Lice (Pediculosis Capitis)

What are head lice?
- Small, tan-colored insects (less than ¹/₈" long)
  - Live on blood they draw from the scalp.
  - Live for days to weeks depending on temperature and humidity.
  - Crawl. (They do not hop or fly.)
  - Deposit tiny, gray/white eggs, known as nits, on a hair shaft 3 to 4 mm from the scalp because the eggs need the warmth from the scalp for hatching.
  - Cannot live for more than 48 hours away from the scalp as adult insects, and as eggs, cannot hatch at temperatures lower than those found close to the scalp.
- Having an infestation with lice may cause irritation and scratching, which can lead to secondary skin infection.
- Families and caregivers/teachers often get very upset about lice; however, head lice do not carry disease. Head lice infestations occur in all socio-economic groups and do not represent poor hygiene.
- Often, normal activities are disrupted because people become so upset about these insect pests.

What are the signs or symptoms?
- Itching of skin where lice feed on the scalp or neck or complaints about itchiness by older children.
- Nits may be glued to hair, most easily seen behind ears and at or near the nape of the neck.
- Scratching, especially behind and around ears and at the nape of the neck.
- Open sores and crusting from secondary bacterial infection that may be associated with swollen lymph nodes (commonly called swollen glands).

What are the incubation and contagious periods?
- Incubation period: 10 to 14 days from laying to hatching of eggs.
  - Lice can reproduce 2 to 3 weeks after hatching.
- Contagious period: Until lice are killed with a chemical treatment.

How are they spread?
- Direct contact with infested hair.
- Only lice, not nits, spread the infestation. (Nits must be near a warm scalp to hatch.)

How do you control them?
- By using medications (pediculocides) that kill lice and nits. Resistance of lice and nits to these chemicals has been reported, but the extent of resistance to the chemicals varies. Some chemicals may require 2 treatments. Since the chemicals are toxic, they should be used according to the approved instructions only. If a particular chemical fails to work, repeated use of that chemical is unlikely to be successful, and an alternative chemical that has been shown to be effective should be tried.
- None of the suggested remedies using common household products (eg, salad oils, mayonnaise, petroleum jelly) or chemicals intended for other purposes have been shown to be effective. Some that have been tried (eg, kerosene) are very dangerous.
- Mechanical removal of the lice and nits by combing them out with a special fine-tooth comb is tedious and very time-consuming.
- Have families examine the heads of household and close contacts.
- Infested articles that can be laundered should be cleaned at 130°F (54.4°C) and dried on the hot setting. Dry-cleaning clothing and bedding, or separating them from contact with people also is effective.

continued
Lice (Pediculus Capitis), continued

- Toys, personal articles, bedding, other fabrics, and upholstered furniture that cannot be laundered with hot water and a dryer or dry-cleaned can be kept away from people (eg, in a plastic bag) for more than 2 days if there is concern about lice having crawled from an infested child onto these articles.
- Because head lice can only live for 1 to 2 days away from the scalp, chemical treatment of the environment is not necessary. Vacuum floors, carpets, mattresses, and furniture (a safe alternative to spraying).
- Help prevent lice infestation by encouraging children not to engage in activity that causes head-to-head contact.

What are the roles of the caregiver/teacher and the family?
- Report the infestation to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms.
- Have parents/guardians consult with a health professional for a treatment plan.
- Check children observed scratching their heads for lice; check all contacts.
- Educate caregivers/teachers and families on how to recognize lice and nits.

Exclude from group setting?
Yes, at the end of the program or school day.
- Children with lice should be referred for treatment at the end of the day.
- Until the end of the program or school day, avoid any activity that involves the child in head-to-head contact with other children or sharing of any headgear.

Readmit to group setting?
After the child has received the treatment recommended by the child’s health professional

Comments
- Removal of nits from the hair near the scalp that might contain live eggs is very difficult. Those farther than ¼" from the scalp are empty egg casings. Nit removal may help reduce diagnostic confusion about reinfection of children who have been successfully treated. However, no-nit policies that require children to be nit free are not recommended because they have not been shown to be effective in controlling outbreaks, may keep the child out of the program needlessly, and unduly burden the child’s parents/guardians who must implement this measure.
- Education of families and caregivers/teachers about the relatively benign consequences of head lice infestations should be attempted to reduce the level of disruption for the infested child and all the others involved in the program. It may be necessary to arrange for a health professional to provide this education to overcome the widespread beliefs about this problem.
- The itching results from an allergic reaction to the saliva of the lice; itching often persists for weeks after the infestation has resolved.