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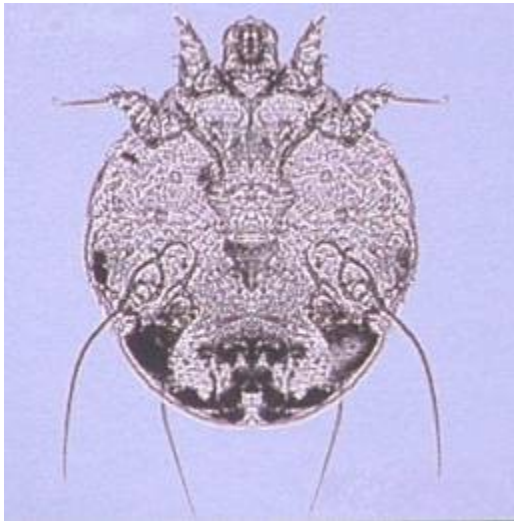
ENVIRONMENTAL SERVICES INC.



Residential Services ✧ Commercial Services ✧ Bird Solutions

Common Name: **Human itch mite; scabies**
Scientific Name: **Sarcoptes scabiei var. hominis**

HUMAN ITCH MITE



Introduction. The common name comes from the intense itching caused by these mites burrowing in the skin just below the surface, causing the skin condition commonly called scabies. Different varieties of *Sarcoptes scabiei* are specific to different mammal species and not easily transferable from one host to another. Scabies is a medical condition and should be treated by a physician. Its symptoms may be confused with those caused by other mites and/or insects. These mites are found worldwide, potentially wherever their human host is found.

Recognition. Adult human itch mites are microscopic, measuring 1/128 to 1/64 inch long. The body is broadly oval, almost round in shape, and flat. They are translucent amber to light brown in color.

Biology. Developmental stages include egg, larva, nymph, and adult. Larvae have only 3 pairs of legs. Mating probably occurs on the skin surface and the change from immature to mature female occurs after insemination. The inseminated female burrows into the horny epidermal layer of skin, which requires about an hour and then never leaves her burrow. She lays eggs singly at the rate of 1 to 3 per day over her reproductive period, which is about 2 months, for a total of about 40 to 50 eggs. She will extend her winding burrow 1/64 to 1/4 inch per day, with it usually not exceeding 1/4 to 5/8 inch in length. The life cycle (egg to egg) for females is 10 to 19 days, whereas males require 9-11 days. Less than 10% of the eggs deposited mature into adults (90% mortality). Females die within their burrow.

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The human itch mites themselves are the problem. Their burrowing causes severe itching. If the infestation occurs over a long period of time or it is a reinfestation, an allergic reaction occurs consisting of intense itching and redness or a rash over much of the body. The rash appears on many areas of the body where the mites are not located. These mites are not vectors of any disease organisms.

Habits. Both sexes as well as larvae and nymphs tend to burrow into the skin. The larvae, nymphs, and males usually make only shallow, temporary holes. Larvae and nymphs may burrow some but they spend most of their time on the skin surface or in hair follicles. Males sometimes burrow but spend most of their time on the skin surface looking for unfertilized females. Egg-laying females make the largest and longest burrows, burrowing in the folds of skin with a preference for the deeper furrows and cracks. Favorite sites include wrists, hands (between the fingers, knuckles, and palms), elbows, buttocks, back of knee, ankles, toes, penis and scrotum (males) and the underside of breasts (females); wrists and hands account for about 60-70% of infested areas.

The first month of infestation is a period of sensitization; during which people are often unaware they have a problem because there are few or no symptoms. In about 45 days, the irritation becomes severe enough to cause some loss of sleep. In about 100 days, the itching is practically continuous and almost unbearable. Secondary infections from scratching can become a problem in themselves. In case of reinfestation, severe irritation usually develops within 24 hours.

Human itch mites are usually spread from person to person, such as between people sharing the same bed. However, transmission is possible through dancing, close personal contact, and normal intimate contact between members of a family. Transmission via clothing and bedding used by an infested person almost never occurs. Conditions conducive to transmission include close bodily contact under warm conditions; these mites are essentially immobile at temperatures below 68°F.

Cultural Control & Precautionary Measures. It is important to diagnose scabies correctly. The itching and rash can be symptoms of a number of arthropod-related problems or environmental conditions; or they could be psychological. If scabies is suspected, but there is any question regarding the nature of a skin rash, a physician knowledgeable in human parasitology should be consulted.

Professional Control. The treatment for the control of scabies is a medical problem and should be done under the direction or supervision of a physician. A pest management professional is usually not required except as a possible source of helpful information.