

APPENDIX 1: LIST OF SEARCH TERMS

Table 1. List of terms used to search Medline database.

	Search Term	Results
1	Scabies/	3838
2	Scabies.mp.	5294
3	(sarcoptic mange or sarcoptes scabiei).mp.	1492
4	or/1-3	5556
5	(etiolog\$ or aetiolog\$ or cause\$).mp.	5320374
6	exp Diagnosis/	9347770
7	(diagnos\$ or clinical feature\$ or symptom\$).mp.	6719374
8	exp Therapeutics/	5211638
9	(therap\$ or treat\$ or regimen or regimens or manag\$ or personal hygiene or laundering or prevent\$ or control\$ or transmission or transmitted or effectiveness or efficacy or evidence or grade\$ or resistan\$).mp.	17465111
10	Permethrin/	2517
11	Permethrin.mp.	4414
12	Ivermectin/	7486
13	Ivermectin.mp.	10051
14	Malathion/	2465
15	Malathion.mp.	4410
16	spinosad.mp.	1022
17	crotamiton.mp.	188
18	Hexachlorocyclohexane/	4804
19	Hexachlorocyclohexane.mp.	5812
20	lindane.mp.	2779
21	benzyl benzoate.mp.	608
22	sulphur ointment.mp.	6
23	sulfur ointment.mp.	25
24	“drug-related side effects and adverse reactions”/ or drug hypersensitivity/ or drug eruptions/	74425
25	(side effect\$ or adverse effect\$ or adverse drug reaction\$ or adverse reaction\$ or hypersensitiv\$ or drug eruption\$ or complication\$).mp.	5391350
26	((treatment\$ or therap\$) adj2 reaction\$).mp.	3713

	Search Term	Results
27	(fail\$ or resistan\$ or persisten\$).mp.	3052155
28	(anogenital or anal or anus or perianal or peri-anal or genital\$ or penile or penis or vulva or vulval or vaginal or vagina).mp.	374872
29	((sexual\$ or sex) adj3 (“caused by” or encounter\$ or transmitted or transmission or acquire\$ or act\$)).mp.	88584
30	(sexual adj3 (etiolog\$ or aetiolog\$ or cause\$)).mp.	1874
31	(STI or STIs or STD or STDs).mp.	28129
32	et.fs. and sexual\$.mp.	26657
33	Contact Tracing/	6201
34	Contact Tracing.mp.	8898
35	(follow-up or follow up or following up or advice or advising or further investigation\$).mp.	1755124
36	Child Abuse, Sexual/	11027
37	Rape/ and exp Child/	1210
38	((child\$ or boy\$ or girl\$ or baby or babies or infant\$ or infancy or school aged) adj3 (sexual\$ abuse\$ or molestation\$ or sexual molestation\$ or sexually molested or abused sexually or	8848
39	(sexual child abuse or sexual child molestation).mp.	92
40	(p?ediatric adj3 (sexually transmitted or STI or STIs or STD or STDs)).mp.	25
41	(et or dt or th or di or pc or ae or co).fs.	10319837
42	Pregnancy/	984498
43	pregnan\$.mp.	1129323
44	Breast Feeding/	43620
45	breastfeeding.mp.	34794
46	breast feeding.mp.	49337
47	exp hiv infections/ or hiv seropositivity/	315031
48	hiv/ or hiv-1/ or hiv-2/	107405
49	hiv.mp.	400632
50	(recommend\$ or audit\$ or further research).mp.	1174627
51	or/5-50	25415465
52	4 and 51	4764
53	Epidemiology/	12576
54	(“total number of cases” or outbreak\$ or epidemiology or epidemic or public health or	2630188
55	population side) mp or/53-54	2630188
56	exp United Kingdom/	389810

	Search Term	Results
57	(UK or united kingdom or britain or england or scotland or northern ireland or wales).mp.	526092
58	or/56-57	542271
59	55 and 58	123383
60	4 and 59	81
61	52 or 60	4772
62	limit 61 to yr="2015 -Current"	1453
63	exp animals/	26414779
64	humans/	21287249
65	63 not 64	5127530
66	62 not 65	1263
67	Randomized Controlled Trials as Topic/	162364
68	randomized controlled trial/	594019
69	Random Allocation/	106932
70	Double Blind Method/	175348
71	Single Blind Method/	32748
72	clinical trial/	538101
73	clinical trial, phase i.pt.	24929
74	clinical trial, phase ii.pt.	39731
75	clinical trial, phase iii.pt.	21749
76	clinical trial, phase iv.pt.	2417
77	controlled clinical trial.pt.	95326
78	randomized controlled trial.pt.	594019
79	multicenter study.pt.	334443
80	clinical trial.pt.	538101
81	exp Clinical Trials as topic/	382542
82	or/67-81	1564609
83	(clinical adj trial\$.tw.	475607
84	((singl\$ or doubl\$ or treb\$ or tripl\$) adj (blind\$3 or mask\$3)).tw.	197181
85	PLACEBOS/	35929
86	placebo\$.tw.	246474
87	randomly allocated.tw.	36222

	Search Term	Results
88	(allocated adj2 random\$.tw.	39975
89	or/83-88	779141
90	82 or 89	1908585
91	case report.tw.	395006
92	letter/	1218891
93	historical article/	369327
94	or/91-93	1964305
95	90 not 94	1866030
96	66 and 95	71
97	Meta-Analysis as Topic/	22352
98	meta analy\$.tw.	268755
99	metaanaly\$.tw.	2566
100	Meta-Analysis/	181972
101	(systematic adj (review\$1 or overview\$1)).tw.	288009
102	exp Review Literature as Topic/	22522
103	or/97-102	451837
104	cochrane.ab.	132699
105	embase.ab.	152210
106	(psychlit or psyclit).ab.	917
107	(psychinfo or psycinfo).ab.	58024
108	(cinahl or cinhal).ab.	45548
109	science citation index.ab.	3765
110	bids.ab.	665
111	cancerlit.ab.	638
112	or/104-111	242852
113	reference list\$.ab.	22050
114	bibliograph\$.ab.	22439
115	hand-search\$.ab.	8535
116	relevant journals.ab.	1351
117	manual search\$.ab.	6003
118	or/113-117	54224

	Search Term	Results
119	selection criteria.ab.	35929
120	data extraction.ab.	32136
121	119 or 120	65403
122	Review/	3161206
123	121 and 122	34779
124	Comment/	1009752
125	Letter/	1218891
126	Editorial/	651880
127	animal/	7283290
128	human/	21287249
129	127 not (127 and 128)	5093573
130	or/124-126,129	7182725
131	103 or 112 or 118 or 123	539699
132	131 not 130	513804
133	66 and 132	41
134	96 or 133	102

Table 2. List of terms used to search Embase database.

	Search Term	Results
1	scabies/	6744
2	scabies.mp.	7674
3	(sarcoptic mange or sarcoptes scabiei).mp.	2086
4	or/1-3	8189
5	(etiolog\$ or aetiolog\$ or cause\$).mp.	6273815
6	exp diagnosis/	7883893
7	(diagnos\$ or clinical feature\$ or symptom\$).mp.	9157319
8	exp Therapy/	10305598
9	(therap\$ or treat\$ or regimen or regimens or manag\$ or personal hygiene or laundering or prevent\$ or control\$ or transmission or transmitted or effectiveness or efficacy or evidence or grade\$ or resistan\$).mp.	26332281
10	permethrin/	6790
11	Permethrin.mp.	7751

	Search Term	Results
12	ivermectin/	16383
13	ivermectin.mp.	17316
14	malathion/	6031
15	malathion.mp.	6925
16	spinosad/	859
17	spinosad.mp.	1200
18	crotamiton/	819
19	crotamiton.mp.	848
20	hexachlorocyclohexane/	2727
21	Hexachlorocyclohexane.mp.	5253
22	lindane/	7628
23	lindane.mp.	8454
24	benzyl benzoate/	1619
25	benzyl benzoate.mp.	1798
26	sulphur ointment.mp.	13
27	sulfur ointment.mp.	22
28	exp adverse drug reaction/ or exp drug hypersensitivity/ or exp drug eruption/	637155
29	(side effect\$ or adverse effect\$ or adverse drug reaction\$ or adverse reaction\$ or hypersensitiv\$ or drug eruption\$ or complication\$).mp.	5244702
30	((treatment\$ or therap\$) adj2 reaction\$).mp.	5413
31	(fail\$ or resistanc\$ or persisten\$).mp.	4520952
32	(anogenital or anal or anus or perianal or peri-anal or genital\$ or penile or penis or vulva or vulval or vaginal or vagina).mp.	652558
33	((sexual\$ or sex) adj3 (“caused by” or encounter\$ or transmitted or transmission or acquire\$ or act\$)).mp.	124942
34	(sexual adj3 (etiolog\$ or aetiolog\$ or cause\$)).mp.	2830
35	(STI or STIs or STD or STDs).mp.	46004
36	et.fs. and sexual\$.mp.	30183
37	contact tracing/	8697
38	contact tracing.mp.	5108
39	(follow-up or follow up or following up or advice or advising or further investigation\$).mp.	2819424
40	child sexual abuse/	11042
41	rape/ and exp child/	1130

	Search Term	Results
42	((child\$ or boy\$ or girl\$ or baby or babies or infant\$ or infancy or school aged) adj3 (sexual\$ abuse\$ or molestation\$ or sexual molestation\$ or sexually molested or abused sexually or	16664
43	(sexual child abuse or sexual child molestation).mp.	135
44	(p?ediatric adj3 (sexually transmitted or STI or STIs or STD or STDs)).mp.	40
45	(et or dt or th or di or pc or ae or co).fs.	10325683
46	exp pregnancy/	773630
47	pregnan\$.mp.	1109311
48	breast feeding/	65846
49	breastfeeding.mp.	44503
50	breast feeding.mp.	71591
51	human immunodeficiency virus/	138067
52	exp human immunodeficiency virus 1/ or exp human immunodeficiency virus 2/	88892
53	hiv.mp.	470646
54	(recommend\$ or audit\$ or further research).mp.	1719815
55	or/5-54	31981643
56	4 and 55	7563
57	epidemiology/	241771
58	("total number of cases" or outbreak\$ or epidemiology or epidemic or public health or population wide).mp.	2236105
59	or/57-58	2236105
60	exp United Kingdom/	462857
61	(UK or united kingdom or britain or england or scotland or northern ireland or wales).mp.	858332
62	or/60-61	858332
63	59 and 62	101330
64	4 and 63	85
65	56 or 64	7571
66	limit 65 to yr="2015 -Current"	2955
67	limit 66 to human	2384
68	clinical trial/	1077325
69	randomized controlled trial/	788089
70	controlled clinical trial/	469369
71	multicenter study/	379220

	Search Term	Results
72	Phase 3 clinical trial/	69908
73	Phase 4 clinical trial/	5476
74	exp RANDOMIZATION/	99633
75	Single Blind Procedure/	52064
76	Double Blind Procedure/	211017
77	Crossover Procedure/	75382
78	PLACEBO/	403966
79	randomi?ed controlled trial\$.tw.	328184
80	rct.tw.	53916
81	(random\$ adj2 allocat\$).tw.	54879
82	single blind\$.tw.	31834
83	double blind\$.tw.	245788
84	((treble or triple) adj blind\$).tw.	1910
85	placebo\$.tw.	369066
86	Prospective Study/	880574
87	or/68-86	2956785
88	Case Study/	98993
89	case report.tw.	535754
90	abstract report/ or letter/	1319676
91	Conference.pt.	5555505
92	Conference abstract.pt.	4776805
93	Editorial.pt.	778639
94	Letter.pt.	1307108
95	Note.pt.	943388
96	or/88-95	9133532
97	87 not 96	2084258
98	67 and 97	165
99	exp Meta Analysis/	296945
100	((meta adj analy\$) or metaanalys\$).tw.	359953
101	(systematic adj (review\$1 or overview\$1)).tw.	364833
102	or/99-101	588506
103	cancerlit.ab.	758

	Search Term	Results
104	cochrane.ab.	175850
105	embase.ab.	198680
106	(psychlit or psyclit).ab.	1019
107	(psychinfo or psycinfo).ab.	57974
108	(cinahl or cinhal).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating	57300
109	science citation index.ab.	4409
110	bids.ab.	854
111	or/103-110	304730
112	reference lists.ab.	24235
113	bibliograph\$.ab.	29292
114	hand-search\$.ab.	10607
115	manual search\$.ab.	7216
116	relevant journals.ab.	1620
117	or/112-116	65880
118	data extraction.ab.	40874
119	selection criteria.ab.	45596
120	118 or 119	83732
121	review.pt.	3105513
122	120 and 121	38615
123	letter.pt.	1307108
124	editorial.pt.	778639
125	animal/	1609903
126	human/	25414907
127	125 not (125 and 126)	1180818
128	or/123-124,127	3248270
129	102 or 111 or 117 or 122	694180
130	129 not 128	676604
131	67 and 130	64
132	98 or 131	215

Table 3. List of terms used to search Cochrane Central Register of Controlled Trials and Cochrane Database of Systemic Reviews.

	Search Terms	Results
1	MeSH descriptor: [Scabies] explode all trees	132
2	Scabies	303
3	"sarcoptic mange" or "sarcoptes scabiei"	34
4	{or #1-#3}	304
5	etiolog* or aetiolog* or cause*	231372
6	MeSH descriptor: [Diagnosis] explode all trees	443952
7	diagnos* or clinical NEXT feature* or symptom*	490640
8	MeSH descriptor: [Therapeutics] explode all trees	410490
9	therap* or treat* or regimen or regimens or manag* or "personal hygiene" or laundering or prevent* or control* or transmission or transmitted or effectiveness or efficacy or evidence or grade* or resistan*	2036439
10	MeSH descriptor: [Permethrin] this term only	208
11	Permethrin	444
12	MeSH descriptor: [Ivermectin] this term only	556
13	Ivermectin	1008
14	MeSH descriptor: [Malathion] this term only	30
15	Malathion	82
16	spinosad	21
17	crotamiton	28
18	MeSH descriptor: [Hexachlorocyclohexane] this term only	31
19	Hexachlorocyclohexane	38
20	lindane	55
21	"benzyl benzoate"	67
22	"sulphur ointment"	19
23	"sulfur ointment"	19
24	MeSH descriptor: [Drug-Related Side Effects and Adverse Reactions] this term only	1972

	Search Terms	Results
25	MeSH descriptor: [Drug Hypersensitivity] this term only	699
26	MeSH descriptor: [Drug Eruptions] this term only	424
27	side NEXT effect* or adverse NEXT effect* or "adverse drug" NEXT reaction* or adverse NEXT reaction* or hypersensitiv* or drug NEXT eruption* or complication*	495200
28	(treatment* or therap*) NEAR/2 reaction*	2466
29	fail* or resistan* or persisten*	259079
30	anogenital or anal or anus or perianal or peri-anal or genital* or penile or penis or vulva or vulval or vaginal or vagina	40012
31	(sexual* or sex) NEAR/3 ("caused by" or encounter* or transmitted or transmission or acquire* or act*)	8436
32	sexual NEAR/3 (etiolog* or aetiolog* or cause*)	266
33	STI or STIs or STD or STDs	6511
34	MeSH descriptor: [] explode all trees and with qualifier(s): [etiology - ET]	87201
35	sexual*	26169
36	#34 and #35	1137
37	MeSH descriptor: [Contact Tracing] this term only	129
38	"Contact Tracing"	239
39	follow-up or "follow up" or "following up" or advice or advising or further NEXT investigation*	319565
40	MeSH descriptor: [Child Abuse, Sexual] this term only	245
41	MeSH descriptor: [Rape] this term only	157
42	MeSH descriptor: [Child] explode all trees	77899
43	#41 and #42	17
44	(child* or boy* or girl* or baby or babies or infant* or infancy or "school aged") NEAR/3 (sexual* NEXT abuse* or molestation* or sexual NEXT molestation* or "sexually molested" or "abused sexually" or rape* or sexual* NEXT assault*)	521
45	"sexual child abuse" or "sexual child molestation"	2
46	(pediatric or paediatric) NEAR/3 (sexually NEXT transmitted or STI or STIs or STD or STDs)	4
47	MeSH descriptor: [] explode all trees and with qualifier(s): [adverse effects - AE, drug therapy - DT, therapy - TH, diagnosis - DI, prevention & control - PC, etiology - ET, complications - CO]	549799

	Search Terms	Results
48	MeSH descriptor: [Pregnancy] this term only	30022
49	pregnan*	85052
50	MeSH descriptor: [Breast Feeding] this term only	2633
51	breastfeeding or "breast feeding"	10248
52	MeSH descriptor: [HIV Infections] explode all trees	15949
53	MeSH descriptor: [HIV Seropositivity] this term only	863
54	MeSH descriptor: [HIV] explode all trees	3745
55	hiv	32234
56	recommend* or audit* or "further research"	120322
57	{or #5-#33}	2036505
58	{or #36-#40}	320539
59	{or #43-#56}	705763
60	{or #57-#59}	2036527
61	#4 and #60	304
62	MeSH descriptor: [Epidemiology] this term only	296
63	"total number of cases" or outbreak* or epidemiology or epidemic or "public health" or "population wide"	117211
64	{or #62-#63}	117211
65	MeSH descriptor: [United Kingdom] explode all trees	9379
66	UK or "united kingdom" or britain or england or scotland or "northern ireland" or wales	136901
67	#33and #66	137122
68	#64 and #67	15453
69	#4 and #68	14
70	#61 or #69 with Cochrane Library publication date Between Jan 2015 and Jul 2023, in Cochrane Reviews, Cochrane Protocols, Trials	197

APPENDIX 2: GRADE SYSTEM FOR ASSESSING EVIDENCE

Introduction:

There has been a general move to using the GRADE system by many guideline producing bodies in recent years and the BMJ published a series of papers about the method in 2008 ^{1,2,3,4,5,6}.

The GRADE system applied in its purest form requires scientific analyses of evidence to produce “tables” from a series of “PICO” questions: Questions that identify the patient problem or population (P), intervention (I) (or aetiology/diagnosis/frequency/prognosis), comparison (C) and outcome(s) (O). Practically this is very labour intensive and requires someone very experienced in this area, and many large guideline writing bodies employ a scientist to do this for them. However, some bodies adapt the GRADE system according to their own needs, assess the evidence in the way they have done in the past, and then make strengths of recommendations according to the GRADE system, which when applied in this way is quite simple to do and understand. BASHH have adopted GRADE to use in this manner.

The principles of GRADE:

1. Assessment of the evidence

GRADE offers four levels of evidence quality: high, moderate, low, and very low, with randomised trials classed as high-quality evidence and observational studies as low-quality evidence. Quality may be downgraded because of limitations in study design or implementation, imprecision of estimates (wide confidence intervals), variability in results, indirectness of evidence, or publication bias. Quality may be upgraded because of a very large magnitude of effect, a dose-response gradient, and if all plausible biases would reduce an apparent treatment effect.

¹ Guyatt GH, Oxman AD, Vist G, et al; GRADE Working Group. BMJ 2008; 336:924-926.

² Guyatt GH, Oxman AD, Kunz R, et al; GRADE Working Group. BMJ 2008; 336(7651):995-8.

³ Schünemann HJ, Oxman AD, Brozek J, et al; GRADE Working Group. BMJ 2008; 336(7653):1106-10.

⁴ Guyatt GH, Oxman AD, Kunz R, et al; GRADE Working Group. BMJ 2008; 336(7654):1170-3.

⁵ Guyatt GH, Oxman AD, Kunz R, et al; GRADE Working Group. BMJ 2008; 336(7652):1049-51.

⁶ Jaeschke R, Guyatt GH, Dellinger P, et al; GRADE working group. BMJ 2008; 337:a744.

Summary of factors affecting quality of evidence:

Study limitations	Imprecision	Large magnitude of effect
Inconsistency of results	Publication bias	Dose-response gradient
Indirectness of evidence	Factors that might increase quality of evidence	Plausible confounding, which would reduce a demonstrated effect

Based on the analysis of the evidence with these factors borne in mind the evidence should be graded as follows:

A	A body of evidence of high-quality meta-analyses, systematic reviews of and RCTs directly applicable to the target population
B	As above but relating to high quality case control or cohort studies with low risk of bias or confounding and high probability that a relationship is causal
C	As B but trials may have some flaws
D	Non-analytic evidence (e.g. case reports or series or expert opinion)

However, when reviewing evidence graded A-D as above the grading can be altered follows:

- The strength of recommendation should be higher if the following apply:
 - A large effect of an intervention is demonstrated.
 - Dose response/evidence of gradient.
 - All plausible confounding would reduce a demonstrated effect or would suggest a spurious effect when results show no effect.
- Lower if there is evidence of:
 - Serious/very serious study limitations
 - Inconsistency
 - Indirectness
 - Imprecision
 - Publication bias
 - Study limitations
 - Inconsistency of results
 - Indirectness of evidence

- Imprecision
- Publication bias

2. Formulating recommendations

There are only two strengths of recommendation, which may be either for or against an intervention: 1 = strong or 2 = weak. Pragmatically, this means the following:

- Strong recommendation for intervention:

For patients — Most people in this situation would want the recommended course of action and only a small proportion would not.

For clinicians — Most people should receive the intervention.

For quality monitors — Adherence to this recommendation could be used as a quality criterion or performance indicator. If clinicians choose not to follow such a recommendation, they should document their rationale.

- Weak recommendation for intervention:

For patients — Most people in this situation would want the suggested course of action, but many would not.

For clinicians — Examine the evidence or a summary of the evidence yourself and be prepared to discuss that evidence with patients, as well as their values and preferences.

For quality monitors — Clinicians' discussion or consideration of the pros and cons of the intervention, and their documentation of the discussion, could be used as a quality criterion.

- No specific recommendation:
 - The advantages and disadvantages are equivalent.
 - The target population has not been identified.
 - Insufficient evidence on which to formulate a recommendation.

3. Consideration of using PICO

This may be helpful if guideline writing committee wish to utilise this method, this is explained in the NICE guideline manual; chapter 4:6.

Patients/population	Which patients or population of patients are we interested in? How can they be best described? Are there subgroups that need to be considered?
Intervention	Which intervention, treatment or approach should be used?
Comparison	What is/are the main alternative/s to compare with the intervention?
Outcome	What is really important for the patient? Which outcomes should be considered, such as intermediate or short-term measures; mortality; morbidity and treatment complications; rates of relapse; late morbidity and readmission; return to work, physical and social functioning? Should other measures such as quality of life, general health status and costs be considered?

4. Consideration of costs

These may or may not legitimately be included in the GRADE system, but it would be sensible in the current climate to always consider these, and if they are not considered this should be stated and why – for example, there is no significant difference in cost between the recommended treatments.

Generally speaking, GRADE suggests a balance sheet should inform judgments about whether the net benefits are worth the incremental costs. Evidence profiles should always present resource use, not just monetary values.

5. Using the GRADE grid to resolve differences:

This supports the Delphi technique we already adopt, i.e. to develop a consensus within the group.

6. GRADE training for BASHH guideline authors

Authors need to be familiar and confident in using the GRADE system, and training for this is available as follows:

- The papers from the BMJ series in 2008, as listed in the introduction to this appendix. The articles can be accessed through the grade working group web site at: <http://www.gradeworkinggroup.org/publications/index.htm>

- McMaster GRADE online modules: these have been recommended by the GRADE working group and take about 20 minutes each to complete. The web address is: <http://cebgrade.mcmaster.ca/>
- Journal of Clinical Epidemiology 2011: published a 20-part series that is available through the GRADE working group website (link above).

Summary:

BASHH have now moved to the GRADE system for evaluating evidence and making recommendations by asking guideline authors and reviewers to apply the principles outlined in sections 1-3 above. Authors should consider structuring their analysis of evidence into PICO questions addressing Population / Intervention / Comparison / Outcome as stated in section 4. Costs should be included in the evaluation and formulation of recommendations as stated in section 5. When resolution of conflicting opinions is required, the GRADE grid should be used. This appendix is a brief summary of the GRADE system how it is to be adopted by BASHH guideline authors.

APPENDIX 3: EQUALITY IMPACT ASSESSMENT TABLE

BASHH Guideline Equality Impact Assessment <i>(based on NICE documentation shared with BASHH August 2019)</i>				
Guidance title: BASHH Guidelines for the Management of Scabies in Adults 2025		Completed by: Lewis Haddow		Date: 08/07/2024
How relevant is the topic to equality?	Inequalities in health impact of the condition or public health issue	Potential of guidance to add value	Priority for NHS or other government department	Topic relevance; conclusions and outcomes
	• Prevalence and impact of condition or public health problem • Prevalence of risk factors	• Inequalities in access, uptake or impact • Timeliness • Equality issues identified by proposers of the topic • Equality issues identified by patient or lay organisations	• Department of Health or other centralised NHS bodies such as NHS England • Local authorities • Home Office • Other agencies	• If equality issues had impact on the guidance summarise these impacts
Sex/gender	More men than women attend sexual health services with scabies but the population rates of scabies in different genders is unknown	No anticipated potential of guidance to add value in this context	Nil	Nil
Race	The intersection between race and risk of scabies is unknown	n/a	n/a	Nil
Disability	Some people with disabilities may be more at risk of scabies	Guidance may help with better diagnosis, management, and contact treatment for people with relevant disabilities	UKHSA has published guidance that may be relevant, in relation to scabies outbreaks in closed (institutional) settings	Remarks are made in the description of scabies to reflect the differences in risk factors for some people with disabilities

BASHH Guideline Equality Impact Assessment*(based on NICE documentation shared with BASHH August 2019)*

Guidance title: BASHH Guidelines for the Management of Scabies in Adults 2025		Completed by: Lewis Haddow		Date: 08/07/2024
Age	People with scabies who attend sexual health services are most likely to be younger adults (age 18-40), although in other clinical settings there may be a preponderance towards older people (over 65)	No anticipated potential of guidance to add value in this context	n/a	Nil
Sexual orientation	The intersection between sexual orientation and risk of scabies is not known	n/a	n/a	Nil
Gender reassignment	The risk of scabies in people who have, or are undergoing, gender reassignment is not known	n/a	n/a	Nil
Religion/belief	The risk of scabies in people, when grouped according to religion and belief, is unknown. It is unlikely that diagnosis or treatment would differ according to religion or belief	n/a	n/a	Nil
Pregnancy & maternity	The treatment options for scabies may differ for people who are pregnant or breastfeeding.	Guidance expected to improve treatment for patients with scabies who are pregnant or breastfeeding	n/a	The guidelines explicitly consider the different treatment options for patients who are pregnant or breastfeeding.
Other definable characteristics &	It is likely that all of the characteristics listed to the	Guidance may help with better diagnosis,	UKHSA has published guidance that may be	The guidelines describe, briefly, the

BASHH Guideline Equality Impact Assessment <i>(based on NICE documentation shared with BASHH August 2019)</i>				
Guidance title: BASHH Guidelines for the Management of Scabies in Adults 2025		Completed by: Lewis Haddow		Date: 08/07/2024
socioeconomic factors that may be affected by protected characteristics, including: • Prisoners and young offenders • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people • Deprivation • Disadvantage associated with geographical distinctions	left are potential risk factors for scabies, mainly due to crowding and less access to healthcare.	management, and contact treatment for people with relevant socioeconomic disadvantages	relevant, in relation to scabies outbreaks in closed (institutional) settings	epidemiological risk factors for scabies, which may include factors that disproportionately affect people affected by the socioeconomic factors listed in the left column. Guideline authors considered the complexities of contact treatment for people with this sort of disadvantage.

BASHH: British Association for Sexual Health and HIV; n/a: not applicable; UKHSA: UK Health Security Agency.

APPENDIX 4: AGREE II USER MANUAL

The AGREE II consists of 23 key items organized within 6 domains followed by 2 global rating items (“Overall Assessment”). Each domain captures a unique dimension of guideline quality ⁷.

DOMAIN 1. SCOPE AND PURPOSE

1. The overall objective(s) of the guideline is (are) specifically described.
2. The health question(s) covered by the guideline is (are) specifically described.
3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

DOMAIN 2. STAKEHOLDER INVOLVEMENT

4. The guideline development group includes individuals from all relevant professional groups.
5. The views and preferences of the target population (patients, public, etc.) have been sought.
6. The target users of the guideline are clearly defined.

DOMAIN 3. RIGOUR OF DEVELOPMENT

7. Systematic methods were used to search for evidence.
8. The criteria for selecting the evidence are clearly described.
9. The strengths and limitations of the body of evidence are clearly described.
10. The methods for formulating the recommendations are clearly described.
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.
12. There is an explicit link between the recommendations and the supporting evidence.
13. The guideline has been externally reviewed by experts prior to its publication.

⁷ Appraisal of Guidelines for Research & Evaluation (AGREE) II User Manual, update from December 2017. Access: <https://www.agreetrust.org/wp-content/uploads/2017/12/AGREE-II-Users-Manual-and-23-item-Instrument-2009-Update-2017.pdf>

14. A procedure for updating the guideline is provided.

DOMAIN 4. CLARITY OF PRESENTATION

15. The recommendations are specific and unambiguous.

16. The different options for management of the condition or health issue are clearly presented.

17. Key recommendations are easily identifiable.

DOMAIN 5. APPLICABILITY

18. The guideline describes facilitators and barriers to its application.

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

20. The potential resource implications of applying the recommendations have been considered.

21. The guideline presents monitoring and/or auditing criteria.

DOMAIN 6. EDITORIAL INDEPENDENCE

22. The views of the funding body have not influenced the content of the guideline.

23. Competing interests of guideline development group members have been recorded and addressed.

APPENDIX 5: PILOT FEEDBACK FORM

Guideline	
Dates for the period of guideline piloting	
Name	
Affiliation	
Date	
Good points about the guideline	
Points for improvement	
Any other general comments	