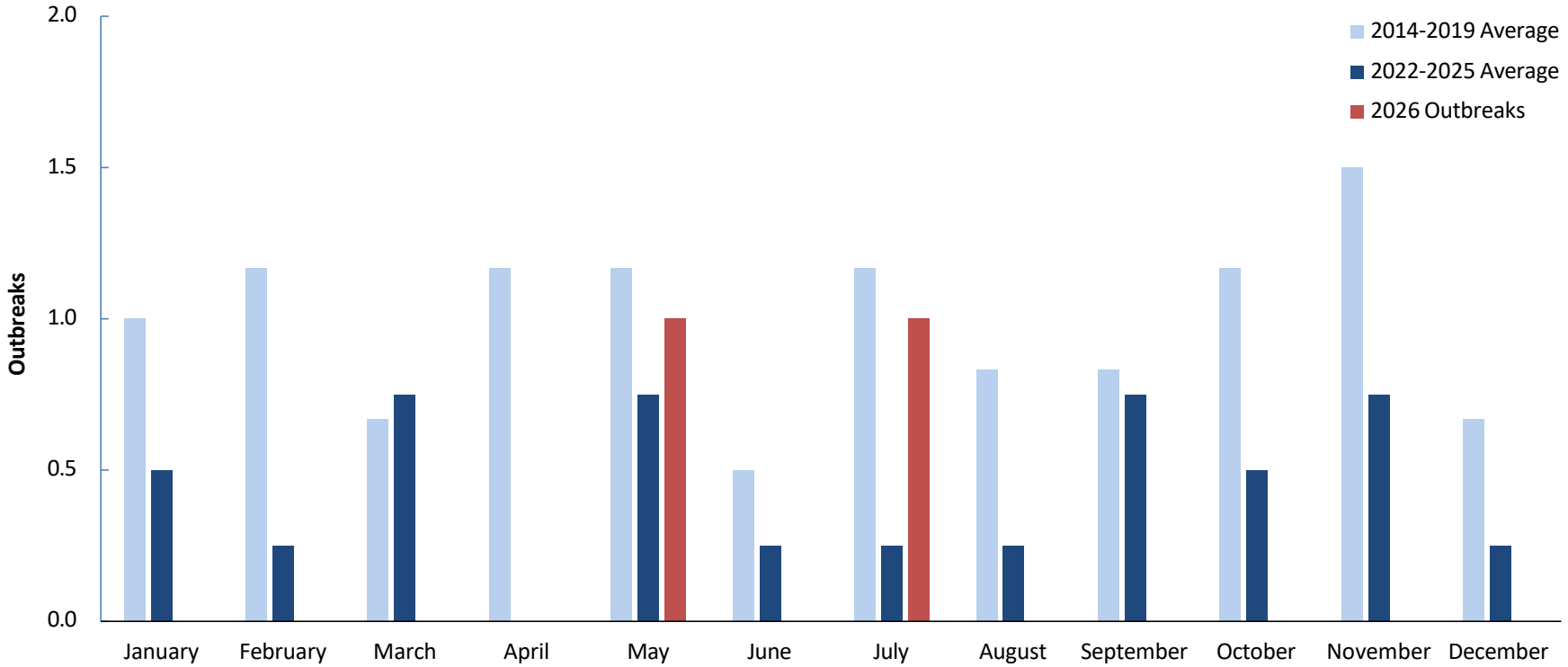
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Scabies Outbreak Trends in Community and Healthcare Settings 2014 - 2026

Mona Yazdi

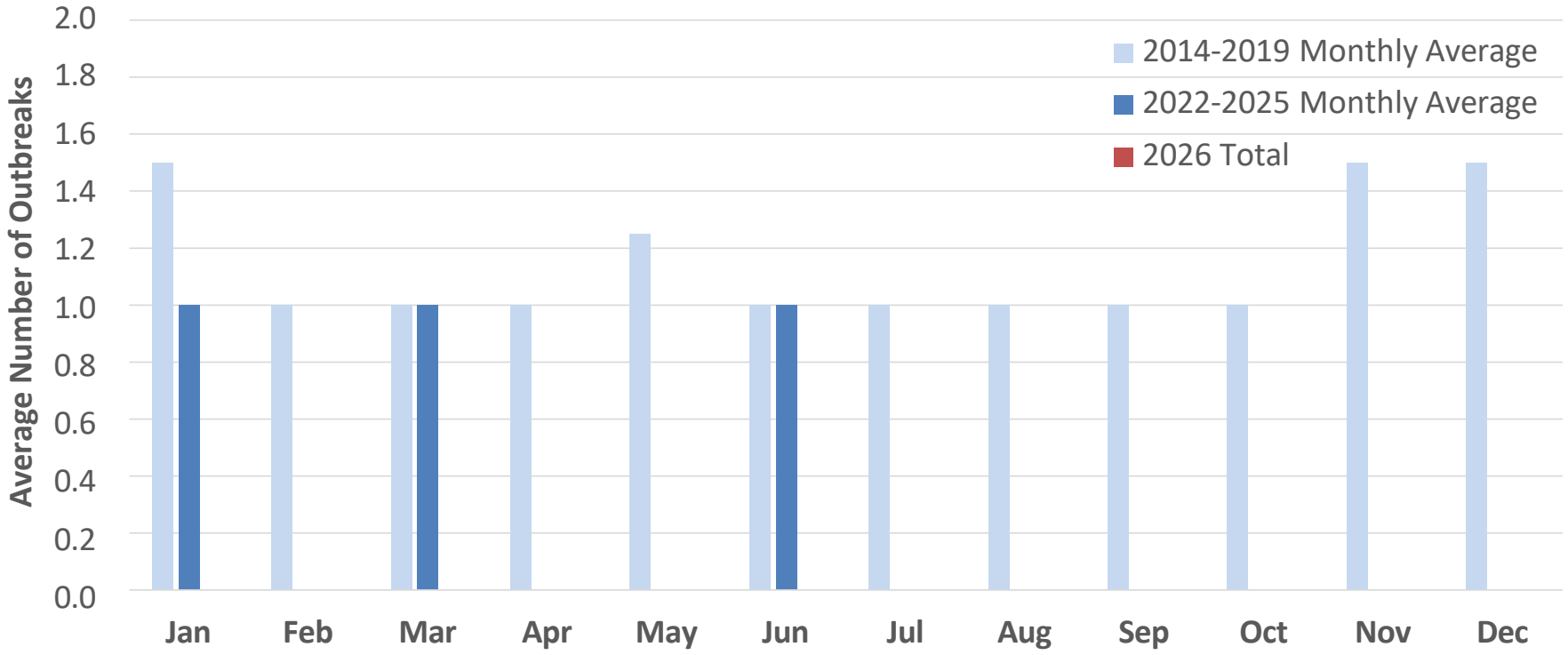
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Confirmed and suspected scabies outbreaks in non-healthcare settings by month opened, pre- and post- COVID-19 pandemic averages vs 2026 (Data up to 9/2026)



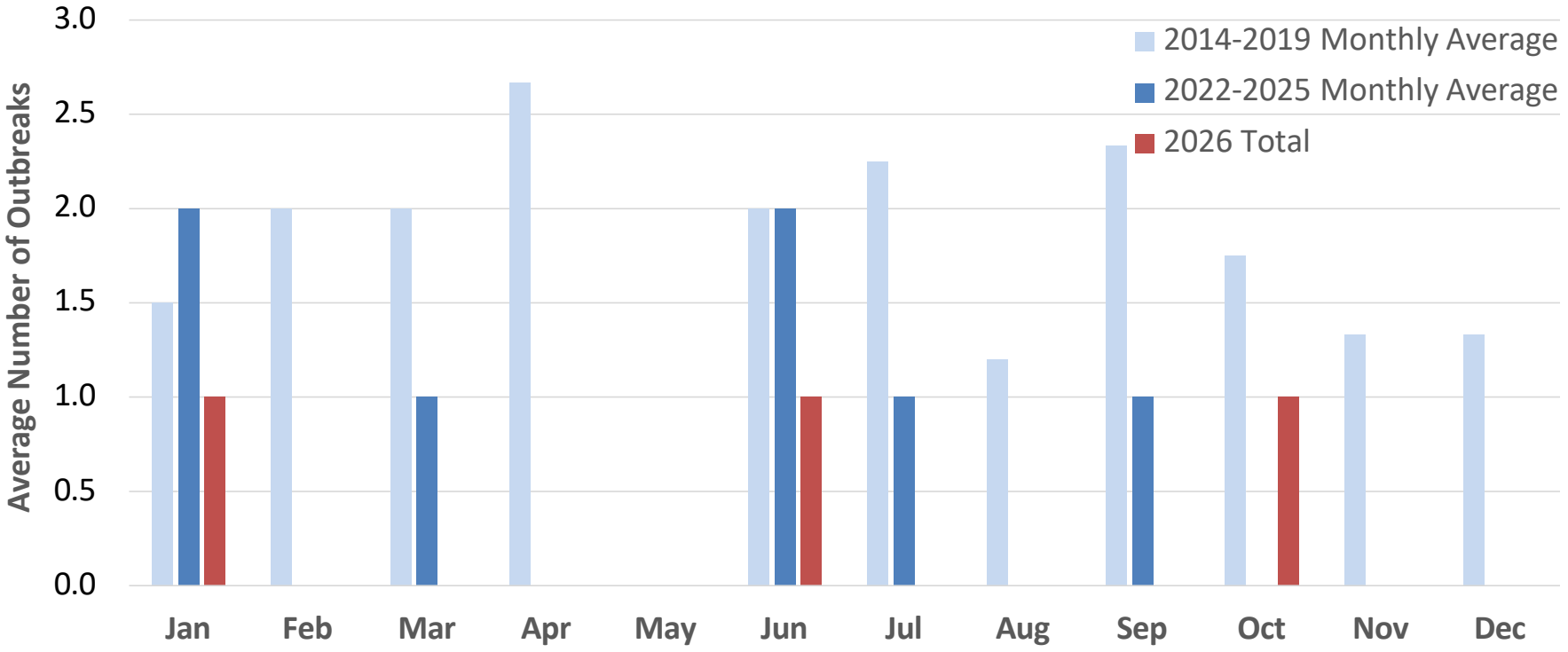
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Confirmed and suspected scabies outbreaks in hospital settings by month opened, pre- and post- COVID-19 pandemic averages vs 2026 (Data up to 9/2026)



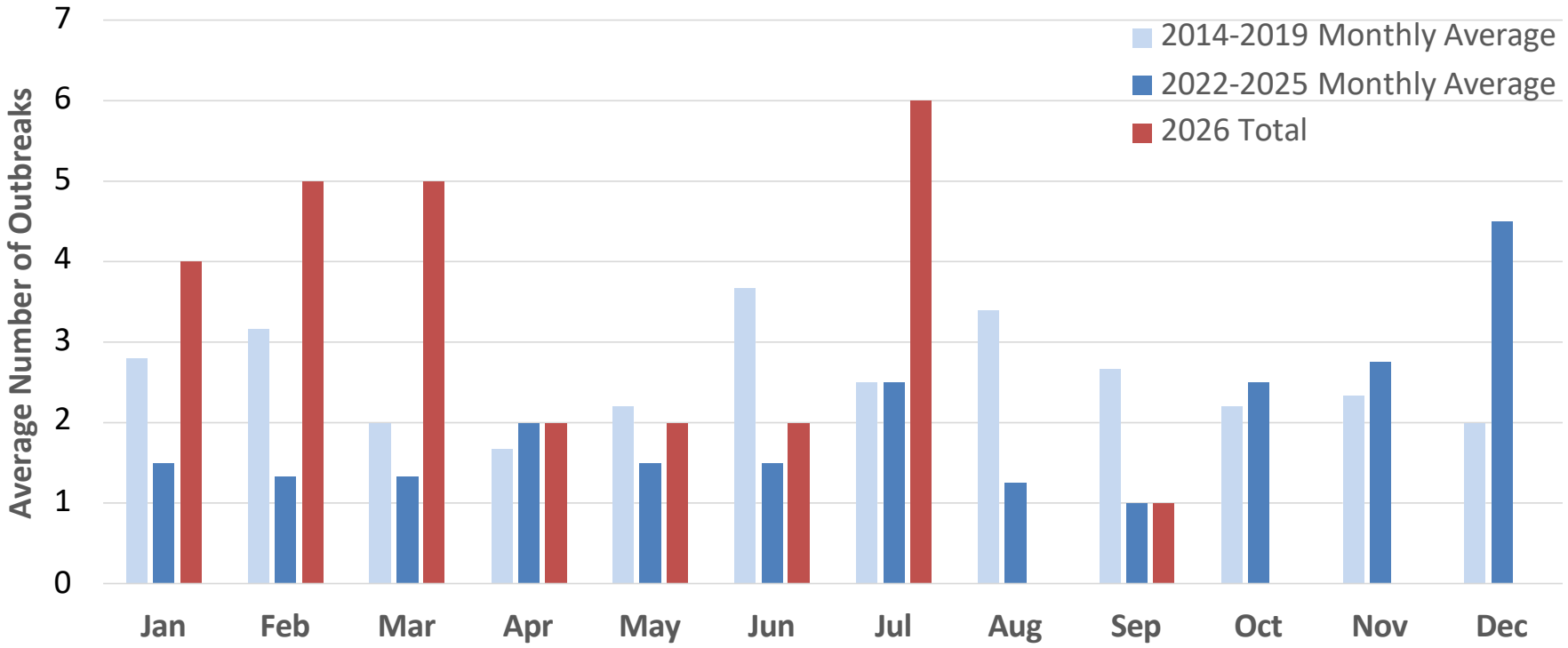
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Confirmed and suspected scabies outbreaks in outpatient & acute psych settings by month opened, pre- and post- COVID-19 pandemic averages vs 2026 (Data up to 9/2026)



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Confirmed and suspected scabies outbreaks in long term care settings by month opened, pre- and post- COVID-19 pandemic averages vs 2026 (Data up to 9/2026)



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Summary

- In hospital settings confirmed or suspected scabies outbreaks decreased dramatically post pandemic, with none reported 2026
- In community, outpatient and acute psych settings, the number of confirmed or suspected scabies outbreaks to date in 2026 decreased compared to both pre and post pandemic years
- In long term care settings, the number of 2026 outbreaks are on par or higher than pre- and post-pandemic averages
- This increase is despite a more conservative criteria: LAC scabies outbreak threshold for long term care settings changed from 2+ confirmed/suspected cases to 3+ in February 2026

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Summary Continued

- There have been 2 outbreaks to date in 2026 in non-healthcare settings
- Fewer than pre and post COVID-19 pandemic averages
- Concern Based Approach- outbreaks opened in non-healthcare settings when routine control measures do not appear to be working or if the situation appears worse than typical presentation of scabies (3 case threshold).
- Even though there are fewer outbreaks, scabies disease reporting to LAC quadrupled in 2026 when compared to 2024-2025.

  -more reporting methods (online form, phone numbers, direct communication)

  -outreaches and education to community

  -collaboration with licensing partners (instruct facilities to report)

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Possible reasons for increased outbreaks in long term care settings in 2026

- Global increase in scabies
  - Increase in incidence in other European countries, such as Germany, Norway, Croatia, Poland, Netherlands, Spain and UK
- Global increases have been thought to be related to treatment supply chain issues leading to treatment delays (in UK), increasing population density in urban settings, limited access to healthcare, migration, travel, and an aging population living in congregate living settings

1. van Deursen B., Hooiveld M., Marks S., Snijdewind I., van den Kerkhof H., Wintermans B., Bom B., Schimmer B., Fanoy E. Increasing incidence of reported scabies infestations in the Netherlands, 2011-2021. PLoS ONE. 2022;17:e0268865. doi: 10.1371/journal.pone.0268865.
2. Middleton J. Scabies outbreak in UK and Europe – what you need to know. *The Conversation*. January 28, 2026. Accessed August 19, 2026. https://theconversation.com/scabies-outbreak-in-uk-and-europe-what-you-need-to-know-273951

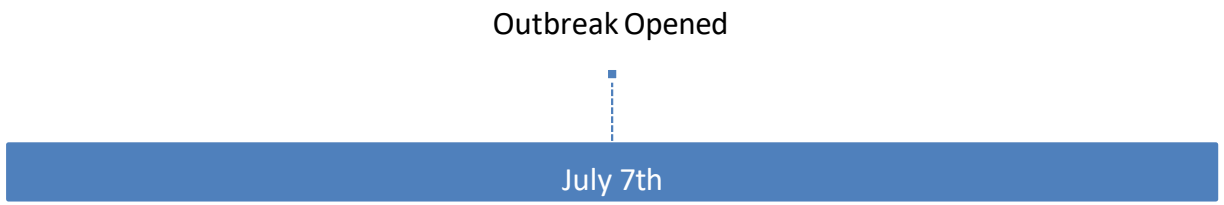
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Narrative of Scabies Outbreak in Assisted Living Facility

Erick Paiva

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Scabies Outbreak in an Assisted Living 1



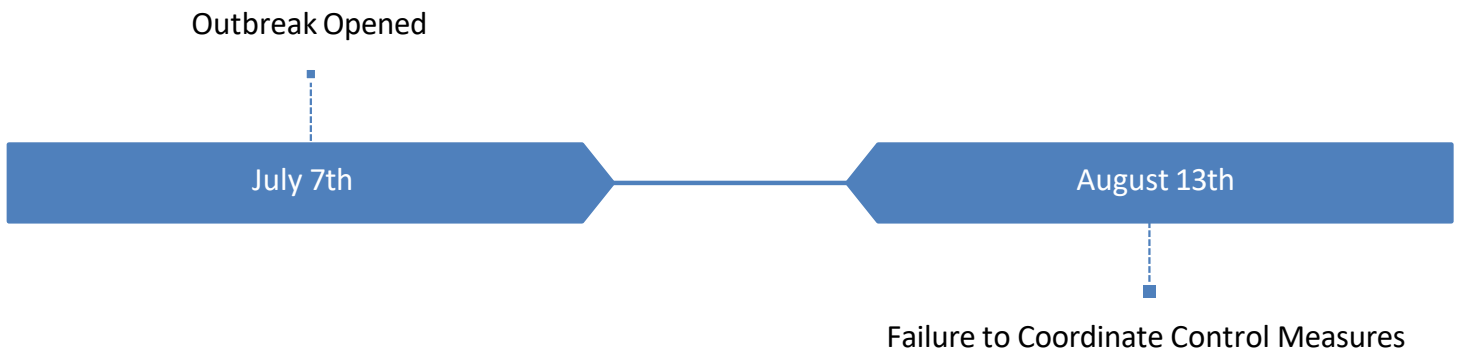
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Initial Concern

- Why did facility not report?
- Why did facility not notify receiving facility of scabies?
- How many scabies cases are there?

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Scabies Outbreak in an Assisted Living 2



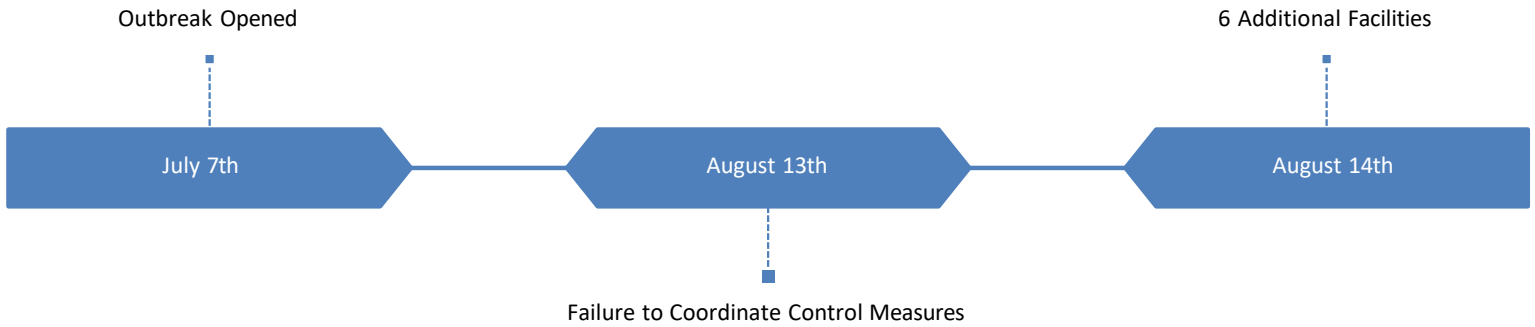
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Additional Concerns

- Facility is not following instructions
- Facility is not contact tracing, licensing finding cases from interviews
- No Medical Provider for large portion of residents
- No Medical Administration Record or detailed resident charts
- Administrator put in two weeks notice
- Health Officer Order ineffective

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Scabies Outbreak in an Assisted Living 3



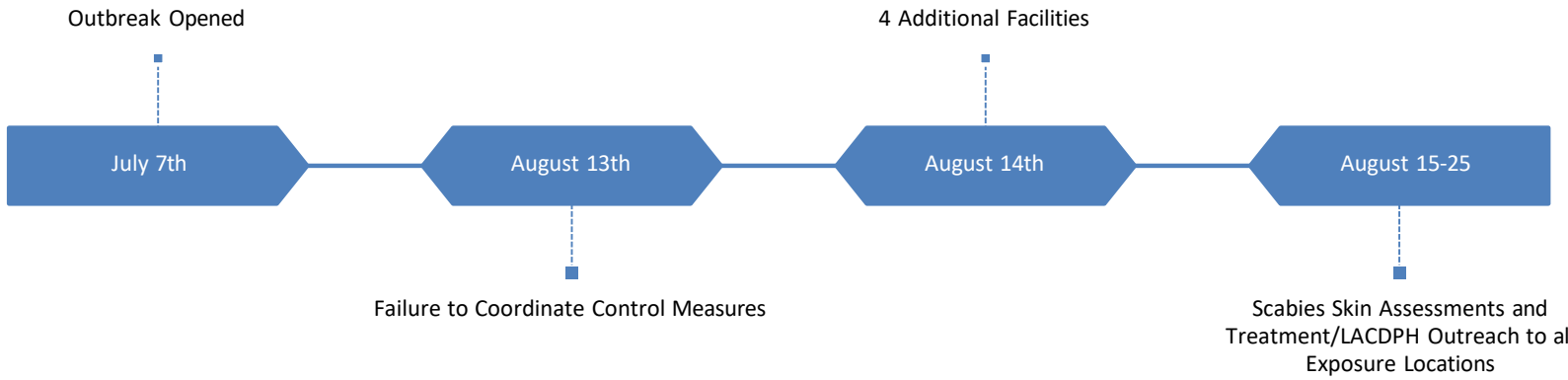
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Multiple Exposure Locations

- 2x Adult Day Health Centers
- 4x Residential Care Facility for Elderly (RCFE)
- Unauthorized Transfer of Residents
- Not a single site was notified of scabies exposure or the need for transferred residents to be treated

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Scabies Outbreak in an Assisted Living 4



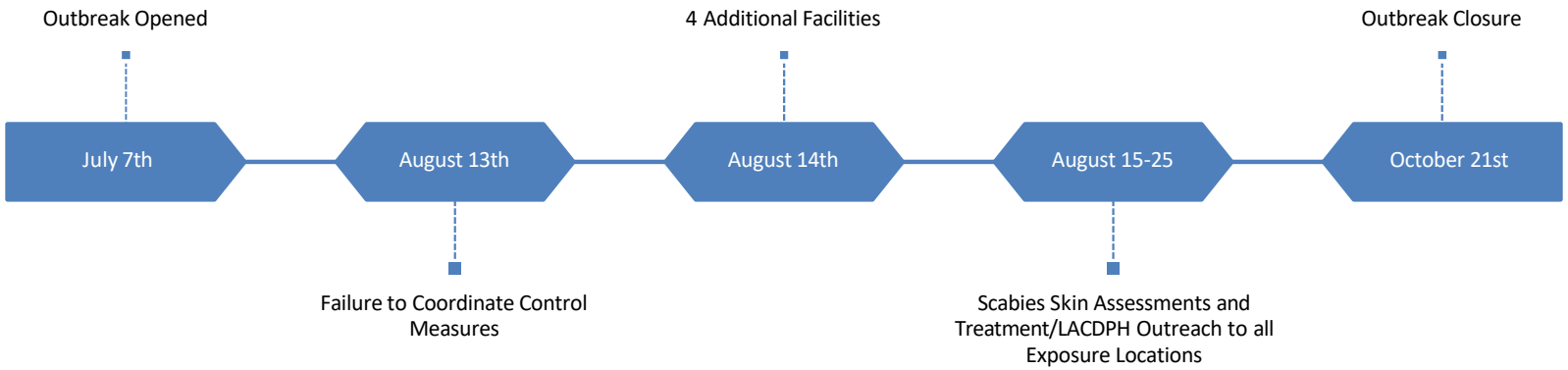
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Taking Action

- Temporary administration assessed and treated all residents and applicable staff
- LACDPH collaborated with Orange County and each specific LAC exposure location
- Collaborated with Community Care Licensing and Health Facilities Evaluation Division
- Collaborated with Ombudsman and Adult Protective Services

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Scabies Outbreak in an Assisted Living 5



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Crisis Averted

- Orange County reported no additional scabies cases or outbreaks
- LACDPH did not identify any scabies associated outbreaks
- Residents received essential healthcare
- 3 residents remained in original facility by time of outbreak closure

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Key Takeaways

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Key Points

- Some residents may not have an assigned primary care provider at time of outbreak
- Need to transport residents to be seen as outpatient for medical treatment
- Inadequate staffing or administrative support to coordinate and carry out interventions
- Facilities may not have contractors on file to perform on site skin assessments and treatment (some may call 911 to get treatment for clients at the hospital)
- **Scabies can be a symptom of the overall problem with a facility**
- There may be unreported scabies outbreaks, perhaps lead to increase in SNF cases

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Key Points Continued

Enhance admission and readmission process (>24 hours)

1. Skin assessments (pressure ulcers, wounds, rashes)
2. Ask about history, review recent treatments (received scabies treatment recently?)
3. Were they exposed? Ask questions about disease exposure
4. Where did they come from? Home? Hospital? Congregate Living?

Documentation!

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Resources

- LAC DPH Scabies website
- LAC DPH Scabies Prevention and Control Guidelines

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EMAIL: PHS.HAI.HHSA@sdcounty.ca.gov



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Week Earlier

Next Collaborative

November 18, 2026

11:00 AM – 12:00 PM

Microsoft TEAMS

Featured Topic:

“Germ Police”

IP Rounds

1 Contact Hour Offered

Submit questions or
feedback about today’s meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

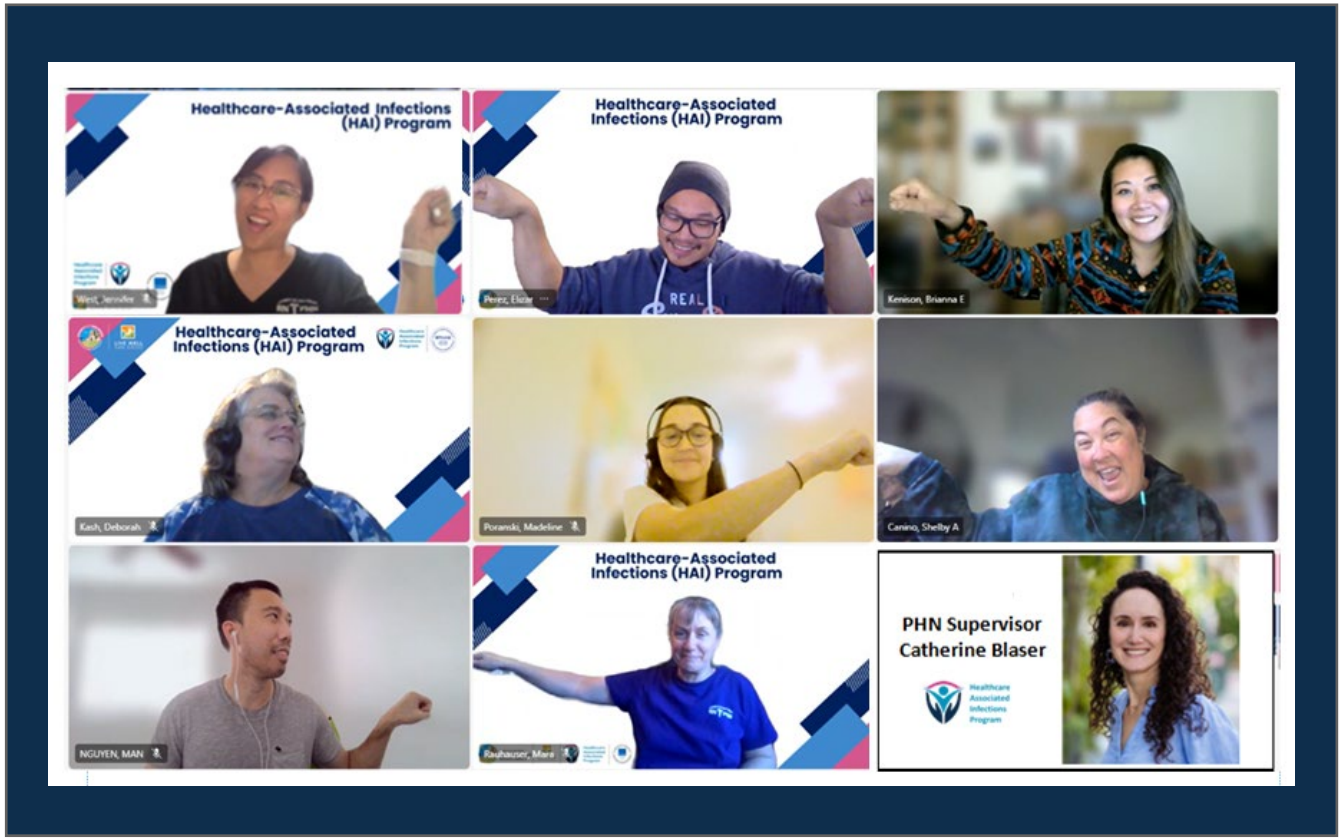
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Contact Hour Instructions

- Ensure your name is your full name
- Complete by November 6, 5:00 PM
- Expect your certificate by December 15th.

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What can the HAI Program do to help?



- Outbreak response
- Support IP rounding
- Interpret state/federal guidance
- Support staff in-services
- Support quality improvement projects
- Share resources and tools

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Contact us at:

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