

Head Lice



*Pediculosis capitis (head lice): are tiny wingless parasitic insects that live on the scalp and hair of their human hosts, they survive by feeding on human blood

*Head Lice do NOT spread disease and are not a serious medical condition

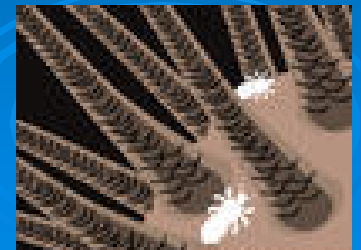
*Each year approximately 6-12 million children between the ages of 3 and 12 years of age are infested with head lice

*About one in every 100 U.S. elementary school children will be infested with head lice

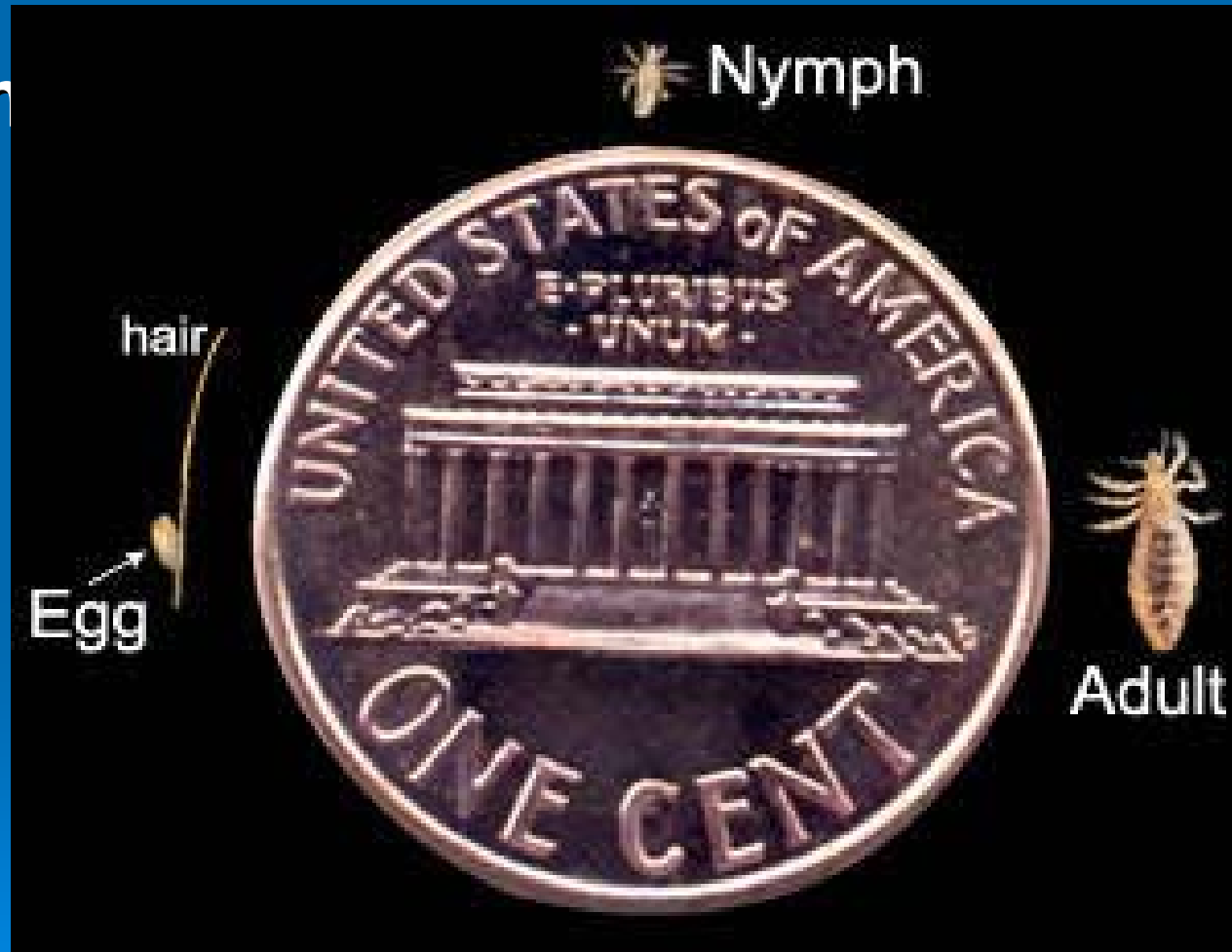


Signs and Symptoms of Head Lice

- *Lice are tiny wingless insects about the size of a sesame seed (they do not jump, fly, or swim-but are good at crawling!)
- “Nits” or lice eggs are tiny whitish ovals attached or “glued” to the hair shaft about ¼ inch from the scalp (often confused with dandruff or hair casts)
- Lice can be found anywhere on the scalp but primarily around the ears and at the back of the neck.
- Most common symptom is itching of the head caused by an allergic reaction to the louse saliva, there may also be redness or sores caused by the scratching
- Often there are not symptoms at all



➤ Spon



How is Head Lice Spread

- Lice are “equal opportunity” parasites.
- They infest all socioeconomic groups, races, genders, and ages but are more common in children due to their close contact with each other
- Transmission from one individual to another occurs primarily through head to head contact ***
- Although rare, lice can be spread through the sharing of personal items such as hats, scarves, helmets, brushes, combs or pillows
- Infestation can occur throughout the year, although a peak is generally seen during the summer months and back to school time periods
- Lice are not a sign of poor hygiene and they do not transmit disease
- If someone in your child’s class is reported to have lice, don’t panic! This doesn’t automatically mean your child will get it.....it’s much easier for your child to get a cold, flu, pink eye, strep throat, etc.



How do I prevent head lice?

- Children should be taught to avoid head to head contact
- Teach children not to share combs, brushes, hair ornaments, hats, caps, scarves, headsets or any other personal headgear
- Do not try on other people's hats (even in they department store)
- Teach children to hang coats separately-placing hats and scarves inside the coat/jacket sleeve
- Shared headgear (ie; helmets) should be cleaned and disinfected with Lysol or rubbing alcohol before each use
- Regular head checks! (check weekly)



My child's been diagnosed with head lice, what do I do now?

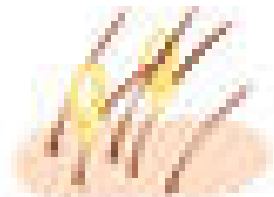
➤ Treatment:

- Over the Counter products (OTC)
 - Pyrethrin (RID, Pronto Plus, A200, generics)
 - Permethrin (NIX)
- Prescription products
 - Benzyl Alcohol Lotion 5% (Ulesfia Lotion 5%)
 - Malathion (Ovide Lotion 0.5%)
 - Lindane (Lindane Shampoo)
- Alternative therapies (these have not been proven effective and are not regulated by the FDA)
 - Mayonnaise, essential oil, food oils, vinegar, etc
- Nit picking (hair combing) with a fine toothed comb is often used to remove the nits (eggs) from the hair....This takes time and patience!!



➤ Treating the home environment

- Wash items your child had contact with in the past two days such as: towels, sheets, pajamas, clothes, coats, hats, and similar items (use hot soapy water) and/or dry on high heat for at least 30 minutes.
- Vacuum floors, carpets, mattress, and furniture
- Wash combs, brushes, hats and other hair accessories in hot soapy water to remove any lice or nits, and do not share with others.
- Items that cannot be washed may be stored in a tightly sealed garbage bag for 2 weeks or may be placed in a freezer or outdoors (if below freezing) for 24 hours
- Live in the environment (not on the head) usually die within 24 hours.



Lesões associadas à pele
cabeça. Fungos são os causadores
de muitas doenças.



As doenças da pele
são comuns.

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Treatment Challenges

- Improper use of treatment (overuse/underuse)
 - Can result in resistance
 - Treatment failure
 - Safety issues
- Misdiagnosis: results in unnecessary treatment
- Failure to treat

School Policy

- Student suspected of having head lice during school
 - Student may return to class but restricted from activities involving close contact (*students with symptoms generally have had lice for a number of weeks.....a few more hours doesn't make any difference and the emotional/psychological harm is much greater)
 - Parent will be notified by phone as well as by written letter
 - Letter to be sent home to notify classmate's parents asking them to check all of their children for head lice
 - Public Health fact sheet sent home from the health department to assist parents.

➤ Student with suspected case of head lice returns to school

- Student and Parent must return to school office with signed confirmation of treatment.
- Designated school personnel will re-examine the student's hair:
 - Student will be readmitted to school if not live lice are found
 - Any student with nits (farther than $\frac{1}{4}$ inch from scalp) should return to class
 - Parent will be encouraged to continue daily lice checks and nit removal for the next 2-3 weeks
 - Periodic checks of the students hair by designated school personnel will be done over the next few weeks until there are not further signs of infestation

Our District Policy is Based on What Information

- Recommendation of the Michigan Department of Community Health, Michigan Education Association, Oakland County Health Department
- There recommendations come from:
 - American Academy of Pediatrics (Pediatrics, Volume 126, August 2010)
 - “A child should not be restricted from school attendance because of lice, because head lice have low contagion within classrooms.
 - ” International guidelines established in 2007 for the effective control of head lice infestations stated that no-nit policies are unjust and should be discontinued, because they are based on misinformation rather than objective science.”
 - “No child should be allowed to miss valuable school time because of head lice.”
 - Harvard School of Community Health (Pollack RJ, Kiszewski A, Spielman A, “Overdiagnosis and consequent mismanagement of head lice infestations in North America) Pediatric Infectious Disease Journal, 2000
 - “Because pediculiasis is generally misdiagnosed, and because few symptoms and no direct infectious processes are known to result from an infestation, we suggest that the practice of excluding presumably infested children from school is unwarranted.”

Center for Disease Control and Prevention

“Students diagnosed with live lice do not need to be sent home early from school; they can go home at the end of the day, treated, and return to class after appropriate treatment”

National Association of School Nurses

“Data does not support school exclusion for nits because no disease process is associated with head lice, schools are not advised to exclude students when nits remain after appropriate treatment, although further monitoring for signs of re-infestation is appropriate

International Journal of Dermatology 2006 (Head louse infestations: the “no nit” policy and its consequences)

“Children presumed to be infested with lice should not be immediately excluded from their school...”

“No child should lose valuable school time because of head lice.”