



Public Health Advisory
3/10/2026

Increased Reporting of Scabies, Head Lice and Body Lice in Adult Congregate Settings

SITUATIONAL AWARENESS SUMMARY

SITUATION: The Southern Nevada Health District (SNHD) is investigating reports of an increased number of community members affected by head lice, body lice, and scabies, particularly those within behavioral health settings and other adult congregate settings.

- Scabies (caused by a burrowing mite) and lice (head, body, or pubic) are highly contagious parasitic infestations that are transmitted via direct skin-to-skin contact or via spread of lice from infested articles.

Actions for Staff in Congregate Facilities:

- 1) **Identify:** Itching is the most common symptom for scabies and lice infestations, but it is important to note there may be a lag in symptom onset of 4 to 8 weeks in scabies and 4 to 6 weeks with lice.
 - a. A head-to-toe dermatologic exam during intake into a facility with a focus on the scalp, hair, and intertriginous areas looking for:
 - i. linear burrows (straight or serpentine raised lines best observed with a magnifying lens),
 - ii. papules or vesicles,
 - iii. nits or live lice on hair follicles.
 - b. Include a check of personal belongings and clothing, especially at the seams for lice or eggs.
 - c. Skin excoriation, sores, and secondary bacterial infections can occur from the intense itching.
 - d. The rash can mimic other dermatological conditions such as eczema, impetigo, or drug reaction.
 - e. Crusted scabies does not have the typical clinical presentation and manifests as hyperkeratotic plaques that may have fissures, generally in immunocompromised persons.
- 2) **Test:** Scabies and lice are primarily a clinical diagnosis based on symptoms, pattern of rash, exposure, and/or visualization of the parasite.
- 3) **Treat:** Treat symptomatic persons and contacts, as well as place environmental control measures to prevent transmission and reinfestation. To prevent silent transmission, all those included in the treatment schedule should be treated within the same 24-hour treatment period.
 - a. Scabies first-line treatment is topical permethrin 5% cream applied from the neck down overnight (8-14 hours), then washed off for the patient and all close contacts.
 - b. Head lice are treated with topical permethrin 1% rinse or pyrethrin-based shampoo to affected hair. Remove nits with a fine-toothed nit comb. Repeat in 9-10 days.
 - c. Environmental control includes:
 - i. Vacuuming mattresses and furniture.
 - ii. Prohibit sharing personal items without proper disinfection.
 - iii. Clothing and linens should be machine washed and dried using hot water and dryer cycles (at least 130°F).
 - iv. Comb and brushes can be soaked in hot water (at least 130°F) for 5-10 minutes.
 - v. Contact isolation precautions of symptomatic persons.
- 4) **Contact:** Call SNHD's Acute Communicable Disease Control Program for reporting clusters and outbreaks or for assistance at 702-759-1300.

For More Information:

[Public Health Strategies for Scabies Outbreaks in Institutional Settings | Scabies | CDC](#)
[Clinical Care of Scabies | Parasites - Scabies | CDC](#)

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