

Facts About Head Lice

Pediculosis

Definition: Pediculosis capitis refers to symptoms caused by human head lice infesting the head hair of a person. Head lice are not known to transmit infectious agents nor do they discriminate among socioeconomic groups. They are more commonly found on children of preschool and early elementary school age. Girls are infested more often than boys, and parents and siblings sometimes acquire head lice. Lice and their eggs (called nits) are usually limited to the head hair.

Stages:

Nit (louse egg) – Nits are laid on the hair shaft, close to the scalp. They are oval in shape and may undergo several color changes as they develop. They take 8 – 12 days to develop and hatch. With magnification, the developing nymph may be seen within the egg. Eggs that have died or hatched will remain firmly attached to the hair, but will never again produce another louse.

Nymph – The nymph is the immature stage of the louse. Nymphs look just like adult lice, only smaller, and are unable to reproduce yet. They mature into adults about 9 - 12 days after hatching. Nymphs must feed on human blood to survive and grow.

Adult – Adults are about the size of a sesame seed, have 6 legs, are wingless and may be tan to grayish-white and sometimes have a reddish tinge. Adult females may live up to 30 days on the head of an infested person. As with nymphs, adult lice feed once or more often each day and will die within a day when off the head.

Signs and Symptoms: Students with head lice are usually asymptomatic, but some may experience itching from an allergic reaction to the bites or irritation from sores caused by bites.

Transmission:

- Transmission occurs through head to head contact with an infested person.
- The transmission from hats, combs, pillows, etc. is possible but much less likely.

Prevalence: Overall, about 1% of 5 – 12 year olds are infested.

Diagnosis: Head lice may be found anywhere on the head hair but are often easiest to locate on the scalp behind the ears and near the neckline at the back of the neck. Adult female lice deposit nits on the hair about 1 mm from the scalp. Live lice are sometimes difficult to see as they move quickly. There usually are less than 10 lice on a head. Under good lighting and using a comb, search the head for viable nits and crawling lice. Tape a live louse on a white background and view with magnification to see it more clearly.

Treatment: Treatment is recommended only for individuals found to have live lice or viable eggs. If nits are found further than about ¼ inch from the head, they are probably hatched and no longer viable.

- Combing with a nit comb – A nit comb can sometimes be effective in removing viable nits and lice. Nits that are more than ¼ inch from the scalp are not likely to be viable and need not be removed. Comb daily until no live lice are discovered for 2 weeks. Recheck in 2 – 3 weeks after you think all lice are gone.
- Over-the-counter lice shampoo – As with all drugs, directions must be followed exactly. These products should be rinsed from the hair over a sink rather than shower or bath to limit exposure to the body. A second treatment may be required in about 10 days.
- Prescription lice shampoo medications – These products contain other insecticides that require greater care for treatments and should be used only under a physician’s care and only if live lice persist following treatment with the over-the-counter products. Parents should be advised to discuss with their health care provider specific instructions for use of these products, potential risks and benefits, and other possible treatment recommendations.
- “Alternative treatments” – Treatment with other products such as petroleum jelly, mayonnaise, margarine, herbal oils, enzyme-based products and olive oil should be avoided as there is no conclusive evidence that these treatments are effective (or necessarily safe).

Family members of a student with head lice should be encouraged to inspect themselves to see if lice are present. All individuals found with lice should be treated simultaneously.

Bedding, towels, nightclothes and other clothing that have been in contact with the head within a day of treatment should be washed and/or dried in the dryer at high heat (if appropriate). Combs, brushes, and hair accessories used by the student should be rinsed in hot water every day until lice are eliminated.

Vacuuming floors, especially carpets recently occupied by infested persons, is recommended. Lice will soon die (generally within a day) once off the head. Nits attached to hair that has fallen from an infected person will likely stop developing and will also die within a few days. Although it is not necessary to thoroughly clean the house or car, vacuuming floors of classrooms or homes occupied by infected persons will help dispel concerns about lice or eggs that may have dropped from an infected person.

Reasons for chronic infestations:

- Misdiagnosis
- Non-compliance
- Resistance to treatment (Lice on children who are treated repeatedly are more likely to be resistant to treatment)
- New infestations
- Ineffectiveness of treatment

National recommendations for school policy:

- **The American Academy of Pediatrics** recommends that no healthy child be excluded from or allowed to miss school because of head lice and that ‘no nit’ policies for return to school are to be discouraged.
- **The National Association of School Nurses** states that nit-free policies disrupt the education process and should not be viewed as an essential strategy in the management of head lice.
- **Health and Health Care in Schools** – Children with nits do not pose an immediate threat to the health of others, therefore, excluding these children from school and requiring them to be treated with a pesticidal product is probably excessive.

Recommendations for schools

- Reconsider “no nit” policies as they are not supported in the literature;
- Check symptomatic students. Routine head checks of healthy students are not recommended.
- Do not exclude a student from school when nits ¼ inch or closer to the scalp or live lice are discovered, but notify the student’s parent that day and provide instructions on how to treat and eliminate the lice.
- Offer extra help (from the school nurse) to families with chronic infestations.
- Provide community-based education regarding the issue of lice.

Resource and References:

Harvard School of Public Health – <http://www.hsph.harvard.edu/headlice.html>

Centers for Disease Control and Prevention –
<http://www.cdc.gov/ncidod/dpd/parasites/headlice/default.htm>

American Academy of Pediatrics – <http://www.aapnews.org> Article “Head Lice” Pediatrics Vol. 110 No. 3 September 2002.

Richard J. Pollack PhD. et.al., Pediatric Infectious Disease Journal, 2000;19:689-93, “Over diagnosis and consequent mismanagement of head louse infestations in North America.”

National Association of School Nurses – <http://www.nasn.org/positions/nitfree.htm>

School IPM (Integrated Pest Management in Schools) – <http://schoolipm.ifas.ufl.edu/tp2.htm>

The Center for Health and Health Care in Schools – http://www.healthinschools.org/ejournal/june01_3.htm