

Estimate the Prevalence of Scabies and It's Risk Factors among Primary School Children in Kafr El-Sheikh Administrative Area, Egypt

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Introduction

The mite *Sarcoptes scabiei* is responsible for the common parasitic infection known as scabies. Annually, approximately 300 million people worldwide contract scabies. According to epidemiological studies, the prevalence of scabies is unaffected by sex, race, or age, and poverty and overcrowding appear to be the primary risk factors for contracting the disease. In our third-world communities and endemic regions, the diagnosis of scabies is frequently straightforward and easy, but it may occasionally be one of the most challenging in dermatology. Scabies is easy to mistake for papular urticaria, atopic dermatitis, and contact eczema, which are common skin conditions among schoolchildren. The diagnosis is based on the epidemiological history, family history, occurrence of itching, which is most severe at night, and distribution of the lesions. Due to the close proximity of classmates, infectious skin diseases and infestations like pediculosis and scabies are prevalent among schoolchildren. Unfortunately, Egypt does not have many epidemiological studies of skin diseases in schoolchildren. However, a look at the prevalence and patterns of these diseases in schools could help school health programs provide better care.

Local Ethics Committee of Tanta University

This descriptive cross-sectional study was carried out in the administrative area of Kafr El-Sheikh, which serves as the capital of the governorate of Kafr El-Sheikh. The governorate is located in the northern part of Egypt, along the western branch of the Nile in the Nile Delta. There are 246 manors, 38 small villages, and 9 major villages in this administrative area. The educational department in the study settings and the local ethics committee of Tanta University's Faculty of Medicine approved the study. During the school year, the study was carried out from September 2013 to February 2014. The Epi-Info program was used to figure out the size of the sample. With a margin of error of 2% and an expected prevalence of scabies of 5%, the calculated sample size was 454 at a power of 80% and confidence level of 95%. To increase the validity of the findings, the sample size was increased to 500. In order to eliminate

errors brought about by the clustering effect, the sample was expanded by four times. Schools were divided into two groups using the multistage sampling method: urban primary schools and rural primary schools. To represent both male and female students, schools were selected at random from each stratum. From five urban schools, 862 students were selected at random, and from eight rural schools, 1,242 students were chosen at random. Because younger children were unable to comprehend and respond to the questionnaire, all of the chosen students were primary school students in grades 4 through 9. All of the chosen kids agreed to take part in the study. First, approval was sought from each selected school's headmaster. The school administrators were requested for assistance in arranging the interviews.

Important Risk Factors for the Transmission of Scabies

Environmental and sociodemographic data: the number of members of their families, the number of rooms in their homes, the number of people who share a bed with them, the presence of animals in their homes, the manner in which they deal with animals outside of their homes, and the type of construction of their homes. Sharing clothes with others and a history of itchy rash in the family diagnostically used clinical data: Students were asked if they had a rash on their bodies, where it was, and when it started. At last, clinical assessment was completed in a confidential room in each school by a solitary prepared female dermatologist for every understudy independently to distinguish the presence of scabies. Skin lesions in the form of characteristic burrows, vesicles, and itchy papules or nodules in characteristic sites of the disease, on the wrist, sides and web spaces of the fingers, the axillae, periareolar, periumbilical, abdomen, and buttock areas, with liability to secondary infection with impetigo, folliculitis, or eczema, were used to make the clinical diagnosis of scabies. In conclusion, the current study's findings demonstrate that scabies remains a significant health issue that affects schoolchildren in our community, particularly in rural areas. Important risk factors for the transmission of scabies include inadequate housing, sleeping with others, illiteracy, having animals in the home, dealing with animals outside the

home, and sharing clothing with others. To shed light on the actual magnitude of scabies and other infectious diseases and health issues, particularly among schoolchildren of varying ages, it is recommended to carry out comparable community-based

studies on a larger scale and in various governorates in Egypt. Additionally, schoolchildren in rural areas would benefit greatly from regular medical staff visits and clinical examinations to provide treatment and health education.