

Head Lice (Pediculosis)

Overview	p. 1
Symptoms	p. 1
Identification	p. 2
Treatment	p. 2
School Recommendations	p. 3 -4
References	p. 4
Resources for Schools/Parents	p. 5

OVERVIEW

Head lice (*pediculus humanus capitis*) are very tiny parasitic insects that survive by feeding on human blood. Infestations are spread most commonly by close person to person contact. Lice move by crawling; they cannot fly or hop.

Adult head lice are roughly 2-3 mm long. Nits take six to nine days to hatch, and seven or more days for the lice to become egg-laying adults. Head lice infest the head and neck and attach their eggs (nits) to the base of the hair shaft. They can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice. They are mainly acquired by direct head-to-head contact with an infested person's hair and occur with much greater frequency in children than adults.

<http://www.cdc.gov/parasites/lice/index.html>

SYMPTOMS

Itching ("pruritus") is the most common symptom of head lice infestation and is caused by an allergic reaction to louse bites. It may take 4-6 weeks for itching to appear the first time a person has head lice.

Other symptoms may include:

- A tickling feeling or a sensation of something moving in the hair;
- Irritability and sleeplessness; and
- Sores on the head caused by scratching. These sores caused by scratching can sometimes become infected with bacteria normally found on a person's skin.

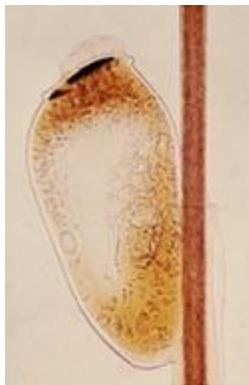
IDENTIFICATION

Examine the child's head, especially behind the ears and at the nape of the neck, for crawling lice and nits if exhibiting symptoms of a head lice infestation. If either are found, all household members should be examined and persons with live (crawling) lice or nits within $\frac{1}{4}$ inch or less of the scalp should be treated.

Live lice are often hard to detect (especially when there are just a few on the head). When recommending that parents should check their child at home, let them know that it is much more likely that they would find nits than a live louse. Live lice can crawl fairly quickly.



Nit detection is also often difficult as nits can be confused with other tiny insects, hair casts, dandruff, debris, etc. Lice glue nits (eggs) onto one side of the hair shaft. Nits that are further away from the scalp than $\frac{1}{4}$ inch are usually older and no longer viable.



TREATMENT

Both over-the-counter and prescription medications are available for treatment of lice infestations.

Parents may wish to contact your doctor, pharmacist, or health department for additional information about which product they recommend.

Currently there are a number of OTC products available; however there have been reports of resistance. In addition there are also a number of prescription products available. (The

California Department of Public Health brochure (A Parent's Guide to Head Lice <http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceEng.pdf>) lists treatment options and has recommendations for treating the environment.

To eliminate head lice successfully, it is very important that all treatment instructions and steps be carefully followed and completed.

Nit removal is best accomplished using a fine metal comb.

SCHOOL RECOMMENDATIONS:

1. *Classroom or school wide-screenings should be discouraged.*
2. *Check heads of students showing symptoms*
3. *Periodically provide information to families of all children on the diagnosis, treatment and prevention of head lice*
4. *School exclusion is unnecessary*

The following is excerpted from Frankowski B., Weiner, L., (2002) Head Lice, *Pediatrics* 110; 638-643

American Academy of Pediatrics

<http://pediatrics.aappublications.org/content/110/3/638.full.pdf>

“Because of the lack of evidence of efficacy, classroom or school-wide screening should be strongly discouraged. It would be prudent to periodically provide information to families of all children on the diagnosis, treatment, and prevention of head lice. Parents should be encouraged to check their children's heads for lice if the child is symptomatic; school screenings do not take the place of these more careful checks.

It may be helpful for the school nurse or other trained persons to check a student's head if he or she is demonstrating symptoms

Because a child with an active head lice infestation has likely had the infestation for a month or more by the time it is discovered, poses little risk to others, and does not have a resulting health problem, he or she should remain in class but be discouraged from close direct head contact with others. If a child is assessed as having head lice, confidentiality must be maintained so the child is not embarrassed. The child's parent or guardian should be notified that day by telephone or a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates. Common sense should prevail when deciding how “contagious” an individual child may be (a child with hundreds versus a child with 2 live lice). It may be prudent to check other children who were most likely to have had direct head-to-head contact with the index child. In an elementary school, often the most efficient way to deal with the problem is to notify the

parents or guardians of all children in the index child's classroom, encouraging that all children be checked at home and treated if appropriate before returning to school the next day."

Children diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice.

Both the American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:

- Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.

REFERENCES

The following sites offer a wealth of information on lice- the life cycle, photos, an in depth look at treatment options, environmental cleaning recommendations and much more:

Centers for Disease Control & Prevention

<http://www.cdc.gov/parasites/lice/index.html>

California Department of Public Health

<http://www.cdph.ca.gov/HEALTHINFO/DISCOND/Pages/HeadLice.aspx>

Dr. Richard Pollack-Identify Us

<https://identify.us.com/>

American Academy of Pediatrics American Academy of Pediatrics

<http://pediatrics.aappublications.org/content/110/3/638.full.pdf>

Frankowski I., Weiner, L., Head Lice, *Pediatrics* 2002; 110; 638 (retrieved 5/6/2013)

NASN Position Statement- Pediculosis

<http://www.nasn.org/Portals/0/positions/2011pspediculosis.pdf>

RESOURCES

For Schools

CDC- Head Lice Information for Schools

<http://www.cdc.gov/parasites/lice/head/schools.html>

California Department of Public Health (CDPH) - Guidance on Head Lice Prevention and Control for School Districts and Child Care Facilities

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012SchoolGuidanceonHeadLice.pdf>

For Parents:

CDC- Head Lice Information for Parents

<http://www.cdc.gov/parasites/lice/head/parents.html>

A Parent's Guide to Head Lice – English (CDPH)

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceEng.pdf>

A Parents' Guide to Head Lice- Spanish (CDPH)

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceSpa.pdf>

OTHER

An interesting history of lice <http://www.nuvoforheadlice.com/history.htm>

The opposing view (supports school screenings; no-nit policies)– the National Pediculosis Association

www.headlice.org