

Session: EP134 International health and parasitic diseases

**Category: 7e. Travel medicine & migrant health**

24 April 2017, 13:36 - 13:41  
EP0679

**Start from scratch: effect of a programme on scabies in asylum seekers at entry into the Netherlands**

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**Background:** Crowded conditions and poor access to health care before arrival in the Netherlands contribute to scabies outbreaks in refugee camps and asylum seeker centers during the current refugee crisis. Frequent observations of scabies and its complications in Eritrean and Ethiopian asylum seekers led to the introduction of a scabies prevention and treatment programme at the national reception centre Ter Apel in the Netherlands. Asylum seekers from Eritrea and Ethiopia were screened and treated with ivermectin and/or permethrin for scabies at entry in the Netherlands.

**Material/methods:** The objective of this study was to evaluate the epidemiology of scabies in asylum seekers and the effect of the programme on the prevalence of complicated scabies. We included all asylum seekers that received scabies treatment before start of the programme (Jan 2014- July 2015) and since the introduction of the programme (July 2015- March 2016). Demographic data as well as clinical manifestations including complications and its treatment were collected retrospectively using medical records.

**Results:** In total, 2866 asylum seekers received treatment during the study period of which 1359 asylum seekers had clinical signs of scabies. Before introduction of the programme, a relapse or reinfection occurred in 197 (42.6%) of the 462 persons with scabies. In this group, 74 (16.3%) had

complications of scabies (secondary infections, need of wound care or antibiotics). After introduction of the programme, 897 asylum seekers were diagnosed with scabies of which 579 were identified at entry of the reception centre. A relapse or reinfection occurred in 156 (26.9%) of the 579 identified with scabies in the programme. In this group with scabies at entry in the Netherlands, 63 (10.8%) had complications of scabies at presentation. The group of 318 patients who reported themselves with scabies during their stay at the asylum centre had scabies with complications in 40 (12.6%) of the cases. Of the 1683 asylum seekers who received ivermectin/permetrin as part of the programme at entry without clinical signs of scabies, 268 (15.9%) developed scabies later during their stay at the asylum centre.

Only 33 (3.7%) of the 897 asylum seekers with scabies after introduction of the programme originated from countries other than Eritrea and/or Ethiopia and therefore were not screened and treated at entry.

Clinical presentations of scabies included itch (86%), ulcerative lesions (23%), and burrows (11%). Atypical presentations of scabies signs in the face and neck were also noticed.

**Conclusions:** Scabies and its complications are common among asylum seekers at entry in the Netherlands. Interventions are needed to reduce spread in the asylum centre. The current programme had limited effect on the rate of complications once the patients had access to health care facilities. However, the programme led to a considerable decrease of relapses and reinfections.