Anguish and disgust may often be associated with having a dog diagnosed with scabies (ie, sarcoptic mange; *Sarcoptes scabiei var canis*). The dog is usually severely pruritic and uncomfortable, and there is often concern that the mite is highly communicable among dogs and may infest humans. When faced with a scabies diagnosis, consider explaining the following to clients:

**In General**
- A dog with scabies does not need to be rehomed.
- The diagnosis is actually a good thing—it provides an explanation for the dog’s discomfort, and scabies mite infestations are curable.
- To minimize environmental sources of mites, discard bedding or wash and dry it at the highest setting, and thoroughly vacuum areas frequented by the dog(s).

**Communicability**
- Transmission can occur with exposure to foxes and coyotes.
- Cats tend to be relatively resistant to *Sarcoptes scabiei var canis* infestation.
- Humans in contact with an infested dog are only sometimes affected and, when affected, are only transient hosts for the mites unless there are repeated exposures.
- The mite may persist in the environment for 6 to 21 days, although there tends to be a lesser chance of contracting the infestation from the environment or from fomites.
- Human lesions are self-limiting and usually persist for no more than a few days after successful treatment of pet(s).

**Treatment**
- Products approved for treating scabies include:
  - Topical Revolution (selamectin; zoetisus.com)
  - Advantage Multi (imidacloprid–moxidectin; bayerdvm.com)
- Effective nonlicensed avermectins include oral and injectable ivermectin and doramectin and oral moxidectin.
- These drugs should not be used in breeds with the drug toxicity-enhancing mutant *ABCB1* gene, including collies, Shetland sheepdogs, Australian shepherd dogs, German shepherd dogs, Old English sheepdogs, and related crossbreeds.
- Other effective nonlicensed treatments include oral milbemycin, fipronil spray, 2%-4% lime sulphur or amitraz dips, and oral fluralaner.
- Because scabies is communicable, all dogs in the household—even those with no clinical signs—should be treated. Subclinical carriers are possible.
  - Response to therapy is usually rapid, with significant improvement noted within 1 to 2 weeks and cures established in 4 to 6 weeks.
  - Affected dogs should not be allowed access to places with other dogs (eg, dog parks, dog day care centers, grooming parlors) until the condition is cured.
- Environmental therapy (flea therapies) are only occasionally warranted (ie, if there are very large numbers of mites or mites on multiple dogs).

**References**