



Message from Margot

Scabies outbreak response

Dear Colleagues

Situation

Please find below an important update for all staff regarding the Illawarra Shoalhaven Local Health District's response to a current outbreak of scabies.

An initial case was confirmed at Wollongong Hospital in late July and immediate steps were taken to limit transmission. To date, 11 patients and 23 staff are confirmed cases of scabies, which is impacting a number of wards at Wollongong, Shellharbour, Coledale and Bulli hospitals.

Scabies is easily transmitted and can go undetected with minimal symptoms initially. Given it has an incubation period of up to 6-8 weeks, there may now be undetected cases developing within our facilities.

Scabies is common and treatable. It is effectively managed in households, and much like headlice, can be difficult to contain especially in a hospital setting where patients are grouped together and there is a high transit level of staff between wards. We have also needed to consider the transfers between our network of services across the LHD as well as outpatients and patients who have been discharged.

I am now leading an outbreak governance team that is overseeing the significant response required to identify and treat cases and reduce the risk of ongoing transmission.

Actions

Tomorrow, Tuesday 6 August we will commence phase one of a substantial prevention action for all current inpatients and staff working in clinical areas across all ISLHD hospital sites and services. This is to ensure that any potentially undetected cases of scabies receive appropriate prophylaxis (ivermectin /permethrin) before symptoms appear.

Preventative treatment will be provided to all clinical staff and those who have close physical contact with patients, including locums, casuals, volunteers and students. This will also be provided to Patient Transport Service, NSW Ambulance and HealthShare staff.

Each ward will be allocated a treatment day, which managers will advise. This approach is based on the need to provide treatment to staff and patients simultaneously to ensure we maximise efficacy of the preventative action for the respective ward. The aim is to reduce the risk of developing symptoms, both personally and to protect the ward/facility from ongoing risk of transmission.

I strongly recommend that staff take up the preventative management (prophylaxis) as a protection mechanism for themselves, those in their households, their patients and colleagues.

NUMs/Department Managers will be responsible for ensuring all patients and staff within their clinical areas are prescribed and receive treatment on their allocated treatment day. The easiest option for staff is to collect the prophylaxis from their home ward – if this is not possible, a prophylaxis clinic will be operational at respective sites. Details of this will be provided once available.

If you do have symptoms of scabies (please see below) please notify your manager or supervisor immediately. Staff or patients with symptoms will receive more targeted treatment based on individual requirements.

What is scabies?

Scabies is a treatable skin disease caused by a tiny mite known as *Sarcoptes scabiei* that burrows under the skin, which leads to an itchy rash. Scabies is generally treated easily and effectively with no long-term complications.

Scabies can be transmitted through prolonged skin-to-skin contact or direct handling of linen. Symptoms include an itchy rash, commonly found between the fingers and in skin folds such as around wrists, armpits, buttocks, and the groin. Further information can be found on the healthdirect scabies fact sheet via the website: <https://www.healthdirect.gov.au/scabies#what-is>

Clinical Reference Group advice regarding outbreak

- The ISLHD Clinical Reference Group (CRG) would like to remind all staff who have a clinical contact role to continue using PPE as appropriate for the management of the patients.
- Please be reassured that the precautions taken by healthcare worker groups -Nursing, Wardspersons, Allied Health, Medical Officers, Hotel Services, including PPE, may be adequate to reduce the risk of transmission of the Scabies mite.
- CRG would like to remind all staff to continue to practice robust infection control principles at all times.
- All patients with a diagnosed scabies infestation or an undiagnosed itchy rash must be accommodated in a single room when able to do so.
- Staff must use contact enhanced precautions with all symptomatic patients -this is a long sleeve gown and gloves for all interactions. Staff must always adhere to the 5 moments of hand hygiene (HH) and cleaning and disinfection of all equipment with Actichlor disinfectant between every patient.

If you contract scabies in the workplace

- Staff who have a confirmed diagnosis of scabies can access workers compensation benefits to cover any lost time or treatment expenses.
- Staff with a confirmed diagnosis should email their name, stafflink number and contact details to ISLHD-workerscompensation@health.nsw.gov.au and a member of the recovery team will contact you with further information.

Additional information and contacts

There will be regular updates and communication to staff and the community as required. A dedicated page is being developed on the Intranet and the District's website where all fact sheets and other information will be available.

I will be holding two online CE Staff Open Forums today, at 1.30pm and 4pm to talk through our response to this outbreak and provide staff with the opportunity to ask any questions. A separate email will be sent shortly with the MS Teams links to these meetings.

Staff with questions or concerns, can also email: ISLHD-HealthInformation@health.nsw.gov.au Healthdirect has also been briefed on the District's scabies outbreak response and people can phone healthdirect on 1800 022 222 for 24-hour health advice.

Our planned action is a far-reaching preventative measure and I appeal to staff to take up the prophylaxis on the allocated day and to also remain vigilant for symptoms.

Kind Regards,

Margot Mains
Chief Executive

Monday, 5 August 2024

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