

WHO Action on Scabies: Outbreak in the Rohingya displacement camps

As WHO completes Rapid Community Mapping on scabies infestation in Rohingya camps, prevalence rates cross the 10% community transmission threshold. Partners are currently preparing for a broader health response.

18,505

Scabies infestations

10.2%

Average camp prevalence

113,401

Households assessed

What is scabies?

Scabies is an infestation of the skin caused by tiny mites called *Sarcoptes Scabiei*. These mites burrow and lay eggs in the skin, causing rashes and sores. Scabies infestation can be transferred through skin-to-skin contact or through contact with clothes and furnishings. Though non-lethal, scabies can cause extreme discomfort and pain as the skin reacts to the invasion. Relentless itching is a common symptom and scratching can lead to more serious skin damage, including bleeding. Scabies is particularly distressing for young people and babies.

An emerging health challenge

Due to the skin-to-skin transmission trajectory of scabies, it can become prevalent in close-quarters living environments. In the Rohingya displacement camps, infestations are treated on a case-by-case basis by camp health facilities. However, a surge in the number of scabies cases has meant that some health facilities have reported a shortage of available treatments. WHO epidemiology teams, therefore, identified scabies as a candidate for broader health action.

Planning and community mapping

In early April, WHO presented case definitions and concept notes to health partners in preparation for an assessment of scabies infestations across all 33 Rohingya camps. A total

of 81 Community Health Workers (CHW) at supervisor level were trained in scabies detection and data collection techniques. The training was then cascaded to a further 1500 CHWs. At camp level, Community Health Disease Surveillance Officers (CHDSOs) and CHW supervisors provided support to ensure assessment quality. WHO epidemiology teams gave weekly technical support and supervision alongside Community Health Working Groups and UNHCR. The survey was formed of interviewer-administered data collection and physical observation. WHO shared awareness



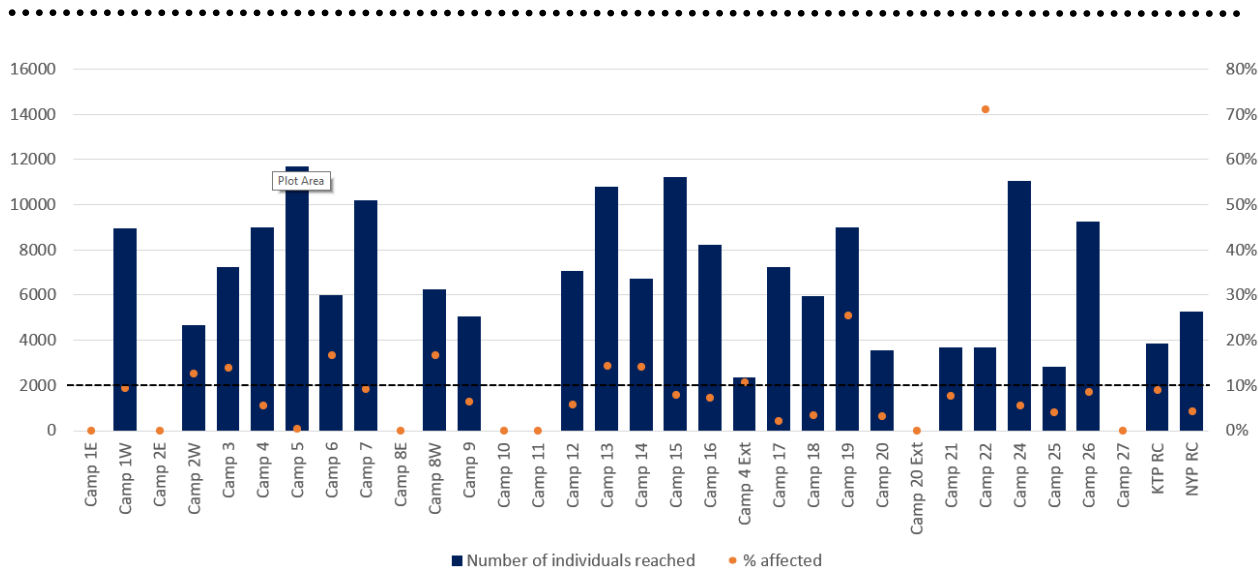
Figure 1. Child exhibiting the characteristic sores associated with scabies infection.

messages with households and scabies cases were referred to health facilities for treatment.

Preliminary findings

WHO surveyed over 113,000 households and

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Occurrence of scabies (%) infection in camps, week 15 (11-17 April 2022). CHWs visited 113,401 households and reached 180,909 individuals.

180,909 individuals. CHWs confirmed 18505 scabies cases across all camps—an average of 10.2% prevalence rate that crosses the transmission threshold for mass drug administration. Eight camps reported community transmissions over 10%, with four camps reporting borderline 10% thresholds. A further 14 camps show infestations between 5% and 10%. Data from 26 camps is currently available, with 7 more yet to report.

Control interventions

Treatments for scabies recommended by WHO include Ivermectin (contraindicated for pregnant women and children), 5% Permethrin cream, and 0.5% Malathion. Any and all scabies treatments must be administered to all household members or close contacts of the patient. The procurement process for these medicines, however, can be extensive.

Mass drug administration

WHO is currently exploring the availability of treatment supplies for mass administration of scabies treatments. Health partners will also implement risk communication and community awareness campaigns with a focus on WASH as a cost-effective control solution. WHO emphasises the need for strengthening case management and referral practices.

WHO would like to thank our key partners in delivering action on scabies, including UNHCR, IOM, PHD, Save the Children, Relief International, MSF, Hope, Friendship, GK, BRAC, RTMI and UNICEF.

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