

# Parasitic Skin Infections

CHI Formulary Treatment algorithm



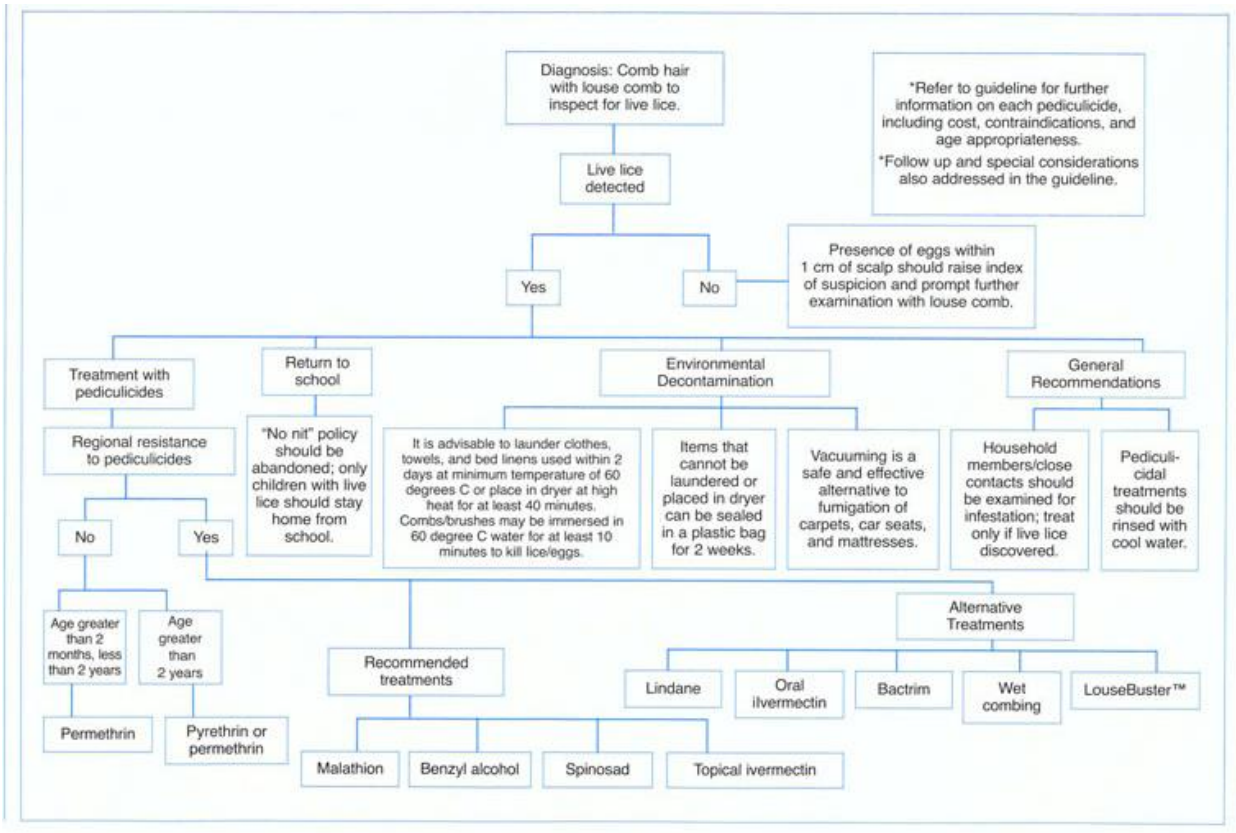
Treatment algorithm – January 2024

Supporting treatment algorithms for  
the clinical management of Parasitic  
Skin Infections

Figures 1 to 3 outline comprehensive treatment algorithms for children and adults **Parasitic Skin Infections**, respectively, aimed at addressing the different lines of treatment after thorough review of medical and economic evidence by CHI committees.

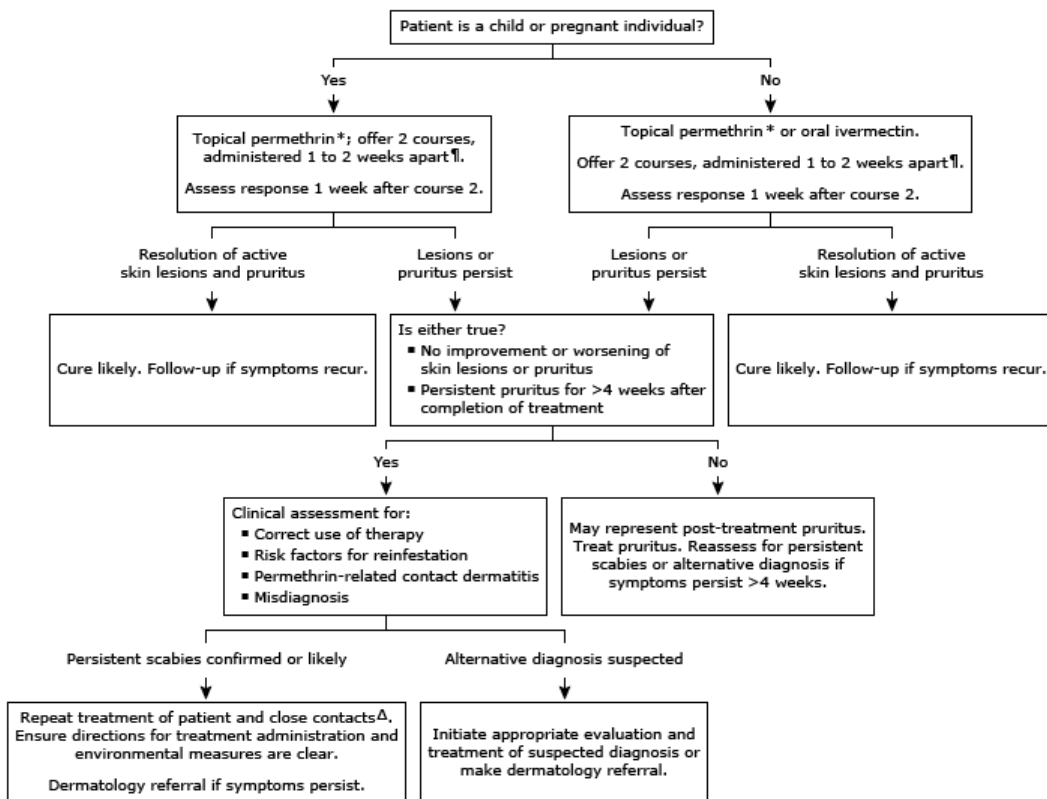
For further evidence, please refer to CHI **Parasitic Skin Infections** full report. You can stay updated on the upcoming changes to our formulary by visiting our website at <https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx>

Our treatment algorithm offers a robust framework for enhancing patient care and optimizing treatment outcomes across a range of treatment options, holding great promise for improving healthcare delivery.



**Figure 1: Clinical algorithm for the Treatment and Management of Head Lice**

<sup>1</sup> Brittany Bohl JEKMAR and ES. Clinical practice update: Pediculosis capitis - Document - Gale Academic OneFile. Published 2015. Accessed December 7, 2023. <https://go.gale.com/ps/i.do?p=AONE&u=googlescholar&id=GALE|A433385826&v=2.1&it=r&sid=AONE&asid=fb648086>



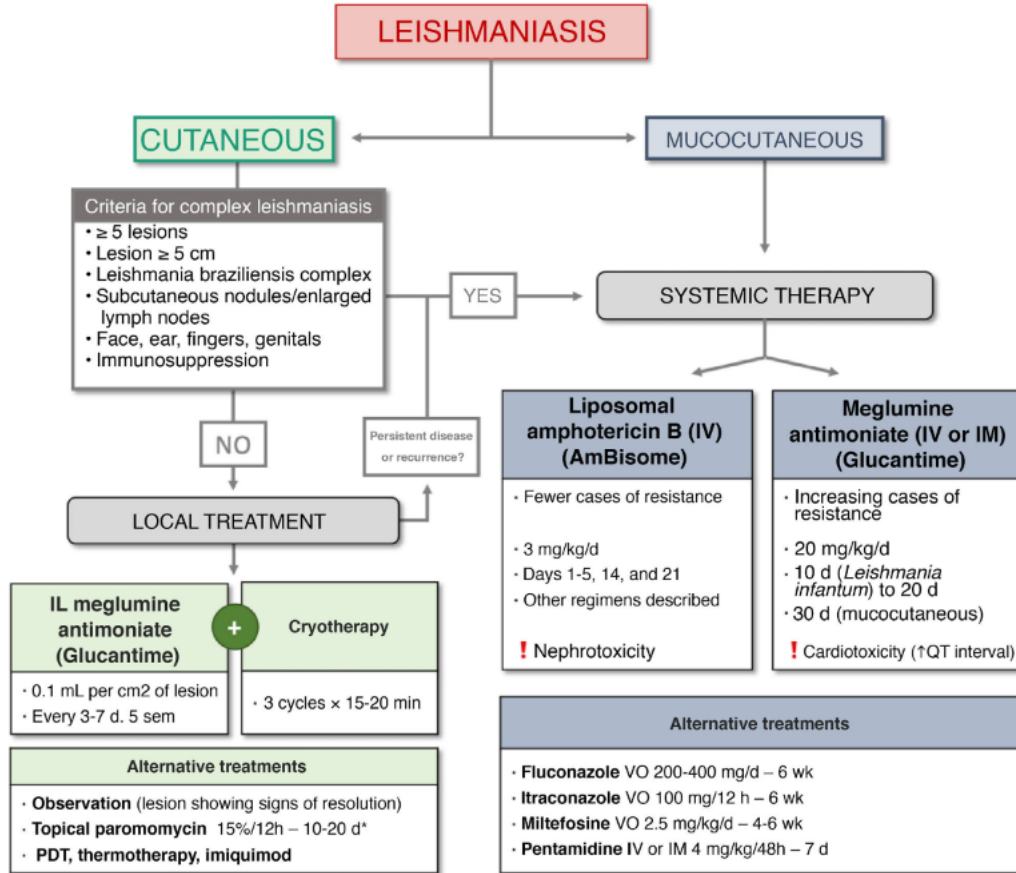
\* Alternative topical therapies include benzyl benzoate, precipitated sulfur, topical ivermectin, and spinosad. These therapies have not been proven more effective than permethrin and are primarily used when permethrin therapy is not feasible. Refer to additional UpToDate content for details on preferred alternatives for children and pregnant individuals. Use of lindane has fallen out of favor due to risk for systemic toxicity.

¶ Repeating treatment is generally considered to improve efficacy. However, superiority of 2 applications of permethrin versus 1 application of permethrin has not been proven.

Δ The best approach to retreatment has not been established. We typically switch to another first-line therapy (eg, from permethrin to oral ivermectin) or treat with permethrin or ivermectin simultaneously.

**Figure 2: Treatment of classic scabies in the community setting of adults and children at least 2 months of age**

<sup>2</sup> UpToDate. Treatment of classic scabies in the community setting - UpToDate. Published 2023. Accessed December 7, 2023. [https://www.uptodate.com/contents/image?rank=1~54&source=graphics\\_search&imageKey=DERM%2F134337&search=scabies%20treatment](https://www.uptodate.com/contents/image?rank=1~54&source=graphics_search&imageKey=DERM%2F134337&search=scabies%20treatment)



3

**Figure 3: Treatment algorithm for cutaneous and mucocutaneous leishmaniasis**

I.L. indicates intralesional; IM, intramuscular; IV, intravenous; PDT, photodynamic therapy; VO, oral.

\*foreign medication.

<sup>3</sup> I. Abadías-Granado ADPACAMPRYG. Cutaneous and Mucocutaneous Leishmaniasis. Published 2021. Accessed December 7, 2023. <https://www.actasdermo.org/es-pdf-S1578219021001712>