Ectoparasitic Infections

This is a PDF version of the following document:
Section 1: Pathogen-Based Diseases
Topic 5: Ectoparasitic Infections

You can always find the most up to date version of this document at https://www.std.uw.edu/go/pathogen-based/ectoparasitic-infections/core-concept/all.

References


Roberts LJ, Huffam SE, Walton SF, Currie BJ. Crusted scabies: clinical and immunological findings in


[PubMed Abstract] -
**Table 1. 2015 STD Treatment Guidelines: Ectoparasitic Infections**

**Treatment of Scabies**

<table>
<thead>
<tr>
<th>Recommended for Treatment of Scabies</th>
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<tbody>
<tr>
<td><strong>Permethrin 5% cream</strong></td>
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<tr>
<td>applied to all areas of the body from the neck down and washed off after 8–14 hours</td>
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<th>Recommended for Treatment of Scabies</th>
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<tr>
<td><strong>Ivermectin</strong></td>
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<td>200 ug/kg orally, repeated in 2 weeks*</td>
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<td>Note: <em>Infants and young children should be treated with permethrin.</em></td>
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<tr>
<th>Alternative for Treatment of Scabies</th>
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<tbody>
<tr>
<td><strong>Lindane (1%)</strong></td>
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<tr>
<td>1 oz of lotion or 30 g of cream applied in a thin layer to all areas of the body from the neck down and thoroughly washed off after 8 hours*</td>
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<td>Note: Infants and young children aged</td>
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Retreatment 2 weeks after the initial treatment regimen can be considered for those persons who are still symptomatic or when live mites are observed. Use of an alternative regimen is recommended for those persons who do not respond initially to the recommended treatment.