

## The 2020 IACS Criteria for the Diagnosis of Scabies

### A: Confirmed scabies

At least one of:

- A1: Mites, eggs or faeces on light microscopy of skin samples
- A2: Mites, eggs or faeces visualized on individual using high-powered imaging device
- A3: Mite visualized on individual using dermoscopy

### B: Clinical scabies

At least one of:

- B1: Scabies burrows
- B2: Typical lesions affecting male genitalia
- B3: Typical lesions in a typical distribution and two history features

### C: Suspected scabies

One of:

- C1: Typical lesions in a typical distribution and one history feature
- C2: Atypical lesions or atypical distribution and two history features

### History features

- H1: Itch
- H2: Positive contact history

### Notes:

1. Diagnosis can be made at one of the three Levels (A, B or C)
2. A diagnosis of Clinical or Suspected scabies should only be made if other differential diagnoses are considered less likely than scabies

## Definitions for contact history for scabies transmission

**Positive contact history:** all of the following are considered high-risk for scabies transmission

1. Any contact with an individual diagnosed with crusted scabies
2. Close contact with an individual diagnosed with scabies
3. Close contact with an individual with itch that is not accounted for by another condition
4. Close contact with an individual with typical scabies lesions in a typical distribution that are not accounted for by another condition

**Close contacts are defined as any of:**

1. Individuals that sleep in the same dwelling
2. Individuals that share a bed (including sexual partners)
3. Children in the same classroom or who play closely together
4. Adults with known skin-to-skin contact:  
Examples of skin-to-skin exposures include occupational exposures (healthcare workers, residential care workers, carers and educators of children) and recreational exposures (e.g.: contact sports such as wrestling).

## Skin examination findings of scabies



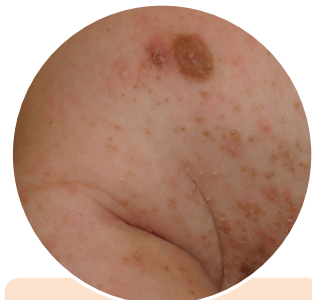
Papules over the fingers, finger web spaces and back of hand of an adult.



Papules and vesicles with excoriation on the volar wrist of a child.



Papules, vesicles and pustules with excoriations over the palm and fingers of an infant.



Widespread scabies rash in an infant. Larger nodules are seen on the torso, axilla and shoulder.



Papules over the toes, feet and ankle of an infant.



Ulcers, pustules and crust representing impetiginisation (secondary bacterial infection) of scabies lesions on the legs of a child.



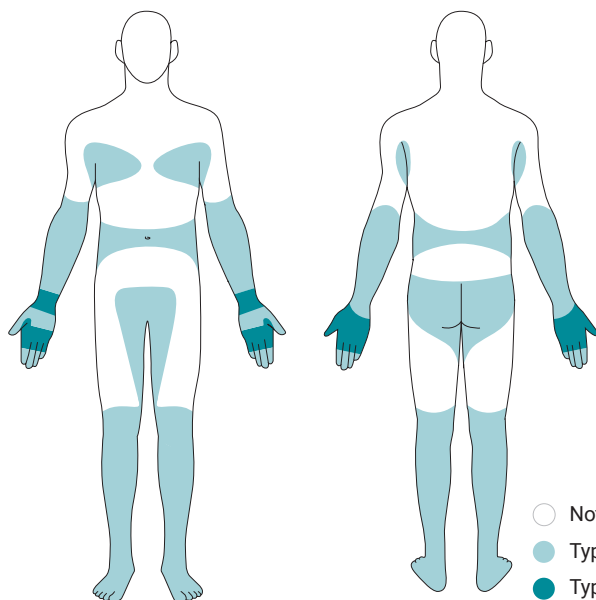
Papules and nodules on the scrotum and penis. Lesions are also seen on the groin and inner thighs.



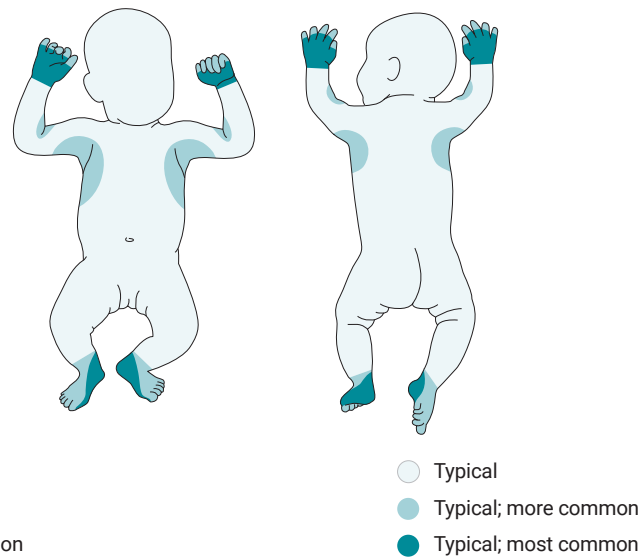
Crusted scabies with thick, yellowish scale of the right hand.

## Typical distribution of scabies lesions

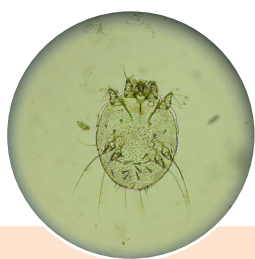
Children aged above 2 years and adults



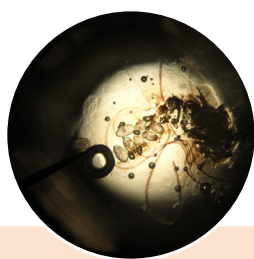
Infants less than 2 years of age



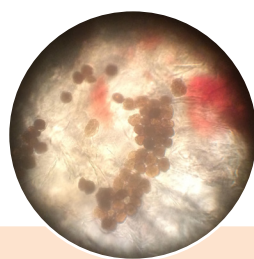
## Optical microscopy of skin scrapings for diagnosis of scabies



Female scabies mite,  
200x magnification.

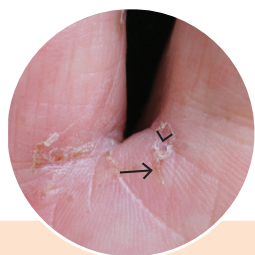


Eggs of scabies mite,  
200x magnification.

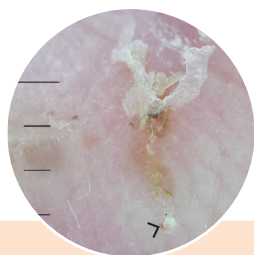


Faecal pellets (scybala) are seen  
as small oval structures,  
400x magnification.

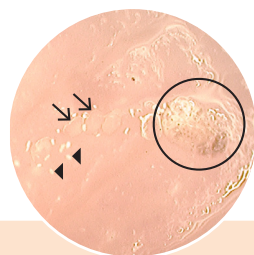
## Direct visualisation of scabies mite



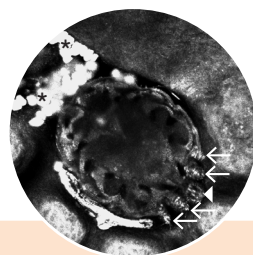
Scabies burrow on the finger  
web space (arrow), visible with  
naked eye. The V-shaped scale  
("wake sign") is visible at the top  
(arrowhead).



Visualisation of the scabies  
burrow from image 2A using dry  
dermoscopy (10x magnification).  
The open portion of the "V"  
points to the intact entrance of  
the burrow. The female scabies  
mite is seen at the distal end of  
the burrow as a brown triangular  
spot (arrowhead).



Videodermoscopy (200x  
magnification) image of a  
burrow. The oval body of the  
female scabies mite (circle), its  
eggs (arrows) and faecal pellets  
(arrowheads) are visible.



In vivo reflectance confocal  
microscopy image (field of view:  
0.75 X 0.75 mm) of the female  
mite. The oval body is visible  
within the epidermis (upper  
stratum granulosum), along with  
its head (arrowhead), anterior  
legs (arrows) and the faecal  
pellets (asterisks).