



WEEKLY EPIDEMIOLOGICAL REPORT

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Scabies – General practitioner's view

Neglected tropical diseases are, as named implied, not because less they consider the numbers of patients with the disease than the potential effect and burden of the diseases from the public health perspective, in the proportion of the patients. General practitioners and Dermatologists have experienced higher proportions of patients infected with Scabies than expected, predominantly among the population living in congested areas, the estate sector with poor hygienic levels and among people who have contacted recently discharged prisoners from jails. Spreading of the disease is remarked in major above categories with no proper control sometimes. The price of medicines and scarcities of medicines for scabies contribute to less control over the spreading of the disease among families.

Scabies is one of the commonest dermatological conditions, accounting for a substantial proportion of skin diseases in developing countries. Globally, it is estimated to affect more than 200 million people at any time, although further efforts are needed to assess this burden (1). Study conducted in 2010 in Gampaha, Sri Lanka reported that the commonest skin disorder was pediculosis (42.0%; n=86), followed by dandruff (8.3%; n=17), fungal infections (6.8%; n=14), and scabies (1.5%; n=3). Almost one-fourth of the study participants (22.9%; n=30/131) had more than one disorder, majored by *Pediculus captis* infestation with dandruff. Over one-third (36.1%; n=74) were free of any skin disorders. The prevalence of skin disorders was significantly high among females (87.3%; n=110), compared to males (26.6%; n=21). The presence of long hair, higher family size, and a limited number of rooms in the house were risk factors associated with the prevalence of skin disorders. The commonest skin disorder was pediculosis, while

scabies and fungal infections were scarce among school children in the district of Gampaha, Sri Lanka. Further, it recommended the implementation of health education and monitoring programs at the school level for maintaining the dermal health status of school children (2). Another study done among primary school teachers in Sri Lanka revealed, that Scabies was reported by 1.9% of teachers. Mumps and measles were reported by less than 1% of teachers. Conclusions Significant proportion of teachers had developed infectious diseases during the last year. Scabies can increase the sickness absence of teachers and therefore can reduce the quality of education received by the children. However, we cannot attribute all these diseases to their profession (3). Mothers imprisoned, but children living with them, showed 23% infected with Scabies among children in research on prisoners (4).

Diagnosis

- It is important to establish a firm diagnosis of scabies before treatment. Antiscabietic therapy may aggravate other dermatoses such as atopic dermatitis and cause unnecessary skin irritation.
- Scabies should be suspected in infants or children with generalized pruritus of recent onset and the characteristic eruptions.
- Other family members are usually, but not invariably affected. A history of scabies in a family member or contact with scabies should be sought out specifically.
- Scabies diagnosis is confirmed by microscopic identification of the mite, eggs or scybala. Dermatoscopy and digital photography are non-invasive and effective methods for identifying the presence of scabies mites (5).

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Treatment- General measures

- Patients must receive detailed information about scabies infestation and therapeutic options, including the amount of drug to be used and proper administration.
- Topical treatment must be applied to the entire skin surface, from jawline downwards including all body folds, groin, navel and external genitalia, as well as the skin under the nails (especially crusted scabies).
- In adults with classical scabies, treating the face is controversial, but in babies, the face must be treated, because transmission may occur from breastfeeding. At any time during treatment, medications should be re-applied if it is washed off i.e. after hand washing.
- If the treatment is applied by someone without scabies, this person should wear medical gloves during application.
- Patients with scabies and their close physical contacts, even without symptoms, should receive treatment at the same time. Prescriptions must be provided for all household members and sexual partners.
- After completion of treatment, patients should use fresh, clean bedding and clothing. If possible, potentially contaminated clothes and bedding should be washed at a high temperatures (>50°C) or kept in a plastic bag for up to 72 hours, because mites that are separated from the human host will die within this time period.
- The use of insecticidal powder or aerosol products should be reserved for materials or objects that cannot be washed.

Treatment of contacts

A contact is defined as someone who has had prolonged (greater than 10 minutes on any one occasion) skin-to-skin contact over the previous two months. Members of the affected household and all close contacts should be treated, even in the absence of symptoms, at the same time. All contacts need to be managed in exactly the same way as the patient; however, for most, only one treatment is needed. Only symptomatic contacts require two treatments (with permethrin 5%).

Treatment for fomites

Fomites should be treated concurrently, these include: • Underwear, clothing, towels, bed linen and personal effects such as slippers, bed jackets and dressing gowns used by the affected person in the 72 hours prior to treatment should be laundered using a hot wash cycle (>50°C) or hot tumble dried to kill the mites. • If items are unable to be laundered or hot tumble dried, place them in a plastic bag and leave them for 72 hours before airing and reusing. • Mattresses should be thoroughly vacuumed, ironed or steam cleaned, paying particular attention to the seams. • Where possible, amenities such as toilets and chairs should not be shared (until 24 hours after the first treatment). Additional environmental con-

trols, such as the use of an insecticide, are not necessary.

Follow up

- Repeat visits 2 weeks and 4 weeks after initial treatment are recommended. • Patients should be reviewed again at the end of one month to ensure that he/she is cured of scabies. This is the length of time taken for lesions to heal and in cases where there is inadequate treatment, for residual eggs and mites to reach maturity causing symptoms to reappear. Patients can be re-treated if necessary.

Challenges

Repeated continuum of the spreading and occurrence of the disease firmly devote the importance and seriousness on the value of involvement with the public health system to control the disease spread even upon proper and definite treatment to particular patients. Challenging the spread needs early intervention through notification of the disease to hold the transmission, education of first health care deliverer to notify and further re-occurrence by educating households.

It is not unusual to see the delayed diagnosis of the disease and mismanagement contribute to the spreading of scabies amidst colonies and small communities. Yet, scabies, though the burden of the disease is serious, has not been identified as a disease of notification. Thus it has not been gazetted as notifiable disease.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 17th - 23rd Jul 2021 (30th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	13	2892	0	10	0	1	0	4	0	3	3	130	0	1	0	2	0	2	1	22	0	7	0	1	47	100
Gampaha	11	1508	0	1	0	1	0	1	0	0	0	150	0	4	0	4	1	4	0	18	0	9	0	12	24	75
Kalutara	69	809	0	11	0	2	0	1	0	0	5	364	0	3	0	1	0	1	2	65	1	15	0	0	36	100
Kandy	17	434	0	17	0	1	0	2	0	2	0	94	1	28	0	1	0	0	0	29	0	12	0	18	58	100
Matale	11	98	0	12	0	4	0	0	0	0	2	57	0	5	0	1	0	0	0	12	0	1	2	134	54	100
NuwaraEliya	2	35	0	11	0	2	0	2	0	0	2	41	0	34	0	3	0	0	1	24	0	7	0	1	27	100
Galle	12	230	0	5	0	1	0	5	0	5	10	476	0	22	0	2	0	0	1	41	1	23	0	1	41	100
Hambantota	10	237	0	8	0	2	0	2	0	4	6	185	0	50	0	7	0	0	0	38	3	28	14	285	73	100
Matara	11	350	0	3	0	1	0	1	0	0	2	179	0	13	0	2	0	0	0	46	0	8	1	190	43	100
Jaffna	2	118	1	35	0	3	1	14	0	27	1	16	7	437	0	0	0	3	1	26	0	3	0	2	21	88
Kilinochchi	0	23	1	22	0	0	1	2	0	10	1	50	4	69	0	0	0	0	0	10	0	0	0	1	52	100
Mannar	1	23	0	2	0	0	0	4	0	0	0	26	0	2	0	0	0	0	0	3	0	15	0	1	41	100
Vavuniya	0	35	0	2	0	1	0	1	0	0	0	22	0	2	0	1	0	0	0	6	0	1	0	1	42	100
Mullaitivu	0	5	0	3	0	0	0	0	1	1	3	29	0	8	0	0	0	0	0	9	0	6	0	0	24	100
Batticaloa	1	2981	0	22	0	3	0	2	0	15	0	38	0	0	0	1	0	0	0	11	0	21	0	0	46	100
Ampara	2	30	0	7	0	0	0	1	0	7	1	46	0	0	0	2	0	0	0	37	0	11	0	5	60	100
Trincomalee	0	119	0	0	0	0	0	0	0	2	0	4	0	0	0	2	0	0	0	16	0	2	0	0	27	100
Kurunegala	36	749	1	15	0	3	0	0	0	3	5	213	6	20	1	2	0	2	0	39	0	76	16	253	39	100
Puttalam	7	255	0	2	0	1	0	0	0	0	0	20	0	15	0	0	0	1	0	16	1	30	0	9	41	99
Anuradhapur	5	160	0	10	0	0	0	1	0	3	3	213	0	22	0	4	0	0	0	29	0	30	8	159	26	91
Polonnaruwa	1	53	0	3	0	0	0	3	0	2	0	99	0	3	0	2	0	0	0	23	1	2	7	275	39	100
Badulla	1	156	0	9	0	0	0	1	0	0	15	237	0	34	3	22	0	0	0	32	0	14	0	15	45	100
Monaragala	2	86	0	6	0	0	0	3	0	5	5	272	0	23	4	58	0	0	0	23	1	43	1	20	50	100
Ratnapura	7	356	0	24	0	6	0	0	0	4	12	565	0	17	1	8	0	1	1	41	0	57	5	73	35	95
Kegalle	12	317	0	4	0	9	0	0	0	2	2	205	1	11	0	1	0	0	1	75	0	24	0	11	43	100
Kalmune	1	266	0	11	0	2	0	1	0	1	0	16	0	1	0	2	0	2	0	14	0	7	0	2	45	100
SRILANKA	46	12325	3	255	0	43	2	51	1	96	78	3747	19	824	9	12	1	16	8	705	8	452	54	1469	42	97

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 23rd July, 2021 Total number of reporting units 361 Number of reporting units data provided for the current week: 351 C**:-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

17th – 23rd Jul 2021 (30th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2021	Number of cases during same week in 2020	Total number of cases to date in 2021	Total number of cases to date in 2020	Difference between the number of cases to date in 2021 & 2020
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	02	01	00	00	00	00	00	00	00	03	01	31	25	24%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	01	01	00	00	00	00	00	02	01	52	107	-51.4 %
Measles	00	00	00	00	00	00	00	00	00	00	01	09	35	-74.2 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	02	03	-33.33%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	01	00	00	00	00	00	00	03	29	- 89.6 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	05	-100%
Tuberculosis	00	13	00	12	24	27	00	01	11	88	146	3173	3502	- 9.3 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.

RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

NA = Not Available

Number of Malaria Cases Up to End of July 2021,

02

All are Imported!!!

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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