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Arlian and Morgan *Parasites & Vectors* (2017) 10:297
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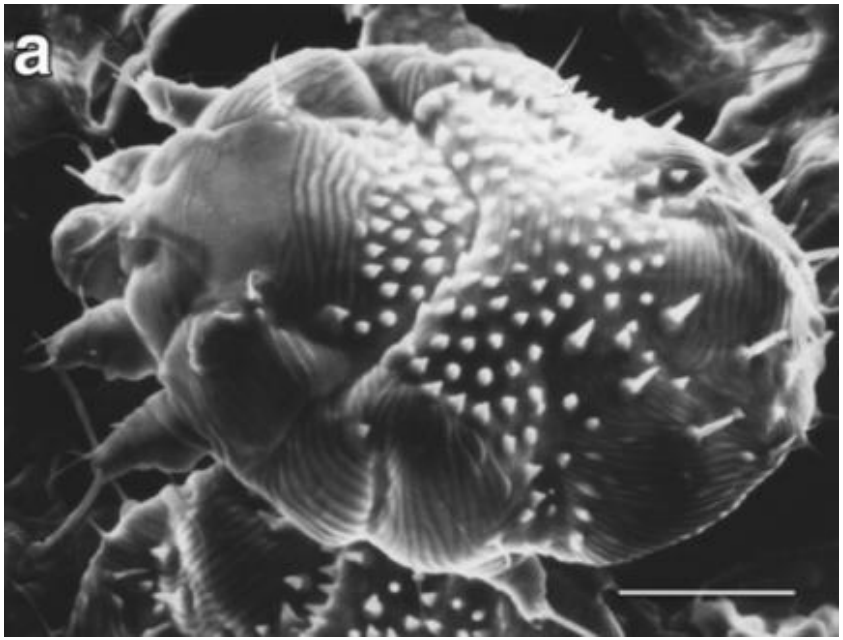
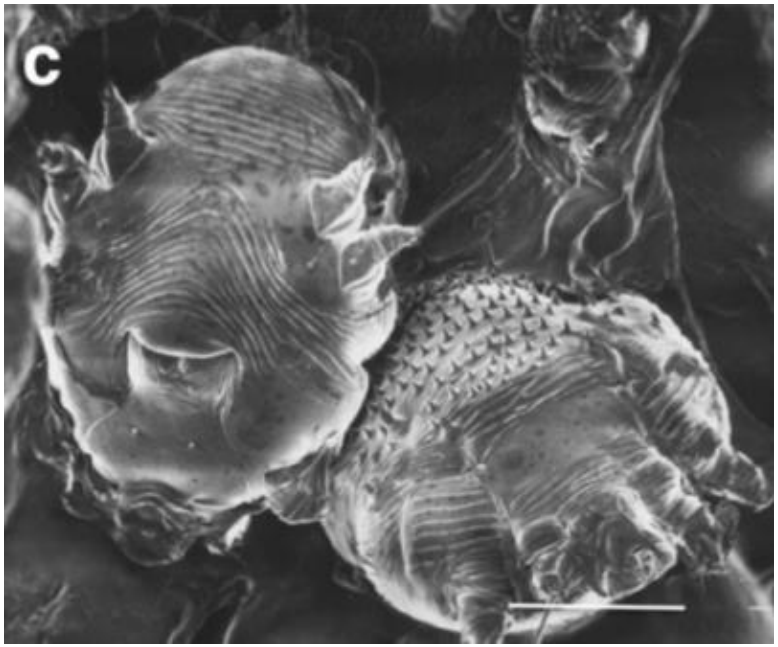
Parasites & Vectors

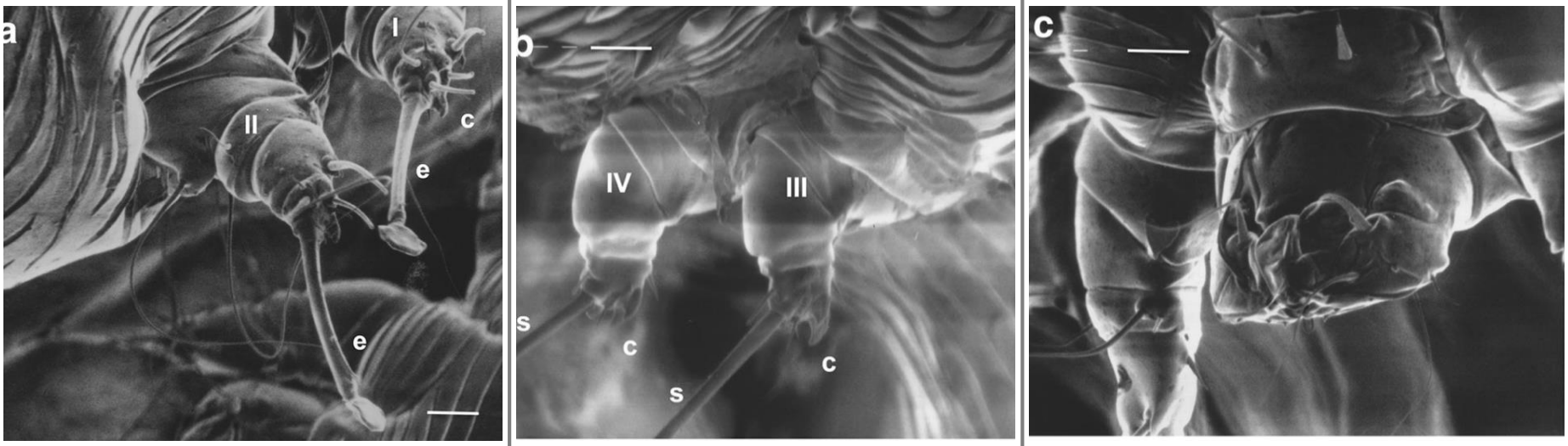
REVIEW Open Access

A review of *Sarcoptes scabiei*: past, present and future

Larry G. Arlian* and Marjorie S. Morgan



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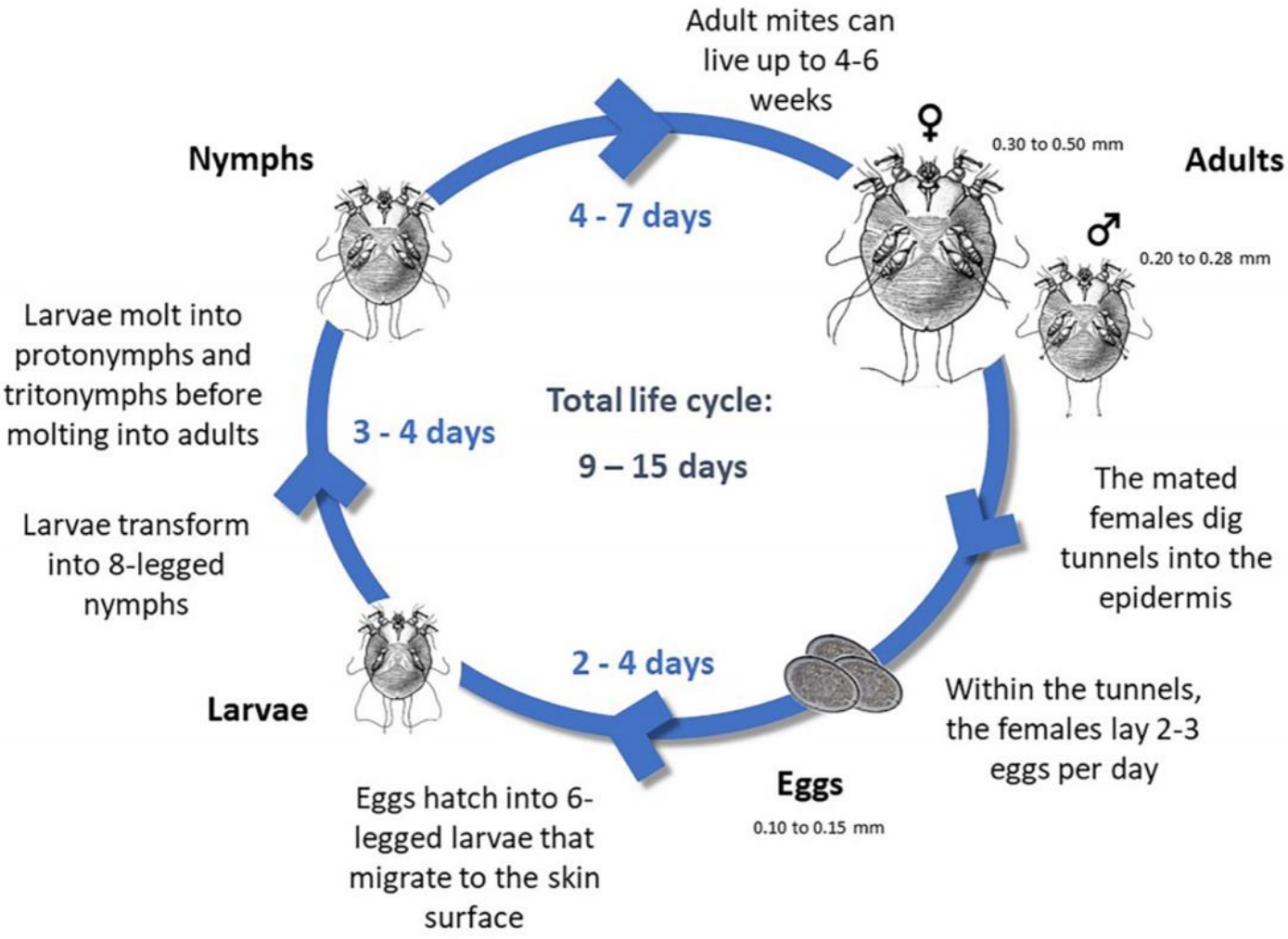
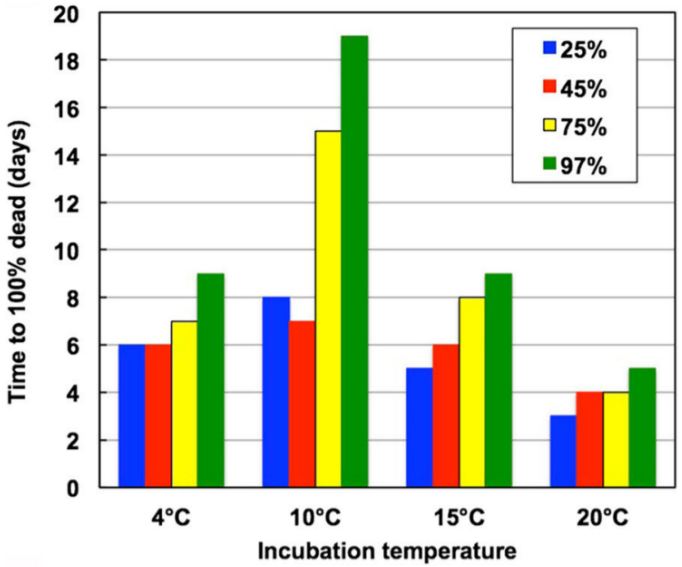
J Am Acad Dermatol. 2019 Jul 13. pii: S0190-9622(19)32385-0. doi: 10.1016/j.jaad.2019.05.109. [Epub ahead of print]

Part I - Ectoparasites: Scabies.

Thomas C[1], Coates SJ[2], Engelman D[3], Chosidow O[4], Chang AY[5].





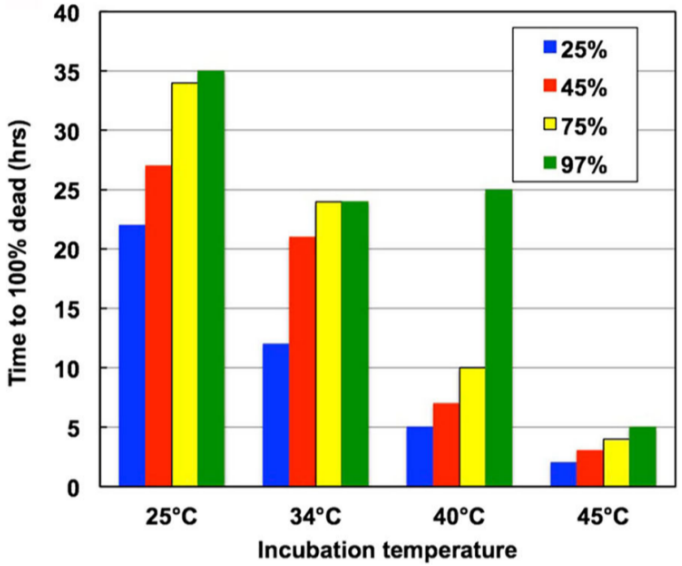


Fig. 4 Observed time to achieve 100% mortality in test populations of female *S. scabiei* var. *canis* mites exposed to specific combinations of temperature and relative humidity (RH). The number of mites in each test group ranged from 8 to 26. Data from [20]

Larry G. Arlian* and Marjorie S. Morgan

Sarcoptes scabiei mites in humans are distributed into three genetically distinct clades

V. Andriantsoanirina[1], F. Ariey[2], A. Izri[1,3,4], C. Bernigaud[5,6,7], F. Fang[7], R. Charrel[3], F. Foulet[8], F. Botterel[8], J. Guillot[7], O. Chosidow[5,6] and R. Durand[1,4,9]

Clin Microbiol Infect 2015; **21:** 1107–1114

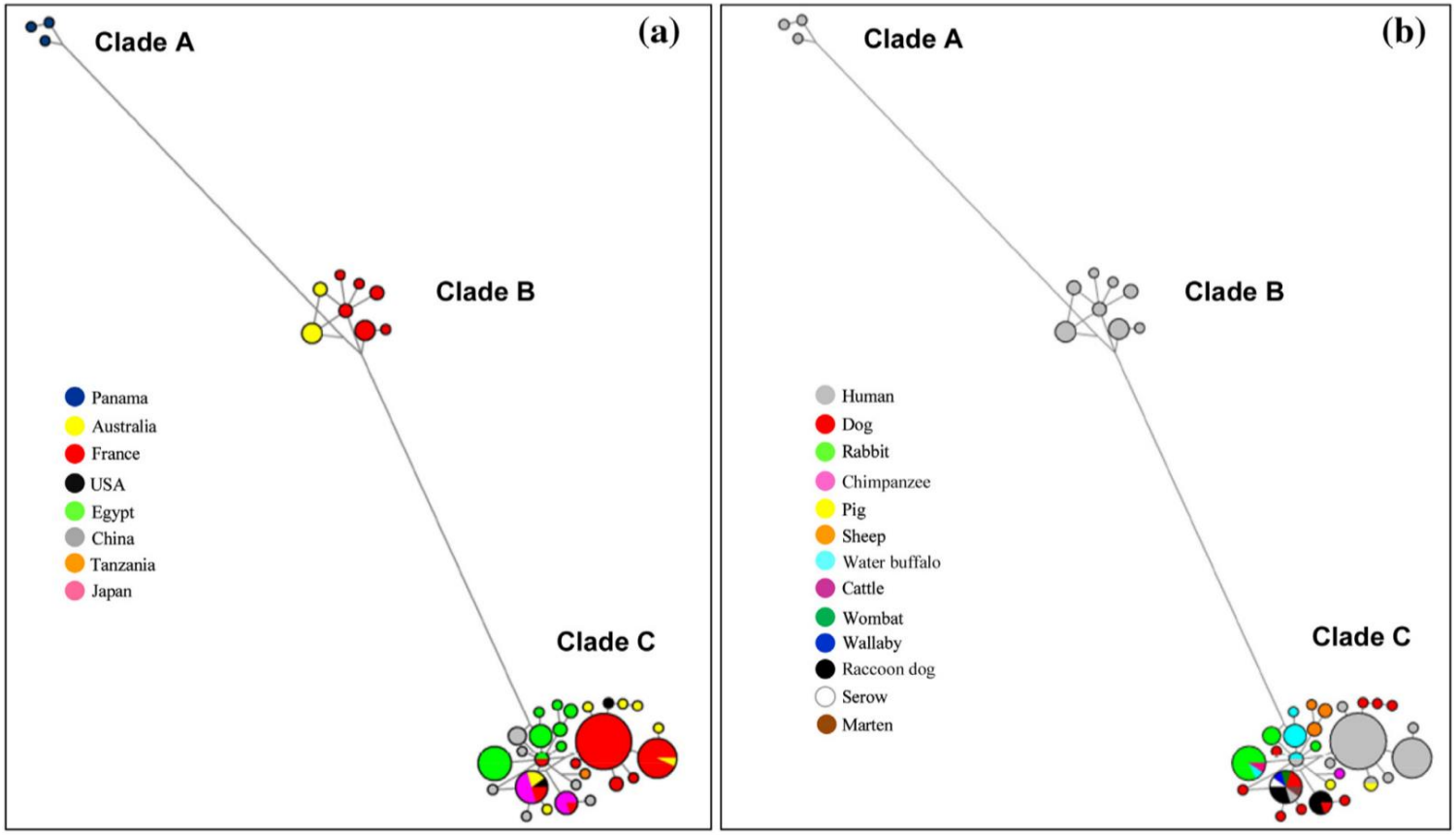


FIG. 2. Haplotype map for part of *cox1* gene of *Sarcoptes scabiei* collected from humans and animals in different geographical locations. Size of circles is proportional to haplotype frequency. (a) Haplotype network according to geographical origin and (b) host, inferred under median joining as implemented in Network 4.6 software.

THE TRANSMISSION OF SCABIES

BY

KENNETH MELLANBY, Ph.D.

Sorby Research Fellow of the Royal Society

There has been a good deal of controversy concerning the

(*a*) Volunteer used blankets one to seven days after they had been used by scabies patient: 6 experiments, all negative (i.e., no volunteers infected).

(*b*) Volunteer used underclothing two to seven days after it had been used by scabies patient: 6 experiments, all negative.

(*c*) Volunteer used bed immediately it was vacated by scabies patient: 19 experiments, all negative.

(*d*) Volunteer used underclothing immediately after it was removed from scabies patient: 32 experiments—30 negative, 2 *positive* (i.e., 2 volunteers became infected).

The men were stripped and inspected daily for a period of about a month (sometimes longer) after each experiment.

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Interventions for preventing the spread of infestation in close contacts of people with scabies (Review)

FitzGerald D, Grainger RJ, Reid A

Conclusions

There is currently no evidence to say if treating or advising people who have been in contact with scabies-infected people is effective in preventing the spread of scabies infection. We need researchers to conduct studies with people who may have been in skin contact with a person who has been diagnosed with a scabies infection within the previous six weeks. Half of these people should be given preventive treatment and the other half something else. Who gets what should be determined by chance so that the two groups are truly similar in every respect except the treatment they receive.

BRITISH MEDICAL JOURNAL

LONDON SATURDAY JULY 4 1942

THE TREATMENT OF SCABIES

BY

KENNETH MELLANBY, Ph.D., Major C. G. JOHNSON, R.A.M.C., and W. C. BARTLEY

Discussion

The experiments described above indicate that of the treatments of scabies in common use two only, sulphur ointment and benzyl benzoate, are satisfactory. It is interesting to compare the *in vitro* reactions of *Sarcoptes* to these preparations. It is well known that the mite will survive for several days when stuck in sulphur ointment on a glass slide; we have

effective only when some active products due to the interaction of the sulphur and the human body are liberated. Benzyl benzoate, on the other hand, is rapidly lethal to the mites, which are killed within five minutes of contact away from the body.

It should be noted that it is almost impossible for a patient to apply either liquid preparations or creams satisfactorily to himself; therefore, if it is not possible to get another person (preferably trained for the purpose) to apply these remedies, it is better to use sulphur ointment treatment.

A Comparison of Different Methods used in the Treatment of Scabies. All Results obtained 24 Hours after the First Application unless Otherwise Stated

Method	Bath	Scrub	Cases	Cure %	Mites Dead	Mites Alive	% Mites Killed
A. Sulphur							
(1) Sulphur ointment B.P. 10%	+	+	57	97	269	2	99·5
,, ,, ,,	+	—	64	90	331	9	97
,, ,, ,,	—	—	26	88	335	8	98
(2) Marcussen's ointment (kathiolan) ..	+	—	7	100	169	0	100
(3) Flowers of sulphur :							
Day 1	+	—	2	0	4	22	15
,, 2	+	—	2	0	26	12	33
,, 3	+	—	2	0	29	14	67
(4) Thiosulphate; HCl :							
Day 1	+	—	6	0	11	33	25
,, 2	+	—	3	0	31	31	50
,, 3	+	—	3	66	13	5	72
(5) Sulfomil :							
Day 1	+	+	5	0	20	96	17
,, 2	+	+	5	0	22	63	26
,, 3	+	+	4	0	42	46	48
(6) Internal sulphur : (10 days)	—	—	4	0	0	50	0
B. Rotenone							
(1) Derris root lotion : ..							
Day 1	+	—	13	15	121	44	73
,, 3	+	—	13	46	81	22	79
(2) Rotenone emulsion 2% (sarevan)	+	—	4	25	559	171	76
C. Benzyl Benzoate							
(1) 5% in spirit	+	—	5	40	225	23	91
(2) 10% ,, ,, ...	—	—	38	95	307	2	99
(3) ,, ,, ,, ...	+	—	64	94	737	6	99
(4) 20% ,, ,, ...	—	—	43	97·5	291	2	99·3
(5) ,, ,, ,, ...	+	—	52	98	301	1	99·6
(6) 25% ,, ,, ...	+	—	37	97	175	2	99
(7) Lotion (25% benz. benzoate, 35% soft soap, 40% spirit) .. .	+	+	32	100	210	0	100
(8) ,, ,, ,,	+	—	9	100	30	0	100
(9) 10% emulsion	+	—	12	43	128	16	89
(10) ,, ,, ...	—	—	12	75	63	5	93
(11) 20% ,, (L.W.)	—	—	41	97·5	281	1	99·6
(12) ,, ,, ,,	+	—	50	98	368	1	99·7
(13) ,, ,, (S.T.)	—	—	41	100	474	0	100
(14) ,, ,, ,,	+	—	24	100	190	0	100
(15) ,, ,, (W.F.Z.)	—	—	48	100	415	0	100
(16) ,, ,, ,,	+	—	21	100	106	0	100
(17) All 20% emulsions ..	+	—	225	99	1,834	2	99·9
D. Dimethyl-diphenylene Disulphide							
(1) Undiluted	—	—	6	100	178	0	100
(2) 10% in paraffin ..	—	—	3	100	81	0	100
(3) 5% ,, ,, ...	—	—	5	80	79	1	98·5
(4) 2% ,, ,, ...	—	—	2	50	62	47	57
(5) 0·5% ,, ,, ...	—	—	1	0	44	21	67
E. Pyrethrum							
(1) A.200 (extract in paraffin)	+	—	3	33	32	2	94
(2) Emulsion in water (2% total pyrethrins) ..	+	—	4	75	41	6	87
(3) Solution in paraffin (1% pyrethrin I, approx. 1·75% total pyrethrins):							
(*a*) Sprayed ..	+	—	9	22	91	28	71
(*b*) Painted ..	+	—	3	0	93	65	59

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Ivermectin and permethrin for treating scabies (Review)

Rosumeck S, Nast A, Dressler C

Authors' conclusions

We found that for the most part, there was no difference detected in the efficacy of permethrin compared to systemic or topical ivermectin. Overall, few and mild adverse events were reported. Our confidence in the effect estimates was mostly low to moderate. Poor reporting is a major limitation.

Efficacy and safety of antiscabietic agents: A systematic review and network meta-analysis of randomized controlled trials

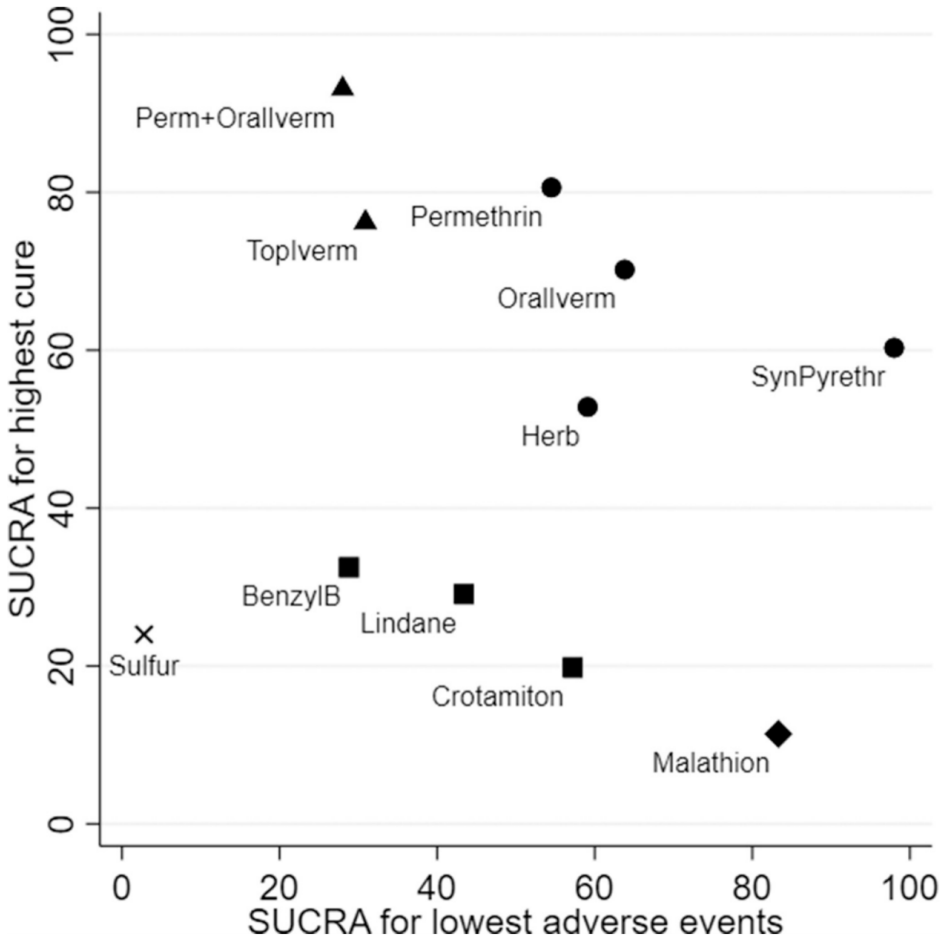
Kunlawat Thadanipon, MD,[a,b] Thunyarat Anothaisintawee, MD, PhD,[c] Sasivimol Rattanasiri, PhD,[a] Ammarin Thakkinstian, PhD,[a] and John Attia, MD, PhD[d]
Bangkok, Thailand; and New Lambton, Australia

0190-9622

https://doi.org/10.1016/j.jaad.2019.01.004

CAPSULE SUMMARY

- Network meta-analysis indicated that combination permethrin plus oral ivermectin, topical ivermectin, and synergized pyrethrins had the strongest evidence for highest cure, lowest persistent itching, and lowest adverse events, respectively.
- There is no one treatment that ranked highest in all aspects. Physicians should consider an easy-to-use treatment with a balance between efficacy and safety.



Behandling og forebyggelse af fnat

Sarah Wåhlin-Jacobsen[1], Bo Christensen[2], Anne Kjerulf[3], Carsten Sand[4]

Tabel 1. Lægemidler mod fnat

	Behandlingsregime	Særlige opmærksomhedspunkter	Udleveringstilladelse
Topikale lægemidler			
Permethrin 5% (Nix®)	Påføres dag 0 og 7. Skal sidde 8-12 timer	Kan give hudirritation	Kræves ikke (kan købes i håndkøb)
Benzyl benzoate + disulfiram (Tenutex®)	Påføres dag 0 og 7. Skal sidde i 24 timer	Manglende viden om sikkerhed hos småbørn og gravide. Kan give hudirritation	Alle læger kan søge Lægemiddelstyrelsen om generel udleveringstilladelse
Svovlvaselin (magistrelt fremstillet)	Påføres 3 dage i træk	Kan give hudirritation	Kræves ikke
Systemiske lægemidler			
Ivermectin 3 mg (Stromectol®/ Scabioral®)	200 mikrogram/kg på dag 0 og dag 7	Kontraindiceret hos børn under 15 kg, gravide og ammende	Dermatologer kan søge om generel udleveringstilladelse. Alment praktiserende læger skal søge for hver enkelt patient.

Boks 1. Forebyggelse af smitte

- Undgå tæt hudkontakt med smittede personer
- Undgå at dele håndklæder, tøj eller sengetøj med smittede personer
- Støvsug senge og møbler med betræk/polstring og rengør hjemmet med almindelige rengøringsmidler
- Vask tøj, sengetøj og håndklæder ved 60 grader
- Alternativt henstand af tøj eller stofmøbler ved min. 25 grader og lav luftfugtighed i 3 døgn eller ved lavere temperaturer eller høj luftfugtighed henstand i 1 uge

Boks 2. Årsager til persisterende kløe og udslæt efter behandling med permethrin

- Forkert diagnose
- Manglende compliance til behandling
- Forkert eller utilstrækkelig brug af creme
- Lokal reaktion på creme
- Fortsat allergisk reaktion på midens produkter kan forsætte i op til 6 uger, men bør aftage ved effektiv behandling
- Reinfestation
- Resistens over for permethrin

Dermatologi
ICPC S72
December 2019

Forløbsbeskrivelse

Overlægerne Simon Francis Thomsen og Carsten Sand, Dermato-venerologisk afd, BFH

Specialepraksiskonsulent Niels Erik Møller

Første valg:

Nix® **creme 5% (permethrin)**

Påsmøres efter badning fra kæberanden og ned. Børn < 2 år skal også behandles i ansigtet og hårbunden. Kan anvendes under graviditet og amning. Cremen skal blive siddende i 8-12 timer, hvorefter den kan vaskes af. Behandlingen gentages efter 1 uge. En stor, voksen person kan bruge mere end én tube per indsmøring.

Pris for Nix® creme 5%, 30 g: Ca. 300 kr. Kan købes i håndkøb eller på recept med klausuleret tilskud.

Andet valg:

Svovlvaselin 5%, magistrelt præparat

Svovlvaselin 5% påsmøres dagligt i 3 dage fra kæberand og ned. Børn < 2 år skal også behandles i ansigtet og hårbunden. Man skal vanligvis påregne 50 g pr. smøring til en voksen, dvs. 150 g totalt til 3 dages behandling. Kan anvendes under graviditet og amning.

Svovlvaselin produceres på Glostrup apotek og kan rekvireres med papirrecept på alle apoteker (magistrel recept: # rp. svovlvaselin 5% No. antal gram ds. Påsmøres dagligt i 3 dage). Alternativt udskrives recept i FMK-online, fx ved behandling af en hel familie, kan anføres en passende mængde, fx 300 g eller 500 g, på recepten.

Pris for 150 g svovlvaselin: Ca. 300 kr. Prisen er i det væsentlige uændret ved større mængder. Der ydes ikke tilskud.

Tredje valg:

Nedenstående lægemidler kræver udleveringsgodkendelse fra Lægemiddelstyrelsen og bør i almen- og dermatologisk speciallægepraksis vanligvis først anvendes ved svigt af Nix® creme og svovlvaselin.

Stromectol® (ivermectin)

Stromectol® tabletter 3 mg, leveres i pakninger á 10 stk. Der anbefales en enkelt dosis på 0,2 mg/kg til børn (over 15 kg) og voksne. Max dosis uanset vægt er dog 6 tabletter. Behandlingen gentages efter 7 dage. Er relativ kontraindiceret under graviditet og amning.

Man ansøger om generel udleveringstilladelse via Lægemiddelstyrelsens hjemmeside link. I ansøgningen anføres: 'Til anvendelse ved Nix-refraktær scabies'. Som producent anføres: 'MSD Danmark Aps'. Som importør anføres: 'Specific Pharma A/S'.

Når der foreligger en udleveringsgodkendelse, kan man skrive en papirrecept til apoteket eller ordinere i FMK-online , som så efterfølgende rekvirerer den anførte mængde.

Pris for pk. med 10 stk. á 3 mg: Ca. 870 kr. Der kan ansøges om enkelttilskud.

Tenutex® "Bioglan" kutanemulsion 20 + 225 mg/g (benzoylbenzoat og disulfiram)

Påsmøres efter badning fra kæberanden og ned. Børn < 2 år skal også behandles i ansigtet og hårbunden. Cremen skal blive siddende i 24 timer, hvorefter den kan vaskes af. Behandlingen gentages efter 1 uge. Er relativ kontraindiceret under graviditet og amning.

Man skal påregne 50 g pr. smøring hos voksne.

Der ansøges om generel udleveringsgodkendelse via fra Lægemiddelstyrelsens hjemmeside link. I ansøgningen anføres: 'Til anvendelse ved Nix-refraktær scabies'. Som producent anføres: 'Bioglan'. Som importør anføres: 'Specific Pharma A7S, Tjellesen Max Jenne A/S'

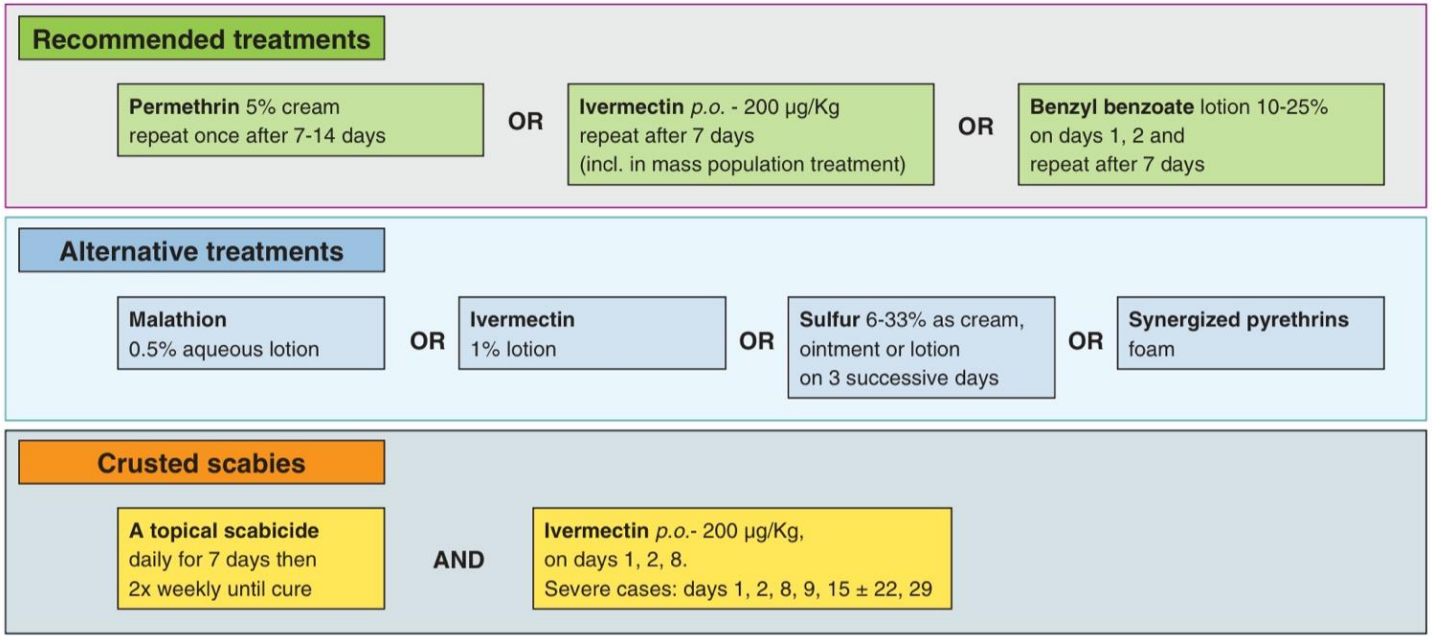
Når der foreligger en udleveringstilladelse, kan man skrive papirrecept til apoteket eller ordinere i FMK-online og anføre en passende mængde.

Pris: 950 kr. Der kan ansøges om enkelttilskud. (NB. Præparatet kan med fordel købes online på svenske hjemmesider. Her er prisen ca. 150 kr.)

European guideline for the management of scabies

C.M. Salavastru,[1,*] O. Chosidow,[2] M.J. Boffa,[3] M. Janier,[4] G.S. Tiplica[5]

JEADV 2017, **31**, 1248–1253



- **Topical treatment** should be applied to all skin regions at night and left in place for 8-12 hours.
- **Clothing, bedding, towels** etc: machine washed, dry-cleaned, or sealed in plastic bag for one week.

- A **follow-up visit** two weeks after completion of treatment for a test of cure by microscopy examination.

Figure 1 Scabies: general principles of treatment.

Ivermectin safety in infants and children under 15 kg treated for scabies: a multicentric observational study

M. Levy,[1,2] L. Martin,[3] A.-C. Bursztejn,[4] C. Chiaverini,[5] J. Miquel,[6] E. Mahé,[7] A. Maruani,[8] and F. Boralevi[1,2] on behalf of the Groupe de Recherche de la Société Française de Dermatologie Pédiatrique

Methods This study was performed in the dermatology and paediatric dermatology departments of 28 French centres between July 2012 and November 2015. Physicians treating an infant or child weighing < 15 kg for scabies with oral ivermectin were asked to send back a completed standardized and anonymous questionnaire, and the data were analysed.

Results Data were collected on 170 infants and children aged 1–64 months, with a body weight of 4–14·5 kg, who were treated with oral ivermectin. The mean dose received was 223 μg kg^{-1} and 89% of the patients received a systematic second dose. Concomitant topical treatment was administered to 73% of patients. Adverse events were reported in seven patients (4%) and were not severe. At the follow-up visit, 139 (85%) patients had achieved healing. Factors significantly associated with healing were an ivermectin dose > 200 μg kg^{-1} ($P < 0·001$), and a delay between those two doses of < 10 days ($P = 0·025$).

Conclusions Our findings suggest the safety and efficacy of ivermectin for the treatment of scabies in infants and young children.

What does this study add?

- Of 170 infants and children weighing < 15 kg who were treated for scabies with oral ivermectin, there were only seven reported mild adverse events and no serious ones.
- Our results show that ivermectin is effective in treating scabies in 85% of patients.

European guideline for the management of scabies

C.M. Salavastru,[1,*] O. Chosidow,[2] M.J. Boffa,[3] M. Janier,[4] G.S. Tiplica[5]

JEADV 2017, **31**, 1248–1253

- Ivermectin may not sterilize scabies eggs, and a second dose given after one week has been shown to increase the response.[47] The administration of a second dose of ivermectin is recommended[46,48] {level of evidence Ib; grade A recommendation} although the importance of this second dose for scabies control need to be further evaluated.[46]
- Drug resistance to scabicides including permethrin and ivermectin is an emerging concern,[49–52] and the impact of mass treatment programmes on development of drug resistance requires future study.

REVIEW

Scabies in the age of increasing drug resistance

Samar Khalil[1], Ossama Abbas[1], Abdul Ghani Kibbi[1], Mazen Kurban[1,2,3]*

PLOS Neglected Tropical Diseases | https://doi.org/10.1371/journal.pntd.0005920 November 30, 2017

- Permethrin: The 5% cream is typically used. In 1994, before the widespread use of permethrin, mites were killed within 1 hour of in vitro exposure to the drug. In the year 2000, 35% of mites from the same population remained alive after 3 hours [6]. Although there are no publications confirming clinical resistance in humans, there are several anecdotal reports, and there is a confirmed case of resistance in dogs [7].

- Ivermectin: It is the only oral agent currently used for scabies. It is avoided in pregnancy and in children below 15 kg of weight. In 1997, mites grown in vitro in the presence of ivermectin survived for a mean time of 1 hour. In 2006, this time increased to 2 hours [10]. There are reports of clinical resistance in humans in the literature [11, 12].

In recent years, studies have identified 4 different players that could potentially contribute to scabicide resistance, as follows: (I) voltage-gated sodium channels, (II) glutathione S-transferase (GST), (III) ATP-binding cassette transporters, and (IV) ligand-gated chloride channels.

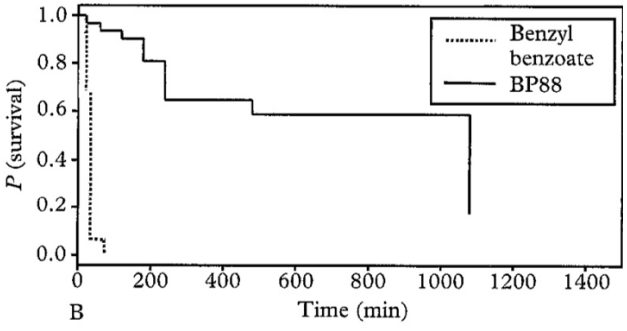
TRANSACTIONS OF THE ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE (2000) **94**, 92–96

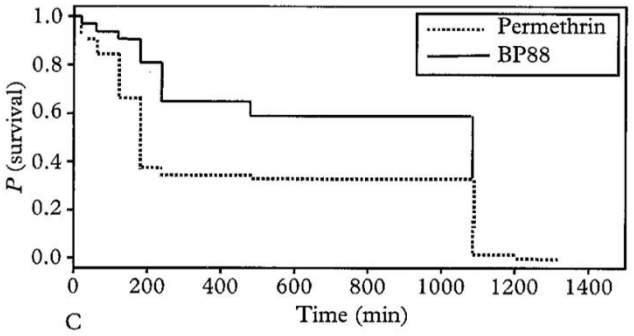
Studies *in vitro* on the relative efficacy of current acaricides for *Sarcoptes scabiei* var. *hominis*

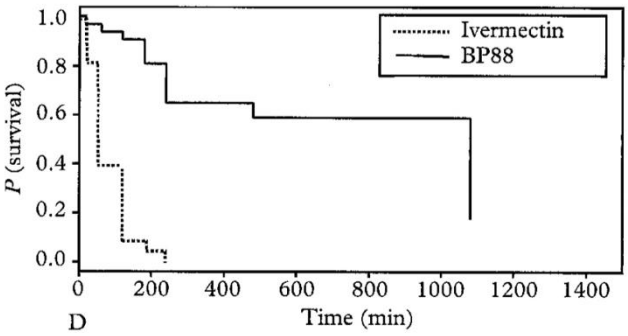
S. F. Walton[1], M. R. Myerscough[1] and B. J. Currie[1,2] *[1]Menzies School of Health Research, Darwin, Northern Territory, Australia; [2]Royal Darwin Hospital, Darwin, Northern Territory, Australia*

Table 2. Numbers of mites per patient tested against each product

Product	Patient 1	2	3	4	5	6	7	Total mites
Benzyl benzoate	4	1	8	0	0	4	9	26
Ivermectin	0	2	10	4	5	9	56	86
Permethrin	34	4	25	0	5	9	10	87
Lindane	4	0	0	0	0	0	4	8
Tea-tree oil	0	0	8	0	0	4	9	21
Neem	0	0	3	0	0	4	15	22
BP88	0	1	3	0	3	10	15	32
Total	42	8	57	4	13	40	118	282







First Documentation of In Vivo and In Vitro Ivermectin Resistance in *Sarcoptes scabiei*

Bart J. Currie,[1,2] Pearly Harumal,[1] Melita McKinnon,[1] and Shelley F. Walton[1]

[1]Infectious Diseases Division, Menzies School of Health Research, Charles Darwin University, and [2]Infectious Diseases Unit, Northern Territory Clinical School, Flinders University, Royal Darwin Hospital, Darwin, Northern Territory, Australia

We report clinical and in vitro evidence of ivermectin resistance in 2 patients with multiple recurrences of crusted scabies who had previously received 30 and 58 doses of ivermectin over 4 and 4.5 years, respectively. As predicted, ivermectin resistance in scabies mites can develop after intensive ivermectin use.

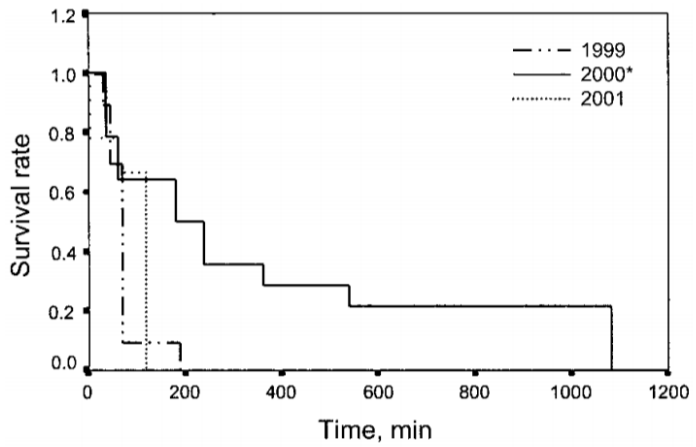


Figure 1. Kaplan-Meier survival curves of scabies mites obtained from patient 1 in 1999 ($n = 10$), 2000 ($n = 14$), and 2001 ($n = 9$) after admissions to the hospital for treatment of crusted scabies. Mites were tested in petri dishes coated with ivermectin at a concentration of 100 μg/g. *$P = .0048$.

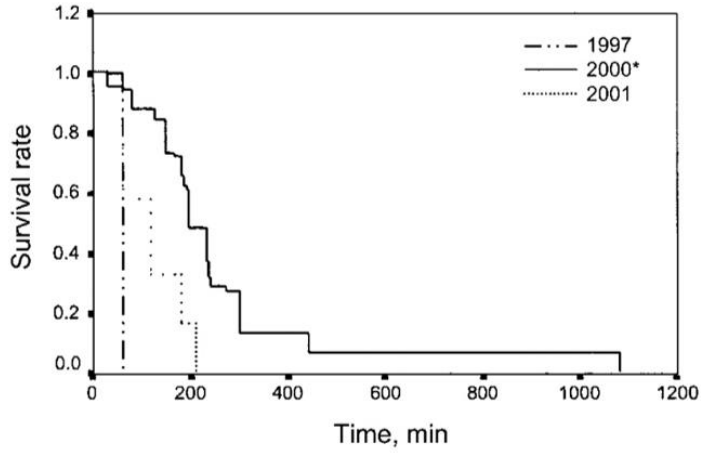


Figure 2. Kaplan-Meier survival curves of scabies mites obtained from patient 2 in 1997 ($n = 7$), 2000 ($n = 63$), and 2001 ($n = 13$) after admissions to the hospital for treatment of crusted scabies. Mites were tested in petri dishes coated with ivermectin at a concentration of 100 μg/g. *$P < .00001$.

Longitudinal Evidence of Increasing In Vitro Tolerance of Scabies Mites to Ivermectin in Scabies-Endemic Communities

Comment. Mite survival times in the presence of in vitro ivermectin doubled over the 10-year study period. Furthermore, sequential data collected from a single patient over a course of ivermectin treatment confirms that selection for ivermectin-tolerant mites can occur rapidly and persist once established. These observations support concerns regarding the sustainability of mass drug administration scabies control programs using ivermectin. Surveillance of CS is important, not only to

Table. Aggregate Ivermectin In Vitro Survival Times, 1997-2006

Year	Patients Tested, No. (N=31)	Mites Assayed, No. (N=514)	All Patients		Excluding Patients With Documented Clinical Resistance	
			Median Mite Survival Time, min	*P* Value[a]	Median Mite Survival Time, min	*P* Value[a]
1997	5	20	60	<.001	20	<.001
1998	3	20	60	<.001	20	<.001
1999	2	11	60	<.001	NA	NA
2000	4	209	210	<.001[b]	180	NS
2001	4	58	120	NS	120	NS
2002	3	27	145	NS	162	NS
2003	2	12	210	NS	150	NS
2004	2	35	120	NS	335	.03
2005	1	41	120	NS	NA	NA
2006	5	81	120	NS	150	NS
Log rank test for trend 1997-2006	NA	NA	NA	<.001	NA	.006

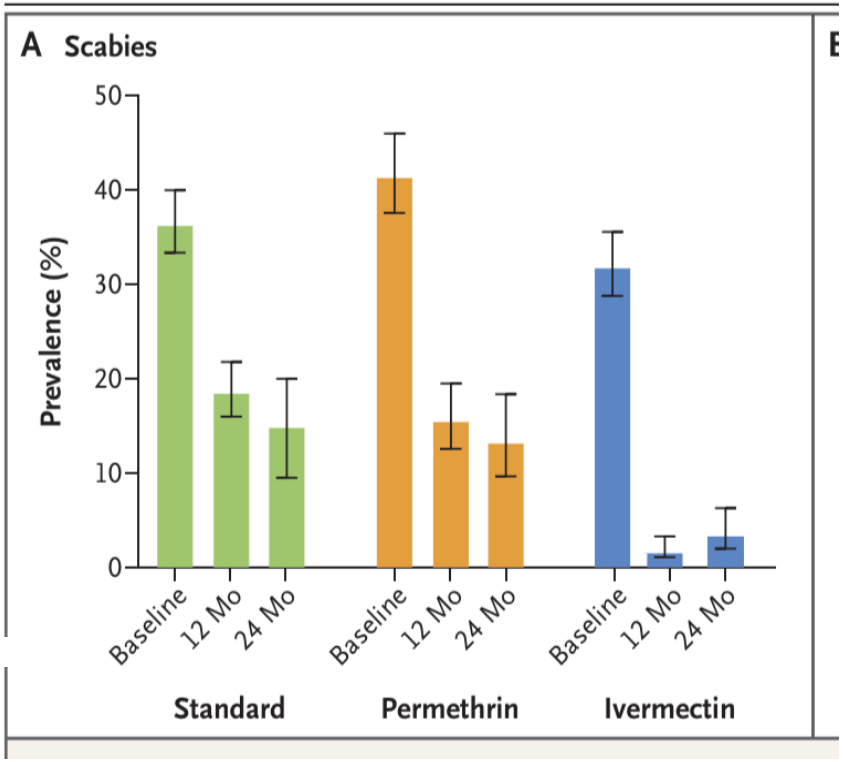
Abbreviations: NA, no data available; NS, not significant.
[a] Log-rank test compared with other years combined.
[b] Clinical treatment failure observed in 2 patients.[2]

Mass Drug Administration for Scabies — 2 Years of Follow-up

N ENGL J MED 381;2 NEJM.ORG JULY 11, 2019

Lucia Romani, Ph.D.

In this trial, we randomly assigned three island communities in Fiji to one of three scabies intervention strategies: standard care involving the administration of topical permethrin to persons with scabies and their contacts (standard-care group), mass administration of topical permethrin (permethrin group), or mass administration of an oral ivermectin-based regimen (ivermectin group). In the ivermectin group, a single dose of ivermectin-based treatment was provided to all participants, with a second treatment provided 7 days later to those with scabies. The participants ranged in age from infants to the elderly.



Skolens huskeliste ved udbrud af fnat

• Informer forældre og elever om, at der er udbrud af fnat på skolen

• Tal åbent om fnat og tal om, at alle kan blive smittet

• Forsøg at fjerne evt. stigmatisering af det at have fnat

• Hjælp eleven, der har fnat, med at opspore kontakter på skolen

• Instruer eleverne i at undgå tæt kontakt med personer, som har symptomer på fnat, og som endnu ikke har været i behandling

• Instruer eleverne i at undgå at dele håndklæde, tøj, sko eller sengetøj med personer, som har symptomer på fnat

• Informer om, at når man bliver behandlet for fnat, anses man for at være smittefri 8-12 timer efter opstart af behandling

• Instruer elever med fnat i at vaske tøj, sengetøj og håndklæder ved 60 grader for at slå eventuelle fnatmider ihjel

• Instruer elever med fnat i at lade tøj, der ikke kan vaskes ved 60 grader, henstå urørt ved min. 25 grader og lav luftfugtighed i 3 døgn eller ved lavere temperaturer eller høj luftfugtighed i 1 uge for at sørge for at alle eventuelle fnatmider er døde

• Instruer elever med fnat i rengøring af værelset med almindelige rengøringsmidler og støvsugning af senge og stofmøbler

• Lad stofmøbler, der har været brugt af elever med fnat inden for den seneste uge henstå urørt ved min. 25 grader og lav luftfugtighed i 3 døgn eller ved lavere temperaturer eller høj luftfugtighed i 1 uge for at sørge for at alle eventuelle fnatmider er døde

• Det kan være nødvendigt at sørge for, at elever får stillet et andet værelse til rådighed eller sendes hjem, mens tøj, madrasser o.l. henstår urørt

Sorry you have scabies. Please stand over there.