How to recognise and treat scabies, skin sores, tinea and other skin conditions in Aboriginal and Torres Strait Islander people

2009 Edition
Skin Infections

Skin infections can be reduced by the washing of children every day in the bath or shower and by swimming, and by the regular washing of clothes and bedding.
Scabies

A tiny mite (bug) living in the skin, which is common when lots of people live close together.

Look for:

- **scratches and sores** between fingers, on wrists, elbows, knees, ankles and bottom.
- Babies often have **pustules** (like pimples) on hands and feet.
- **itching**, sometimes over the whole body, especially at night.
Scabies Treatment

*TREAT EVERYONE IN THE HOUSE IF ONE PERSON HAS SCABIES*

Treat

Babies more than 2 months old, children and adults:
**Lyclear** (permethrin 5% cream)

Babies less than 2 months old:
**Eurax** (Crotamiton 10% cream) daily for 3 days

Talk with a doctor about using **Lyclear** (permethrin 5% cream)

How?

• **Rub a thin layer on whole body**
  Include head and face and especially between fingers, under nails, behind ears, groin and bottom, and soles of feet.
  Do NOT put on eyes or mouth

• **Leave on overnight** then wash off

(Adapted from CARPA Standard Treatment Manual, 4th edn, p. 31)
Scabies Follow-Up

Treat person with scabies and all others in household
Explain scabies story

Check again 2 weeks later

Persistent Scabies

1. Re-treat
2. Refer to clinic for follow-up
3. Check medication used properly last time
4. Check for crusted or severe scabies among contacts

Continue to check every 2 weeks until recovered

No scabies? Good!
Crusted Scabies

Rare cases of very severe scabies with lots of flaky skin

Look for

- thickened skin patches with a thick/flaky crust
- sometimes not itchy
Doctor will discuss with infectious disease specialist and arrange:

- **skin scraping** for microscopy and fungal culture
- **blood tests** (FBE, ESR, CRP, EUC, LFT, ANF, BGL, HIV, HTLV1-Ab, C3, C4)

**Treat**

- **Lactic acid cream** daily to soften skin
- **Lyclear** (permethrin 5% cream)
  whole body for 24 hours (not usual 8 hours) twice/week for 2 weeks, then once/week for 4 weeks
- **Ivermectin oral** 200mcg/kg/dose
  give on empty stomach as directly observed treatment
- **mild cases:** give 3 doses (Day 1, 8, 15)
- **moderate cases:** give 5 doses (Day 1, 2, 8, 9, 15)
- **Severe cases:** admit to hospital for treatment
- **Treat all household and close contacts**
- **Contact environmental health officer** (EHO) to supervise chemical treatment and cleaning of house

(See Centre for Disease Control Guidelines for details)
Skin Sores

Sores can be separate from scabies
Infected scabies by definition has skin sores as well as scabies

Purulent
wet or moist, or obvious pus that hasn’t yet burst

Crusted
a yellow or reddish scab over a skin sore

Flat dry
old, almost-healed sore that has lost its crust

Look for
- yellow/brown crusted sores, may start as blisters
- check for scabies—if present, treat scabies at the same time
Skin Sores Treatment

Do

- Treat skin sores and scabies at the same time
- Clean sores with soap and water—sponge off crusts

If there are clearly infected sores:
- give Benzathine Penicillin single dose
  OR
- if injection not possible (very rare)—give Amoxycillin oral, must be for 10 days to lower risk of Acute Rheumatic Fever or Post Streptococcal Glomerulonephritis. Very few people remember to take oral antibiotics for 10 days—so think carefully before offering this option
- if allergic to Penicillin, give Trimethoprim-Sulfamethoxazole for 5 days

★ DO NOT USE TOPICAL MUPIROCIN (BACTROBAN) AS RESISTANCE DEVELOPS RAPIDLY
Infected Scabies

Often scabies and skin sores are together: this is infected scabies

Babies with scabies often have pustules on their hands or feet

Look for

- sores or crusts within collections of scabies lumps

Scabies on a baby’s hand
Scabies with purulent sores

Flat dry sore with scabies

Scabies with crusted sores
Tinea

Common fungal infection especially in hot, wet climates. Can be spread between people, can be itchy and accompanied by bacterial infection; also known as ‘ringworm’

Look for

- **scaly**, well-defined patches that are **itchy**
- sometimes skin is **darker** and **tougher**
- most common on **buttocks, arms, legs** and **abdomen**
- **face tinea** may have area of pale skin
**Nail Tinea**
The whole nail may be thickened and broken with white or yellow colour; often tinea on other parts of body too.
Tinea Treatment

★ IF ONE PERSON HAS TINEA, OTHERS IN THE HOUSE SHOULD ALSO GET CHECKED

Skin or Scalp

Small areas—use Anti-Fungal cream:
- **Clonea** (Clotrimazole 1%) twice daily for 4–6 weeks
  OR
- **Lamisil cream** (Terbinafine cream) twice daily for 1–2 weeks

Large areas or not improving with cream:
- take **skin scrapings** (see CARPA, p. 319 for advice on how to do this)
- **Griseofulvin tablets** gut side effects common
  OR
- **Terbinafine tablets** (see next page for doses/precautions)

Nails

- take **nail clippings** microscopy and fungal culture
- scrape and collect chalky material under the nail
- **Terbinafine tablets** (see next page)
**Terbinafine**

**Medication**

**Terbinafine tablets:**
- **adults**: 250mg once daily
- **children (10–20kg)**: 62.5mg oral daily
- **children (20–40kg)**: 125mg oral daily
- **children (>40kg)**: use adult dose

**Griseofulvin tablets:**
- **adults**: 250mg once daily

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<thead>
<tr>
<th>Location</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Skin / Scalp</td>
<td><strong>14 Terbinafine tablets</strong> (one per day)</td>
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<tr>
<td></td>
<td>complete course within 3 weeks (21 days)</td>
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<tr>
<td></td>
<td>OR</td>
</tr>
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<td></td>
<td><strong>Griseofulvin</strong> for 6–12 weeks</td>
</tr>
<tr>
<td>Finger nails</td>
<td><strong>42 Terbinafine tablets</strong> (one per day)</td>
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<tr>
<td></td>
<td>complete course within 9 weeks (63 days)</td>
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<tr>
<td>Toe nails</td>
<td><strong>84 Terbinafine tablets</strong> (one per day)</td>
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<tr>
<td></td>
<td>complete course within 18 weeks (126 days)</td>
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**TERBINAFINE PRECAUTIONS**

- Consider monitoring **Liver Function Tests** in adults with **liver disease**, large **grog** intake or **renal failure** (see CARPA, p. 319)
- Do **not** give during **pregnancy** or **breast feeding**

Terbinafine can be used on authority prescription if nails are involved and there is a positive fungal microscopy / culture result.

**NOTE:**

Although Australian Therapeutic Goods Administration has not approved use of Terbinafine in children, overseas and Australian experience suggests that it is safe. Consult product information before prescription.
Pityriasis Versicolor ‘white spot’/‘hankie’

How is it different from Skin Tinea (ringworm)?

**Look for**

- pale patches on dark skin. Most commonly on upper trunk, shoulders, chest, upper arms, neck and occasionally face
- Tinea Versicolor has no raised edge and is usually **not itchy**
- **NOT** contagious
Pityriasis Versicolor Treatment

Treat

- **Selsun Gold shampoo** (Selenium sulphide 2.5%)
  
  Apply to affected skin mixed with a handful of water
  Leave on the skin for about 60 minutes or as long as it feels OK
  (can be irritating if left longer)

- Repeat **daily for 7–10 days** until the rash settles

- Consider **skin scrapings** if not improving or unsure about diagnosis

- **May** need to repeat treatment **every 2–4 weeks**

- It may take **more than 6 weeks** for skin to return to normal

- If not improving, **think of leprosy**
Scabies and Skin Sores

- Purulent skin sore
- Crusted skin sore
- Flat dry skin sore
- Multiple Scabies lumps
Scabies and Skin Sores

Scabies – multiple infected bumps, especially around toe web spaces
Skin Sores

Flat dry sore

Purulent skin sores (if wet base)

Crusted sore

Flat dry sore
Skin Sores

- Crusted sores (red scab, no pus)
- Purulent sores (visible pus)
- Purulent sores (wet base)
- Altered pigment from old healed sores
Tinea

Tinea on buttocks

Tinea on legs

Tinea on nails
Tinea

Hand tinea and thumbnail tinea

Body tinea
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