Oneida County Health Department

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Caring hands of public health.

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HEAD LICE AWARENESS

Head lice are not a health hazard or a sign of poor hygiene and are not responsible for the spread of any disease, (American Academy of Pediatrics 2010).

Head lice, *Pediculus humanus captis*, are small parasitic insects that can live on the head and neck hairs of people. They survive by feeding on human blood and are generally found on the scalp, primarily around the ears and at the nape of the neck (CDC Fact Sheet. http//www.cdc.gov/lice, April 2010). The adult louse is about the size of a sesame seed and can adapt to the color of the hair. Eggs or nits are smaller and are silver in color. The adult head louse has 6 legs and is usually tan to grayish-white in color.

The female lice live up to 3-4 weeks and, once mature, can lay up to 10 eggs per day. The eggs are incubated by body heat and typically hatch in 8-9 days. Once it hatches, a nymph leaves the shell casing and passes through a total of 3 nymph stages during the next 9-12 days and then reaches the adult stage. The female louse can mate and begin to lay viable eggs approximately 1.5 days after becoming an adult. If not treated, this cycle may repeat itself approximately every 3 weeks. Head lice usually survive for less than 1 day away from the scalp at room temperature and their eggs cannot hatch at a temperature lower than near the scalp.

Prevalence:

Each year, approximately 6-12 million children between 3 and 12 years of age are infested with head lice. Children between 3 and 10 years of age and their families are infested most often (CDC, 2001). Girls tend to have more head lice than boys, in a 2:1 ratio. One possible reason is that girls tend to share more hair implements than boys, such as combs, brushes, and hats (CDC, n.d.).

Signs and Symptoms:

The most common symptom of head lice is itching of the head that is caused by an allergic reaction to the louse saliva.

Diagnosis:

The "gold standard" for diagnosis of head lice is finding a live louse on the head, but the tiny eggs may be easier to spot. Eggs (nits) attached within ½ inch of the scalp are the most likely to be viable. It is important not to confuse eggs or nits with dandruff, hair casts, or other hair debris, all of which have been misdiagnosed as nits. ***Identification of a nit (egg) is not confirmation of a louse infestation.***

Transmission (How lice are spread):

While head lice are not considered an infectious disease, transmission from one individual to another can occur primarily through direct head to head contact or secondarily through the sharing of personal items such as hats, combs, brushes or pillows. Head lice are "equal opportunity" parasites. They infest all socioeconomic groups, races, genders, and ages, but are most commonly found in children due to their close contact with each other. ***Lice have no wings, and therefore cannot fly or jump between individuals; they can only crawl.***

Prevention:

It is probably impossible to prevent all head lice infestations. To prevent or lessen the risk of contracting head lice, students, teachers and families should:

- Avoid head to head contact in the classroom and in sports such as wrestling
- Not share hats, clothing, or towels
- Not share combs, brushes, or hair accessories
- Separate belongings into lockers, cubbies, or onto separate hooks
- Be aware of the signs and symptoms of head lice infestation, and infested children should be treated promptly to minimize the spread to others
- Parents/guardians are responsible for checking their child's head after being at a birthday party, sleep over, sporting event, etc.

Treatment:

** Many approved products are safe and effective but like all medical treatments, they must be used as directed. Never initiate treatment unless there is a clear diagnosis of head lice. The presence of a live louse on the head is the "gold standard."

- Over the counter lice-killing treatment containing permethrin 1% or pyrethrins (Read the directions closely for proper application)
- Prescription products
- Nit picking (hair combing) with a fine-tooth comb is often used to remove the nits (eggs) from the hair
    - Manual removal of the nits within 1 cm of the scalp may be helpful

School's Role:

The American Academy of Pediatrics and the National Association of School Nurses does not recommend screening for head lice, and encourages that the management of head lice should not disrupt the education process. Children found with live head lice should be referred to their parents/guardians for treatment.

The school will:

1. Arrange for inspection of student(s) suspected of having head lice, using personnel who have been trained by the school district nurse in this procedure
2. Contact the student's parents/guardians if a student is found to have live lice (If parents/guardians cannot be reached or cannot pick the child up from school when contacted, the student can remain in the classroom, but is discouraged from close direct head contact with others-Common sense should prevail)
    a. Treatment is required before the student can return to school

Parents' Role:

1. Check your child to identify if head lice exists (a live louse or lice must be found for positive diagnosis)
2. Check siblings of cases found and only treat family members that have live lice.
    a. It may be prudent in some cases to check close contacts of the identified child
3. Wash clothing and bedding worn or used by the infested person in the two-day period just before treatment is started
4. Continue to be vigilant and be aware of the fact that nits can be visible in your child's hair sometimes months after they have been treated for active head lice
5. Contact your child's doctor with further questions

Please see the following web site for more information regarding head lice or consult your doctor.
http://www.rhinelander.k12.wi.us/district/health.cfm

Thank you,

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Oneida County Health Department will promote and protect the health of Oneida County by providing leadership, education and services.