

1 December 2025



Dear Parents and Carers

re: **Scabies**

You may be aware that there has been a larger number of confirmed cases of Scabies in the local area than is usual.

More details have been provided by the UK Health Security Agency and are included on the following pages.

Here in the College we have introduced additional cleaning to help prevent the condition spreading between students.

Please be vigilant and take appropriate action if any members of your household show symptoms.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A Newton'.

**Ms A Newton**  
**Principal**



UK Health  
Security  
Agency

UK Health Security Agency South  
West

3<sup>rd</sup> Floor, 2 Rivergate  
Temple Quay, Bristol, BS1 6EH

Follaton House, Plymouth Road,  
Totnes, Devon TQ9 5NE

T +44 (0)300 303 8162

[swhpt@ukhsa.gov.uk](mailto:swhpt@ukhsa.gov.uk)

[www.gov.uk/government/organisations/uk-health-security-agency](http://www.gov.uk/government/organisations/uk-health-security-agency)

Letter to Parents/Guardians at The Spires College

1<sup>st</sup> December 2025

**Re: Scabies**

Dear parent / guardian,

We have been notified that some children in the school have reported skin rashes, which have been diagnosed by a clinician as being scabies. Scabies is caused by a small mite, which lives in the skin and is spread by prolonged or frequent contact with an infected individual. It can also be transmitted through shared towels, bed linen, clothing, and even soft furnishings, such as fabric chairs or cushions.

Scabies is infectious, but it can take up to 8 weeks for the rash to appear. If your child has or develops symptoms, i.e., an itchy rash that is worse at night or when they are hot, please see your GP and let them know that they have been a contact of someone who has scabies.

If they are diagnosed with scabies, it is important that all members of the household are also treated **at the same time**, regardless of whether they have any symptoms, as they are close contacts and at risk of developing scabies. Please ensure you seek treatment from your GP, alternatively, cream can be purchased over the counter from the pharmacy. If anyone has a skin condition, ask the doctor about appropriate treatment.

The Scabies factsheet on the following page provides more detailed information and advice on treatment. If you need any more information, please contact your GP or pharmacist, or refer to the following NHS website: <https://www.nhs.uk/conditions/scabies/>

Thank you for your cooperation.

Yours faithfully

SouthWest Health Protection Team

UK Health Security Agency

[swhpt@ukhsa.gov.uk](mailto:swhpt@ukhsa.gov.uk)

Tel: 0300 303 6162

[www.gov.uk/ukhsa](http://www.gov.uk/ukhsa). Follow us on Twitter @UKHSA



## Scabies Factsheet

### What is scabies?

Scabies is an infestation of the skin caused by the parasitic mite called *Sarcoptes scabiei*. The mites burrow under the top layer of skin and lay eggs. The body's immune system reacts to the mite's droppings and saliva resulting in an immune reaction, which produces an intense itching. Scabies is contagious, meaning it spreads from person to person through close contact.

### What are the signs and symptoms of scabies?

The most common signs and symptoms of scabies are:

- Intense itching, especially at night, that may affect most of the body or be limited to certain areas (see below)
- A rash or skin irritation that looks like red raised bumps, blisters, pimples, or brown nodules
- Mite burrows on the skin with a zigzag or "S" pattern

Common areas of infestation include:

- between the fingers
- armpits
- bends of elbows and knees
- wrists
- breasts
- buttocks
- penis and scrotum
- waist and abdomen

In infants, the head, face, neck, palms, and soles are common areas of infestation.

### 'Classical' or 'Crusted' scabies?

The usual kind of infestation is called 'classical' scabies. 'Crusted' scabies is the same infection but with many more mites, causing scaling of the skin. People with crusted scabies do not often show the usual signs and symptoms of scabies and may be misdiagnosed with psoriasis (scaly rash) or eczema (red, itchy skin). *Crusted scabies is much more contagious than classical scabies because there are more mites that can easily pass with direct skin-to-skin contact.*

### How is scabies spread?

Scabies is normally transmitted through **prolonged (approx. 10 mins or more) or frequent skin-to-skin contact** with an affected person, for example, sharing a household setting, through the provision of intimate care, or via sexual contact. Transmission through casual contact, such as a handshake or a hug, is unlikely.

Scabies can also spread through contact with the clothes, bedding, or towels of someone who has scabies.

### How long does it take before a person with scabies has symptoms?

In people that have never been infested with scabies before, symptoms (like itching and redness of the skin) usually appear 3 to 6 weeks after coming in contact with someone who has scabies and becoming infested. If a person has been infested with scabies before, they will have symptoms much sooner, usually within 1 to 4 days because previous exposure to scabies will cause an allergic reaction.



**Affected individuals do not need to exclude from school or work but should avoid close physical contact with other people until 24-hours after first treatment. If this is not possible e.g. in cases of younger children or people with reduced mental capacity, then it is recommended to exclude until 24 hours after first treatment.**

### How is scabies diagnosed?

A healthcare provider can usually diagnose scabies by looking at the mite burrows or rash on a person's skin. A skin scraping can be done to look for mites or their eggs under a microscope to confirm the diagnosis, but this is not common.

### How is scabies treated?

Cream or lotion is applied to the body **on 2 occasions, 7 days apart**. Permethrin 5% cream is first-line treatment, with malathion aqueous 0.5% if permethrin is contraindicated or not tolerated (e.g., people with an allergy to chrysanthemum or with secondary skin infections).

*Treatment is also required for all close contacts of a case, e.g. household members and sexual. **Close contacts should be treated at the same time as cases to prevent reinfestation.***

#### Application of cream

*The best time to apply treatment is before bedtime. **Do not take a bath/shower immediately prior to applying the lotion or cream as this reduces its action on the skin.** Skin must be dry and cool before cream/lotion is applied.*

1. Remove all clothing and jewellery.
2. Apply thin layer of cream to whole body – ensure skin is clean, cool, and dry.
3. Pay special attention to creases in the skin, between fingers and toes, and under nails, underarms, and groin. *Include face, scalp, and behind the ears, being careful to avoid eyes, nose, and mouth.*
4. Get help for parts of the body that you cannot reach (e.g. your back) or consider using a spatula or putting some cream on a sheet of plastic wrap and wiping over back as you do when using a towel to dry.
5. Wait for the cream to dry before putting on nightwear.
6. Apply to soles of feet last, just before getting into bed.
7. Do not put any other creams or lotions on your skin while you have the scabicide on
8. If you wash your hands, reapply the cream to the hands ensuring to put cream under the nails again.
9. Leave the cream on for 8 to 12 hours (overnight treatment will ensure this).

Remember, if you miss some skin, the mites, larva, nymphs, and eggs can survive there and reinfest you.



### Laundry and Environmental Cleaning

1. All clothes, personal textiles (e.g. slippers, facecloths, dressing gowns, throws, soft toys), towels & facecloths, and bed linen of **case and contacts that have been worn/used in the week before** should be washed at a minimum of 50°C (122°F) *the morning after* the first treatment
2. Tumble dry on a hot cycle for at least 10 minutes if possible.
3. Items that cannot be washed e.g. pillows/cushions should be placed in sealed plastic bag for 4 days
4. Normal daily cleaning regimen is sufficient to remove skin scales from the environment, but daily vacuuming is recommended until 3 days after first treatment

If someone has crusted scabies, vacuum daily until 7 days after treatment and deep clean after each treatment e.g. steam clean soft furnishings, clean touch points, vacuum mattresses.

### After Treatment

- After the first treatment you can bath or shower as normal.
- **If excluding from work or school, you can return 24 hours after the first treatment.** However, the second treatment must still be carried out.
- *It may take up to 6 weeks for the itching to stop, this does not mean treatment has failed.*
- Antihistamines may help to relieve the itching. Your doctor or pharmacist will be able to advise.
- For people whose symptoms persist for longer than 6 weeks after the last treatment application, and/or if new burrows have appeared since treatment, retreatment is advised.
- An alternative regimen is recommended unless failure to comply with previous treatment regimen or reinfestation via an untreated close contact can clearly be demonstrate

### What if you have a skin problem, such as eczema?

The lotions and cream are very gentle on the skin and are generally well tolerated. Always check with your doctor if you are in any doubt.

### What about babies, pregnant women and women who are breast-feeding?

Breastfeeding mothers should remove treatment cream or lotion from the nipples before breastfeeding and reapply treatment afterwards.

For children 0-2 years of age, treatment should only occur under medical supervision. Specialist advice should be sought (i.e. from a Paediatrician or Dermatologist) if treatment is needed for this age group

Further information can be found at [Scabies - NHS](#)