

Pediculosis (Head Lice)

Head lice are tiny insects that live only on people's scalp and hair. Head lice hatch from small eggs, called nits, that are firmly attached to individual hairs near the scalp and cannot be easily moved up or down the hair (as could specks of dandruff). Nits may be found throughout the hair but are most often located behind the ears and at the nape of the neck. Eggs hatch in 6–10 days, with new lice reaching adulthood 2–3 weeks later. The female louse, about the size of a sesame seed, typically lives for 20–30 days and lays about six eggs a day. Lice live by biting and sucking blood from the scalp. Lice can survive 1–2 days away from the scalp.

The major symptom of head lice is itching, caused by the bite of the louse. Persistent scratching of the head and back of the neck should be cause for concern. Red bite marks and scratch marks may be observed on the scalp and neck, and a secondary bacterial infection can occur, causing oozing or crusting. Swollen neck glands may also develop.

Transmission: Lice are spread *only* when they crawl directly from person to person or crawl onto shared personal items such as combs, brushes, head coverings, clothing, bedding, or towels. An infested individual can transmit head lice to others continuously until undergoing treatment to kill the insects and eggs. Head lice should not be considered a sign of uncleanliness. They may affect individuals of any age, sex, ethnicity, and economic level. Anyone who has close contact with an infested individual or shares personal items can become infested.

Diagnosis: Diagnosis is usually made by detecting nits, which are tiny, pearl-gray, oval-shaped specks attached to hairs near the scalp. Use a magnifying glass and natural light when searching for them on the hair at the back of the neck, behind the ears, and at the top of the head.

Treatment: Treatment consists of killing lice on infested individuals, their surroundings, and their personal items. All household members and individuals with close physical contact should be examined for lice and, if infested, treated with one of the recommended shampoos, lotions, or hair rinses. Many of these recommended products are now available over the counter.

For individuals suspected of having head lice:

- Refer them to a health care provider for proper diagnosis and treatment. (*Note:* Products used for treating head lice should be used only as directed and with extreme care. A physician *must* be consulted before treating children younger than 2 years of age, pregnant or nursing women, or people with extensive cuts or scratches on the head or neck.)
- Treatment includes shampooing or rinsing the hair with the medicated product.
- After appropriate treatment, it is necessary to remove all nits. Removal of nits is a difficult and time-consuming process because nits are usually firmly attached to the hair shaft.
- Most over-the-counter treatments recommend a reapplication of the treatment 7–10 days later to kill immature lice that may have hatched from eggs that were not inactivated.

To treat personal items and surroundings in the school environment:

- Machine-wash all potentially infested washable items in hot water and dry them in a hot dryer.
- Put non-washable items (furry toys, pillows) in a hot dryer for 20 minutes or dry-clean them.
- Place items that cannot be washed or dried in a tightly sealed plastic bag for 10 days.
- Wash combs and brushes with a shampoo approved to kill lice or soak in hot water (>128.3° F) for at least 5 minutes.
- Thoroughly vacuum rugs, upholstered furniture, and mattresses.
- Do not use insecticide sprays in an attempt to stop spread because they can be harmful to people and animals.

Reporting requirements: Head lice infestation is not reportable to local or state health authorities.

School attendance guidelines: Children may not be excluded or sent home early from

school because of head lice depending on the conditions of the case. The school nurse will determine if dismissal is required. Parents/guardians of affected children will be notified by the school nurse and informed that their child must be properly treated and may return to school on the day after treatment. Parents must accompany their child to school and be present for the school nurse to check their child's head before returning to class. Other close contacts should be checked to determine if there are other cases.

Removal of nits is difficult and the majority of nits will be killed by the appropriate treatment. "No nit" policies have not been demonstrated to be effective in controlling head lice transmission. However, the school, in consultation with the school nurse and/or physician, should decide on the best policy for the school and for parents/guardians. Regardless of the policy, children who have been treated should be checked for new nits every day for 10–14 days after treatment.

Notification guidelines: When pediculosis occurs in a school, the school nurse and/or school physician should determine, based on their judgment, whether some or all parents/guardians and staff should be notified. Parent/guardian notification should also be discussed with the school administrator. Fact sheets are available from DPH.

Prevention guidelines:

- Learn to recognize nits and monitor appropriately. Teach parents/guardians to recognize nits and to check their family's hair periodically. Because outbreaks of head lice occur occasionally in almost all schools and because parental concern may exceed the threat of head lice to health, this is a prime area for preventive education and information. A well-organized and prompt response to the first few cases can prevent a widespread problem and avoid the spread of misinformation.
- If a case is identified, follow recommended treatment procedures closely. If a parent or guardian finds lice or nits, it should be reported to the school nurse, who can check close contacts and monitor the situation more effectively.