

Head Lice:

Every Parent's Concern



Head lice are a common problem and concern among many parents. If your child is in school or attends child care you will probably receive a note at some point reporting a case of head lice in your child's classroom. Every year in the United States, 6 to 12 million school-aged children get head lice.

Fortunately, head lice are not a serious medical problem, and they do not carry any diseases.

Anyone can get head lice. Despite what many people may think, head lice are not a sign of poor hygiene or an unclean home environment.

It can be difficult to tell if your child has an active case of head lice. That is why it is important for parents to be informed. Parents should know what head lice are and what to do if their child gets them.

Correctly identifying and treating the problem can save children from unnecessary embarrassment and days lost from school.

What are lice?

Head lice are insects found only on human hair. They feed on human blood—much like mosquitoes. Adult head lice have cigar-shaped bodies. Across their middles are small indentations. They are about 2 mm to 3 mm long (about the size of a sesame seed). Their bodies have dark and light areas, which help them blend in with the color of the hair.

Head lice lay eggs and attach them to hair close to the scalp. The eggs and their shell casings are called *nits*. They are attached with a glue-like substance that holds them in place until they hatch. The empty eggshells remain attached to the hair and are not easily removed.

Newly hatched lice are called *nymphs*. It only takes about 12 days for nymphs to reach adulthood. Adult lice only live about 28 days, but the females can lay up to 10 eggs a day, starting a new generation of lice.

How do children get head lice?

Close, head-to-head contact is the primary way head lice spread from one child to another. However, because head lice are crawling insects that do not fly or hop from head to head, contact must be quite close for the lice to spread. Head lice can also be spread from sharing items such as combs, brushes, and hats, although this is a less likely way for them to spread.

Despite what many people think, the length of hair and how often it is brushed or shampooed do not affect the spread of head lice.

Who gets head lice?

Head lice affect everyone. It makes little difference where children live or to which ethnicity they belong, although head lice are less common in black children in the United States (most likely due to the shape of their hair shafts).

In addition, girls seem to get head lice more often than boys. This is probably due to the way girls and boys play. Girls tend to play close together while boys are often more active and play farther apart.

Symptoms of head lice

The most common symptom of head lice is itching, especially behind the ears or at the back of the neck. However, an itchy scalp may also be a symptom of other conditions such as eczema, dandruff, or allergic reactions to hair products.

Head lice are often difficult to find. A positive diagnosis of an active case of head lice can only be made if you find live lice. Nits can remain on the hair for months but do not indicate an active infestation.

How to check for head lice

To check your child for head lice, follow these steps

- Seat your child in a brightly lit room, in an area where you can easily examine the head from different angles.
- Part the hair and look at your child's scalp. Nits will look like small white or yellow-brown specks. They will be firmly attached to the hair. Nits may be easier to see at the hairline at the back of the neck or behind the ears. Live lice will move quickly away from the light.
- Comb through your child's hair in small sections using a fine-tooth comb. After each comb-through, wipe the comb on a wet paper towel. Examine the scalp, comb, and paper towel carefully.

You may need to use a magnifying glass. It is often difficult to tell the difference between dandruff or other hair debris and nits. However, dandruff is much easier to comb out of the hair while nits are much harder to remove.

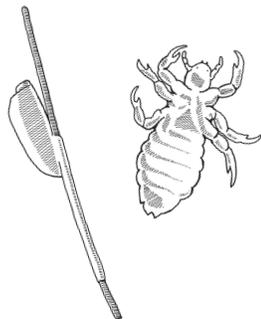
Treatment for head lice

In the past, the only way to get rid of head lice was to comb them out or, in some cases, shave the child's head. Today, chemical treatments for head lice are available and can be found at your local drug or discount store. Most of these products contain 1% permethrin as a cream rinse, which has proven to be a very effective treatment for head lice. Although head lice treatments also are available by prescription, they are not usually the first choice for treating head lice.

In general, there are 3 steps in treating head lice. Because it is possible for head lice to show resistance to these treatments, see your pediatrician if you have followed these steps but your child still has live lice.

Step 1: Kill the lice.

Head lice treatments come in a variety of forms such as shampoo, cream rinse, gel, and mousse. Most need to be applied to dry hair because wet hair can dilute the chemicals in the treatment. Keep the treatment on the hair for the full amount of time recommended by the manufacturer. While lice



treatments are effective at killing live lice, they may not always kill all of the eggs. For this reason, a second treatment is usually necessary 7 to 10 days after the first treatment.

Step 2: Comb out the nits.

This step is not necessary to prevent lice from spreading; however, it may make you and your child feel better knowing the nits are removed. It may also prevent your child from being misdiagnosed with an active case of head lice. And it will help prevent your child from becoming reinfested from any eggs that were not killed at first.

Nits can be combed out after the treatment has been applied to the hair. Many products include a special comb. Carefully read the directions that come with the treatment for proper combing instructions.

Combing out the nits often takes a great deal of time and patience. During this step you may want to give your child something to do, such as a book to read.

Continue to check your child's hair daily for 2 weeks after treatment. If you still see nits in your child's hair, use a fine-tooth comb (or try using your fingernail) to remove them.

Step 3: Prevent lice from spreading.

You do not need to throw away any items belonging to your child, but you may want to follow these prevention tips

- Wash your child's clothes, towels, hats, and bed linens in hot water and dry on high heat.
- Soak combs and brushes in boiling hot water for 5 to 10 minutes.
- Vacuum furniture, carpeting, car seats, and other fabrics that your child was in contact with 24 to 48 hours before treatment.
- Items that your child has been in very close contact with that cannot be washed, such as stuffed animals or toys, can be placed in a plastic bag for 2 weeks (by which time any live lice would die).
- Do not spray pesticides in your home because they can expose your family to dangerous chemicals.
- Check other members of your household for lice and, if present, treat these persons and manage their personal items as outlined previously.

Remember that live lice cannot live more than 24 to 48 hours off the head, so extraordinary cleaning measures are usually not necessary. It is better to spend the time properly treating the child with head lice.

Home remedies

You may have heard of home remedies that involve "washing" your child's hair with thick or oily substances such as petroleum jelly, mayonnaise, tub margarine, herbal oils, or olive oil and leaving it on the hair overnight (the child sleeps wearing a shower cap). The theory is that coating the hair with these substances will smother the lice. These remedies have not been scientifically proven to work. However, they certainly won't hurt your child. Home treatments that should be avoided include coating your child's hair with any toxic or highly flammable substances such as gasoline or kerosene, or using products that are intended for use on animals.

Remember

While having head lice may be embarrassing to you or your child, it does not put your child at risk for any serious health problems. If your child has head lice, work quickly to treat the condition and prevent the lice from spreading. You may need to repeat the treatment to ensure all the lice are gone. If you are unsure about how to detect head lice, suspect your child has lice, have tried to treat a case of head lice only to have them return, or have additional questions about treating head lice, call your pediatrician.

Head lice and school

Some schools routinely check students for lice. This can be very time consuming and cause children to miss valuable classroom time. Also, it is only effective if the person doing the checking knows what live head lice look like. An inexperienced person can mistake other scalp conditions for lice.

If you have been told that your child has head lice, and you can't find any, ask your school nurse or pediatrician for help—this way you will know what you are looking for next time. Remember that if your child has recently been treated for lice and only has nits remaining, further treatment is not necessary—just pick out the nits. If they are more than half an inch from the scalp, they are no longer alive. However, if they are closer, they could hatch and cause another infestation.

Healthy children should not be excluded from, or allowed to miss, school because of head lice. Most cases of head lice begin a month or more before they are discovered. Therefore it makes little sense to remove the child once the lice have been found. Instead, children with head lice could remain in class, but be discouraged from close or direct head contact with others. Otherwise, some children can end up missing weeks of school because of head lice.

In addition, many schools have "no nit" policies that do not allow children to return to school until all visible nits are gone. These policies are not effective because the presence of nits is not the same as having an active case of head lice. Also, because nits are often difficult to remove, some can remain in the hair for months. As a result, "no nit" policies often lead to unnecessary treatments, missed school, and loss of work for parents. For more information on the American Academy of Pediatrics' position on "no nit" policies, visit our Web site at www.aap.org.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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