

Head Lice Facts and Tips

Lice are a successful human parasite because they may go undetected for a period of time. To have lice is not a failure of personal hygiene or responsibility to the community, it's just bad luck.

Diagnosing lice infestation is not easy and good quality sources suggest it is probably over-diagnosed. When correctly diagnosed, there is some controversy over the best course of treatment and no one strategy is guaranteed to work for everyone. The most effective strategy against lice is prevention, the central tenet of which is avoiding sharing personal items (more below).

Who is at risk for lice?

Anyone who is a close contact of someone with lice is at risk.

How are head lice spread?

Lice are most often spread by head-to-head contact with another person who has lice, such as sleeping in the same bed. Although they do not survive long away from a human host, lice may also be spread by wearing another person's hat or clothing, or by using another person's comb, brush, or bedding. More rarely, lice may be spread by placing clothing worn by someone who has lice in a shared clothing storage compartment, locker, or a cloak room. Lice are not spread by pets. Lice do not jump or fly, but walk from one host to another.

What are the symptoms of lice?

Symptoms usually involve a tickling feeling of something moving in the hair. They may also include itching caused by an allergic reaction to the bites.

How can you prevent head lice?

Do not share combs, brushes, towels, bedding, hats or clothing. Devise separate storage areas for each person's clothing and other personal articles. Put personal articles in individual bins or sacks. Avoid sharing costumes, and headgear/helmets. Use disposable shower caps or liners when headgear/helmets must be worn by different individuals.

How is a lice infestation diagnosed?

An infestation is diagnosed by looking closely through the hair and scalp for nits, nymphs, or adults. Finding a nymph or adult may be difficult; there are usually few of them and they can move quickly from searching fingers. If crawling lice are not seen, finding nits within a 1/4 inch of the scalp strongly suggests that a person is infested and should be treated. If you only find nits more than 1/4 inch from the scalp (and don't see a nymph or adult louse), the infestation is probably an old one and does not need to be treated.

What does the Davison Health Center recommend we do about this outbreak?

We recommend you have a friend check your hair. See

<http://www.cdc.gov/parasites/lice/head/index.html> for information on what lice look like. There are a number of normal features of hair and scalp that may be mis-identified as nits. Nits (egg casings) stick to hairs. If they can be easily removed by flicking the hair or brushing it with a finger, it is not a nit. If it is more than 1/2 inch from the scalp it is not a nit or is an old (hatched) egg casing.

What do I do if I am infected?

The major public health agencies recommend over-the-counter (OTC) Permethrin-containing agents such as Rid or Nix which retail for about \$15. There is definitely resistance to these OTC products, but some failure to treat is attributable to misdiagnosis (it doesn't treat dandruff) and some to failure to follow instructions correctly. Treatment must be applied to hair that is free of any conditioners or other products. Detailed instructions for treatment are at:

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

Some sources recommend a newly re-licensed prescription agent called Malathion (ovide), because it can kill lice in the egg stage. It is a prescription medication and retails for about \$150. This agent is a potent pesticide. Some sources are concerned that exposure to organophosphates such as malathion may predispose some people to later health consequences such as multiple chemical sensitivity syndrome. It is probably best considered as a second-line treatment in the event of failure of Permethrin treatment. Detailed instructions for treatment are at: <http://www.cdc.gov/parasites/lice/head/treatment.html> .

There are some natural treatments available, but these options are under-studied and may be as or more toxic than chemical treatments.

See: www.sierraclub.ca/national/programs/health-environment/pesticides/head-lice-fact-sheet.pdf

See also: <http://www.headlice.org/faq/treatments/alternatives.htm>

When treating head lice, follow these guidelines:

1. Do not use extra amounts of the lice medication unless instructed. These drugs are insecticides and can be dangerous when misused or overused.
2. Do not treat the infested person more than three times with the same medication if it does not seem to work. See your health care provider for alternative medication.
3. Do not mix head lice drugs.

What should be cleaned?

Washing and drying (with heat) the pillowcases, sheets, nightclothes, towels and stuffed animals may possibly eliminate lice and eggs that might otherwise re-infest an individual or infect a close contact. Combs, brushes, hats and other hair accessories in contact with an infested person should be washed in hot water each day to dislodge any lice and nits. Items which cannot readily be washed should be sealed in a plastic bag for two weeks.

Shared helmets and headphones in schools or recreational settings may rarely and transiently harbor an occasional louse or nit; the effort necessary to effectively inspect and clean these devices, however, is not likely warranted. Shared lockers or coat hooks probably pose even less risk as sources of contamination.

Soak combs and brushes for 1 hour in rubbing alcohol, Lysol[®], or wash with soap and hot (130° F) water. Vacuum the floor and furniture. The risk of getting re-infested from a louse that has fallen onto a carpet or sofa is very small. Don't spend a lot of time on this. Just vacuum the places where the infested person usually sits or lays. Spraying the house with household sprays is NOT recommended. Fumigants and room sprays can be toxic if inhaled or absorbed through the skin. It is not helpful to have a pest control company spray living spaces. Vacuuming floors and furniture is enough to treat the household.

Where can I find more information?

<http://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm>

See especially: http://www.cdc.gov/ncidod/dpd/parasites/lice/factsheet_headlice.htm

<http://www.headlice.org>

See especially: <http://www.headlice.org/faq/questions.htm>

<http://www.nlm.nih.gov/medlineplus/headlice.html>

<http://www.mayoclinic.com/print/lice/DS00368/DSECTION=all&METHOD=print>