

Pediculosis Capitis

(Head Lice)

Clinical Description:

Pediculosis capitis is an infestation of adult lice or nits (eggs) in the hair on the head. The head louse lives close to the scalp and is most visible behind the ears or at the base of the neckline. Lice depend upon human blood to live and can only survive up to two days away from the scalp. The main symptom of head lice infestation is itching.

Incubation Period:

Optimally, eggs hatch in a week, and the resultant lice are capable of multiplying in 8 to 10 days. The typical adult louse lives 20 - 30 days and lays 4 to 5 eggs a day; however, the eggs will only hatch if they are less than 1 week old and are near the scalp.

Mode of Transmission:

Transmission occurs by direct head to head contact with a person with a live infestation, or less frequently, direct contact with their personal belongings that are harboring lice, such as combs, hairbrushes, hats, towels, and pillowcases.

Period of Communicability:

A person can spread lice as long as live lice remain on an infested person in the hair and are within ¼" from the scalp. Head lice are most common among children attending child care or elementary school.

Exclusion/Reporting:

School nurses should work with their administration and local health department to implement a policy regarding head lice and attendance. The American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. The CDC states that nits may be misdiagnosed, and if present, are cemented to the hair shaft and not likely to be transferred. They further state that the adverse effect of lost school days on students and families far outweighs any health risk. Head lice infestation is not listed as a reportable communicable disease under Rule 410 IAC 1-2.3 at [http://www.in.gov/isdh/files/comm_dis_rule\(1\).pdf](http://www.in.gov/isdh/files/comm_dis_rule(1).pdf).

Prevention/Care:

- Instruct parents/guardians to use the pediculicides (lice medicine) as directed in the package insert. Infested persons should not use a combination shampoo/conditioner, or conditioner before using lice medicine and should not re-wash their hair for 1-2 days after the lice medicine is removed.
- Detection of live lice more than 24 hours after treatment suggests treatment failure. Parents should be advised to call their health care provider before retreating as a different pediculicide may be necessary.
- To avoid potential toxic reactions in people, repetitive use of over-the-counter (OTC) head lice control products is not recommended.

- Once an effective treatment has been applied, retreatment with the same pediculicide according to package directions (usually 7 to 10 days after the first treatment) may be necessary to kill recently hatched lice and rid the child of infestation.
- Household contacts should be evaluated for lice or nits, and if infested, should be treated at the same time as the child. Parents are encouraged to comb out and completely remove all nits.
- Parents should be instructed in home control measures, including laundering items in hot soapy water. Brushes and combs should be thoroughly cleaned or boiled.
- Insecticide treatment of the home and/or vehicles is not indicated.
- Presence of lice is not indicative of poor hygiene or unhygienic environment.
- Head lice rarely cause direct harm; they are not known to transmit infectious agents from person-to-person.
- There is a lack of scientific evidence as to whether suffocation of lice with occlusive agents, such as petroleum jelly or olive oil, is effective in treatment.

Other Resources:

American Academy of Pediatrics publication on Head Lice:

<http://pediatrics.aappublications.org/content/110/3/638.full.pdf>

Centers for Disease Control and Prevention (CDC):

<http://www.cdc.gov/lice/>

Centers for Disease Control and Prevention (CDC) Link for Schools:

<http://www.cdc.gov/parasites/lice/head/schools.html>

Indiana State Department of Health Quick Facts Page (found on disease/condition page):

<http://bit.ly/12JLfD>

National Association of School Nurses, "Pediculosis Management in the School Setting":

<http://www.nasn.org/Portals/0/positions/2011pspediculosis.pdf>