

Parent Bulletin for Controlling Head Lice

Who is most often affected by head lice?

Elementary school-aged children are most often affected by head lice; zero to 5% may be affected at any one time.

What are head lice?

The head louse is a wingless, parasitic insect that lives on the human scalp, drawing minute amounts of blood to survive. They cannot fly, leap or crawl from person to person. They are ONLY transmitted by DIRECT, PROLONGED HEAD-TO-HEAD CONTACT. They are not transmitted by pets or sandboxes. Diagnosis is confirmed by the presence of a LIVE, MOVING louse, not by the presence of nits (egg cases) deposited on the hair shafts.

Where are head lice commonly found?

Head lice are a “nuisance” condition. The head lice are most often seen first around the ears and the nape of the neck. The affected child may or may not experience itching at the beginning of the infestation. Head lice do not carry any disease. There may be secondary scalp infections due to intense scratching of the scalp that exposes it to bacterial infections.

How can you limit your family’s exposure to head lice?

Assist or supervise (depending on your child’s age) frequent bathing and shampooing. Check your child’s hair and scalp thoroughly once a week. If a live, moving louse is detected, refer to the treatment options on the reverse side of this bulletin. Treat the child and return the child to school the next day. Notify the School Nurse so that the situation may be monitored and the effectiveness of treatment can be confirmed.

Why switch from a “No Nit” practice to an emphasis on “No Live Lice”?

Best practice encourages Student Health Services to evaluate the available evidence-based research. The national Center for Disease Control, the Harvard School of Public Health, the National Association of School Nurses, and the Academy of Pediatrics all agree that a “No Nit” policy is ineffective and causes excessive, unnecessary absenteeism resulting in decreased learning time. The presence of nits, in any number, does not confirm an infestation which is defined as the presence of a live, moving louse. Just as it is impractical to exclude children with symptoms of the common cold, it is a disservice to exclude a child based on the presence of nits alone. The School Nurse, working on a case by case method, can educate and support children and parents to limit the spread of head lice.

TREATMENT TIPS

Tips for Using Anti-lice Rinse or Shampoo

1. Over-the-counter pediculicide (anti-lice) shampoos and rinses usually contain an active ingredient of 1% Permethrin or .33% pyrethrin. Many varieties of the anti-lice shampoos or rinses are available from your pharmacy. Some locally available brands are A200, Clear, End Lice, Nix, Pedicide, Pronto, R&C, Rid and generic brands.
2. Be sure to read the instructions on the bottle or box. Some preparations need to be put on dry hair. Other kinds need to be put on wet or towel-dried hair after shampooing with a conditioner-free shampoo. *The anti-lice shampoo or rinse that you choose will work best if you follow the box or bottle instructions exactly.*
3. Do not try to treat more than the suggested number of heads per application of shampoo or rinse. If 4 oz. of shampoo is to be used for one person, using half as much may not kill the live lice. You may end up having to treat again or the lice may be more difficult to remove completely.
4. Anti-lice shampoos and rinses only kill live hatched lice. They will not penetrate lice eggs and they will not cause the eggs to fall out of the hair. Most of these preparations recommend a second use 7-14 days after the first use to catch any newly-hatched lice. Be sure to follow the instructions on the anti-lice preparation that you choose. Do not repeat the treatment if live lice are not seen on the hair.
5. **Do not use the chemical treatment "just in case" your child has lice. If you are not sure whether your child has live lice, ask the nurse at your school. He or she will be happy to show you how to check for lice.**
6. For best outcomes, follow the shampoo or rinse treatment by wet-combing your child's hair as explained below.
7. Check your child's head frequently for any newly hatched lice.

Tips for Manual Removal or Non-chemical Treatment of Head Lice

1. Work in a well lighted area or use a flashlight and magnifying glass.
2. Use a comb or hairbrush to remove tangles. A hair detangler spray or other hair conditioner may aid in this process.
3. Divide the hair into sections and fasten off the hair that is not being worked on.
4. Use a lice comb to detect and remove lice and nits.
5. Go through hair sections from the scalp to the end of the hair. Nits are usually found close to the scalp.
6. Dip the comb in a cup of hot, soapy water or use tape to remove lice, nits or debris from the comb.
7. Sift through the same section of hair and look for attached nits and live lice.
8. Move on to the next section until the entire scalp and all hair has been checked.
9. Screen your child every day for 10 days and regularly thereafter.
10. If additional nits (at least 3-5 per day) are discovered, another manual search is recommended.

Adapted from Cooperative Extension Service, The University of Georgia

Treatment Failures

Treatment failures may be due to a number of causes other than resistance to pediculicides:

- a) misdiagnosis (no active infestation, or misidentification)
- b) non-compliance (not following treatment protocol)
- c) new infestation (lice acquired after treatment)
- d) lack of ovicidal (egg-killing) or residual properties of the product