would-be volunteers from offering their services in the much-needed medical care of injured people in this ongoing uncivil war.

I declare no competing interests.

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The public health control of scabies: priorities for research and action

We read the Article by David Engelman and colleagues[1] with interest. Their overview of the key operational research questions to develop a global control programme for scabies provides a clear research agenda for the years to come.[1] Mass drug administration (MDA) using ivermectin reduced the prevalence of both scabies and impetigo tremendously in Fiji with a sustained effect even 24 months after the intervention.[2] Future studies should prioritise the inclusion of non-island populations.

Outbreaks of scabies occur in refugee camps and centres worldwide. We want to emphasise the need for evidence supporting MDA to prevent and treat outbreaks among refugees. Scabies burden is high among refugees, with an increased rate of complications including secondary infections.[3] Standard care based on topical permethrin of people with scabies and their contacts is unlikely to contain outbreaks if based on passive case detection considering the inadequate access to health care among refugees. In high-income countries, ivermectin-based MDA could be integrated into screening programmes and might contribute to the reciprocity of the overall programme by immediately relieving suffering.[4] Retrospective data provided evidence supporting ivermectin-based MDA by early detection and treatment, reducing the number of reinfestations and complications even after asylum seekers' transfer to other centres.[5] Prospective data are needed to increase the level of evidence, determine the scabies prevalence justifying MDA, and to decide on the optimal MDA interval, which might depend on the number of newly arriving refugees. Moxidectin or slow-release ivermectin might provide added value in this setting to control scabies.

We declare no competing interests.

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Ivermectin for the control of scabies outbreaks in the UK

On July 9, 2019, WHO updated its model list of essential medicines to include oral ivermectin for ectoparasitic infections.[1] This recommendation follows the 2017 WHO categorisation of scabies as a neglected tropical disease. The list covers the "minimum medicine needs for a basic health-care system, listing the most efficacious, safe and cost-effective medicines for priority conditions".[1] In the UK, scabies outbreaks are a substantial public health burden in care homes for older people.[2]

Yet this medicine, endorsed as essential and safe by WHO, is unlicensed for scabies treatment in the UK, and is only available through specialist importers. Standard treatment consists of topical acaricides, applied over the whole body the same day to all residents and staff, left on usually overnight before showering, and repeated 7 days later. This process is labour intensive and can be distressing, especially for residents with dementia who might not understand why it is happening.[2] Unsurprisingly, cases of crusted scabies (often present in these outbreaks) can be less responsive to topical treatment due to the barrier of hyperkeratotic skin crusts. This vulnerable population, often at the end of life, deserves better.

Unfortunately, ill-founded safety concerns about ivermectin use in