

SPECIAL ISSUE ARTICLE

The explosion in scabies cases during COVID-19 pandemic

Dear Editor,

The COVID-19 pandemic emerged in conjunction with changes in many areas of life that need to reassessed and adjusted.¹ These changes are also reflected in dermatology outpatient and inpatient clinics.^{2,3} Recently, we reported that not number but percentages of patients with scabies, psoriasis, urticaria, and scabies-related visits to dermatology outpatient clinic increased immediately 10 days after COVID-19 pandemic.⁴ However, we observed a sudden rise in the number of scabies two months after the first case of COVID-19 in Turkey. This finding can be addressed in the context of the pandemic-related "stay-at-home" policy which is very crucial to control the outbreak. The severe clinical manifestation of scabies basically occurs after 4 to 6 weeks of the first infestation. This may be the reason why scabies is not seen in high number at the beginning of pandemic and then cause an explosion.

It is reported that the incubation period is 2 to 3 weeks on average in scabies. *Sarcoptes*, which can live for 3 days outside the body at normal room temperature, can remain infectious for up to 10 days in hyperkeratotic crusts and become very infectious.^{5,6} In this regard, there are several explanations that can be addressed increasing number of scabies-related patients during the pandemic. Firstly, the temporary workplace closure in the urban areas which are sources of the COVID-19 outbreak allowed patients to migrate from urban to rural areas where scabies can be seen as more commonly. In addition, the increasing close contact as a result of the stay at home policy might facilitate the scabies contagiousness of individuals living in the same home. Lastly, the high hospital bed turnover rate during the COVID-19 pandemic may lead to the hospital to be one of the possible sources of scabies.


In the literature, increasing number of patients with scabies during the COVID-19 pandemic has not yet been reported in European countries. The possible reason for this condition may be explained in several factors. Given Turkey's cultural structure, the lifestyle such as living in the same household with a large number of people, which has become more common due to pandemic-related temporary migration is more frequent than European countries. Furthermore, the percentage of Turkey rural-urban households is higher than in European countries, which might have contributed to the more shifting traditional rural infectious diseases to urban settings in Turkey during the COVID-19 pandemic. We should also highlight one point that many European countries confronted more severe and common coronavirus cases than in Turkey. Thus, these countries more focused on the COVID-19 cases that caused temporarily shut the doors to outpatient clinics that are not directly related to pandemic cases including dermatology outpatient departments. On the other hand, although number

of patients who requests for outpatient clinics that are not directly related to the pandemic cases decreased in Turkey, most of the hospitals continued to provide health care services in all branches of medicine including dermatology.⁴ All these factors may be a possible explanation of why Turkey has more scabies cases than European countries.

In conclusion, understanding the increasing number and impacts of scabies during pandemics will allow for better preparation of countries to fight scabies infestation which is another type of outbreak.

CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

Ömer Kutlu MD, MRCP¹ 
Habibullah Aktaş²

¹Department of Dermatology and Venereology, School of Medicine, Uşak University, Uşak Training and Research Hospital, Uşak, Turkey

²Department of Dermatology and Venereology, School of Medicine, Karabük University, Karabük, Turkey

Correspondence

Ömer Kutlu, Department of Dermatology and Venereology, School of Medicine, Uşak University, Uşak, Turkey.
Email: omerkutlu22@gmail.com

ORCID

Ömer Kutlu  <https://orcid.org/0000-0002-9665-015X>

REFERENCES

1. Rudnicka L, Gupta M, Kassir M, et al. Priorities for global health community in COVID-19 pandemic. *Dermatol Ther*. 2020. <https://doi.org/10.1111/dth.13361>.
2. Kutlu Ö, Metin A. A case of exacerbation of psoriasis after oseltamivir and hydroxychloroquine in a patient with COVID-19: will cases of psoriasis increase after COVID-19 pandemic? *Dermatol Ther*. 2020. <https://doi.org/10.1111/dth.13383>.
3. Kutlu Ö, Metin A. Dermatological diseases presented before COVID-19: are patients with psoriasis and superficial fungal infections more vulnerable to the COVID-19? *Dermatol Ther*. 2020. <https://doi.org/10.1111/dth.13509>.
4. Kutlu Ö, Güneş R, Coerd K, Metin A, Khachemoune. The effect of the "stay-at-home" policy on requests for dermatology outpatient clinic visits after the COVID-19 outbreak. *Dermatol Ther*. 2020. <https://doi.org/10.1111/dth.13581>.
5. Ünver A, Turgay N. Uyuzlu hastaya yaklaşım. *Acta Parasitol Turcica*. 2006;30(1):78-83.
6. Tarbox M, Walker K, Tan M. Scabies. *JAMA*. 2018;320(6):612.