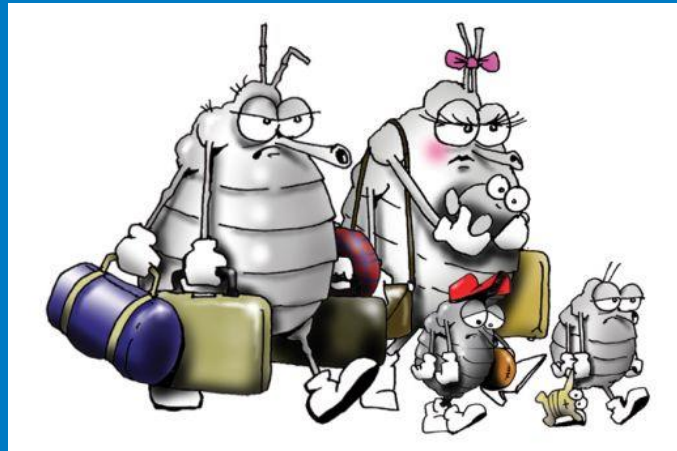


# Head Lice



*Prepared by South Zone 2012*

# What are Head Lice?

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- Insects that live and breed on your head
- They feed by injecting small amounts of saliva and taking tiny amounts of blood from the scalp
- They are a nuisance - not a health hazard – They do not transmit disease
- 6-12 million people worldwide get head lice each year

# Who can get Head Lice?

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- Anyone who comes in close head-to-head contact with someone who has head lice
- Head lice are found more often among children ages 3-10 years and their families



# Signs of Head Lice



- Sometimes there are no symptoms
- It may take 4 to 6 weeks to develop the following symptoms
  - Tickling feeling of something moving in the hair
  - Itching, caused by an allergic reaction to the bites
  - Irritability
  - Sores on the head caused by scratching (These can sometimes become infected)

# How do you get Head Lice?

- In most cases, close contact with someone who has head lice (heads touching during play/sports, sleepovers)
- **Head lice do not fly or jump but crawl really quickly**
- Occasionally, sharing of hats, scarves, combs, hair ribbons, pillows, brushes, towels and helmets



# What do they look like?

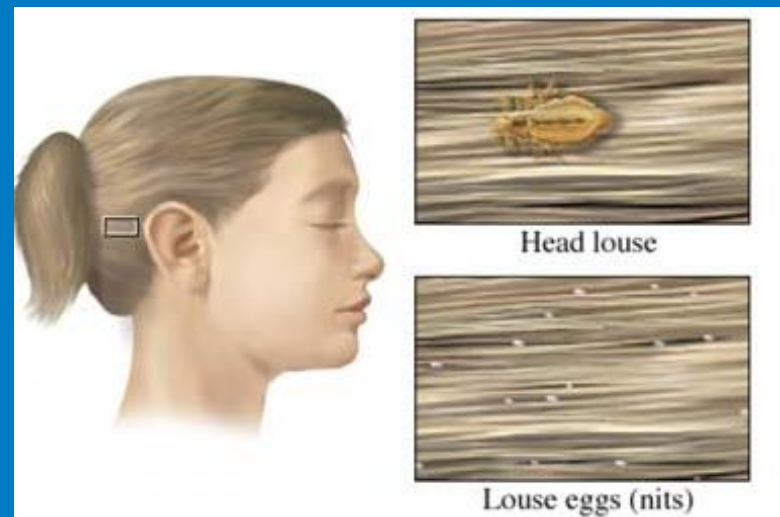
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- Tiny, wingless insects that move quickly and are difficult to see
- 2-4 mm long and greyish brown in color (about the size of a sesame seed)
- Nits (eggs) can sometimes be mistaken for dandruff



# Common Sites where Head Lice are found

- Commonly found around ears, forehead and nape of neck.
- Lie close to scalp



# Life cycle of Head Lice

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- Life Cycle consists of three stages:
  - ❖ **Nits** (eggs)
    - oval, usually white in color, may be mistaken for dandruff,
    - are firmly attached to a hair shaft, close to the scalp
    - take about 1 week (6 – 10 days) to hatch into nymphs



# Life cycle of Head Lice (continued)

## ❖ Nymph (baby louse)

- lives on scalp and feeds off human blood
- matures in 1 week into an adult louse
- if a nymph (baby louse) falls off a person it usually survives only one day

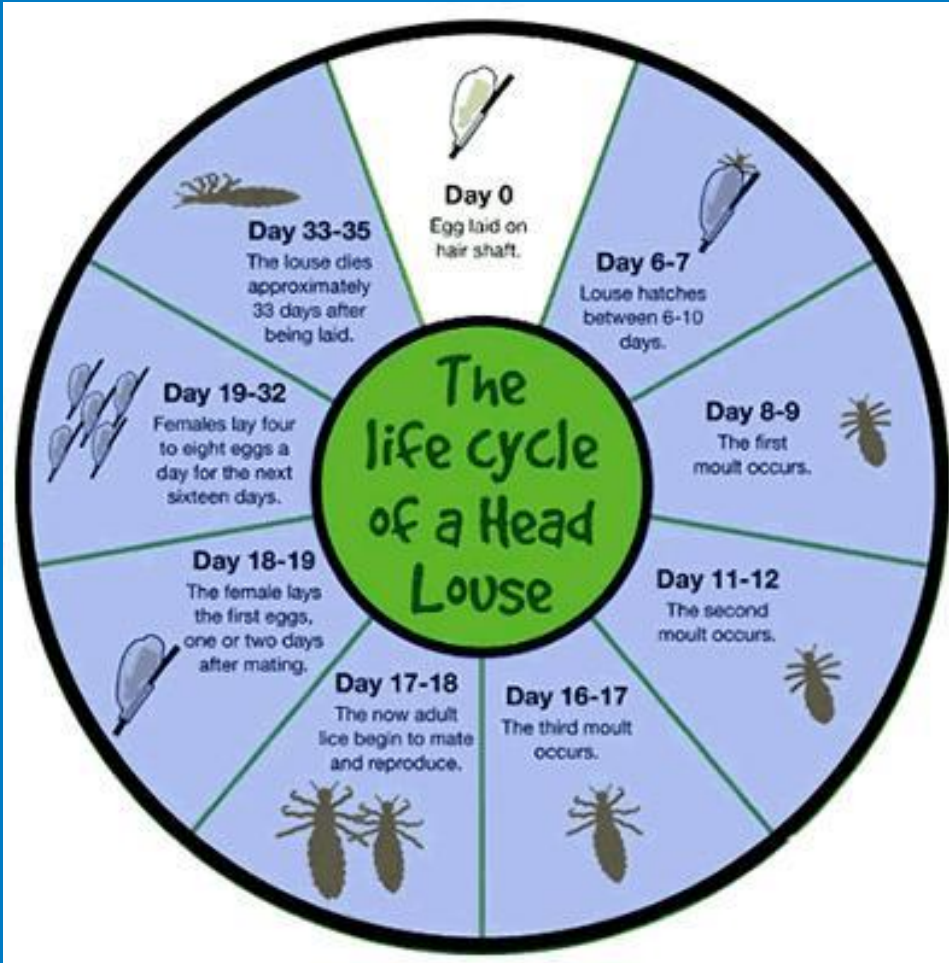


# Life cycle of Head Lice (continued)

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## ❖ Adult Louse

- size of a sesame seed, has 6 legs, and is tan to greyish-white
- females lay nits - they are usually larger than males
- can live up to 30 days on a person's head
- feeds on human blood
- if a adult louse falls off a person, it may survive and live up to 3 days off the scalp.



# How are Head Lice Detected?

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- **The only reliable method of diagnosing current, active infection with head lice is by detection combing.**
- See handout.

# Who should check for Head Lice?

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- Parents and/or caregivers



# Detection Combing

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- Detection Combing is a systematic examination of the hair, from the scalp outwards, to identify head lice.
- Finding lice by parting the hair and looking at the scalp is not particularly efficient and likely to miss many infestations

# Detection Combing

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- You need:
  - *Plastic* fine-toothed comb that is flat-faced, parallel-sided teeth less than 0.3mm apart. Available in most Drug Stores.
  - Good lighting
  - Ordinary comb

# Detection Combing Steps

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- Wash the hair well and then dry it with a towel. The hair should be damp.
- Comb the hair with an ordinary comb.
- Start with the teeth of the fine-toothed comb touching the skin of the scalp at the top of the head. Keep the comb in contact with the scalp as long as possible, draw the comb carefully towards the edge of the hair.



## Detection Combing Steps (Continued)

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- Wipe the fine-toothed comb off on white tissue (like Kleenex) to see any lice that may be caught in the comb.
- Repeat the combing over and over again from the top of the head to the edge of the hair in all directions, working round the head.

## Detection Combing Steps (Continued)

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- It takes a minimum of 10 to 15 minutes to do detection combing for each head.
- If there are head lice, you will find one or more lice on the teeth of the comb.

<http://www.youtube.com/watch?v=4C3rNwWhdvs>

# Who should be treated for head lice?

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- Anyone who has an active infestation of head lice (live lice) should be treated with a treatment that is appropriate for them.
- This means that siblings, parents or bed mates should be treated only if live lice are found when they are checked.



# Head Lice Treatments

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- Health Canada recommends treatment with a topical insecticide (pyrethrins, permethrin 1% or lindane)
- There are many products available at your pharmacy (talk to your pharmacist)



# Head Lice Treatment

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- **Apply as instructed! If directions are not followed the treatment will not work.**
  - Most products recommend treating “clean hair.” This means hair that has been washed with shampoo only (no cream rinse or conditioner)
  - Do not use less than recommended amounts of the Head Lice Product
- Misuse and overuse can be hazardous.

# Head Lice Treatments

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- The products kill the head lice and many eggs, but a **second treatment is needed 7 to 12 days after the first treatment to kill any newly hatched lice before they mature.**
- **Follow manufacturers instructions!**



# Head Lice Treatments

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- When purchasing a head lice treatment talk to the pharmacist:
  - if you are pregnant or breastfeeding (If pregnant and treating others, wear plastic or rubber gloves)
  - before treating children under the age of two
  - if a person has a seizure disorder
  - if the skin of the scalp has an infection

# Head Lice Treatment

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- Check head for live lice daily between treatments using the wet combing detection method
- If live lice are found in the days following the first treatment, remove the louse and continue to do daily head checks for live lice
- Check all close contacts (i.e. family and friends) and treat only if live lice are found.





# Removal of Nits

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- Controversial
  - Alive or dead??



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- Nits that are attached more than 1 inch from the base of the hair shaft are almost always dead or already hatched.
  - Public Health encourages removal as many nits as possible especially those within 1 1/2 inch of the scalp
  - This decreases the confusion as to whether the child has actual head lice infestation or not

# Info for Schools and Daycares

- Research indicates children who may have lice should not be excluded from school; if they do have lice, they will probably have been there for weeks already.
- “No Nit” Policies  
-Not Recommended



# Info for Schools and Daycares

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“Alert” letters

- Not Recommended



# Parent/Caregiver Responsibilities

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- Be aware of the signs and the symptoms of infestation;
- Be familiar with the technique for examining hair for lice and nits;
- Examine children's heads weekly for signs of infestation as part of routine hygiene;
- Carry out treatment on family members with live moving lice
- Notify others who have close contact with the child if you find lice in your child ( family members, neighbours, etc);
- Wash personal items such as combs, brushes, bedding and hats;

# School Responsibilities

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- Schools should not take on the responsibility of checking heads for head lice as traditional methods of parting the hair and looking at the scalp is not efficient and many infestations may be missed.
- “Alert” letters should not be sent out. These can cause an “outbreak” of imaginary lice.

## School Responsibilities (continued)

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- Children who may have lice should not be excluded from school; if they do have lice, they will probably have been there for weeks already.
- The school should give best practice information on lice to parents and staff, including the importance of regular detection combing and how to do it. Provision of information should be on a regular basis throughout the year, not just when there is thought to be an “outbreak.”

# Public Health Nurse Responsibility

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- Providing Best Practice treatment guidelines to schools, to parents and community agencies upon request;
- Assisting school boards and schools to implement head lice policies and protocols;
- Consultation on difficult to treat cases of head lice



# Alternative treatments

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- **Public Health does not recommend the use of alternative treatments (vinegar, mayonnaise, petroleum jelly, mineral oil, baby oil, cooking oil, tea tree oil or other alternatives) because their effectiveness has not been scientifically documented**

# House cleaning

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- Choose the best method to clean the following items (washing in hot water for 15 minutes or running through a drier on the hottest setting):
  - All personal hair care items such as combs, barrettes, etc. Repeat this daily until the lice are gone.
  - Items that have been in prolonged or intimate contact with the child's head (bedding, hats, etc.) at the time of first treatment.
  - For items that cannot be washed they should be placed in a sealed plastic bag for two weeks or for 48 hours at  $-10^{\circ}\text{C}$ .

# Housecleaning

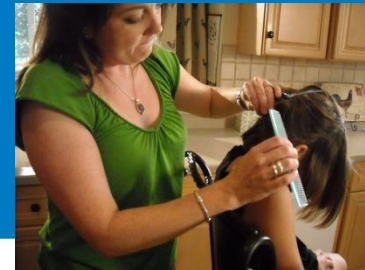
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- There is no need to vacuum or wash floors, carpets or furniture.
- Do not use household sprays or lice sprays. They do not work and may be harmful to people.

# Controlling the spread

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- Discourage head-to-head contact and sharing of hats, scarves, hairbrushes, combs and hair ribbons
- Tie long hair back in braids
- Check heads of all family members and people in close contact



# Controlling the spread

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- All family members with live head lice (not just nits) should be treated at the same time
- Parents should check school age children weekly for head lice all year!

# Controlling the spread

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- If you find live lice present on your child's head:
  - Tell all close contacts to check their head

# Important things to remember

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- Lack of cleanliness does not cause head lice
- Both children and adults can get it
- Short hair does not prevent the spread
- Lice do not live on cats, dogs or other animals
- You cannot prevent head lice by using head lice shampoos or products - use only if live lice are present
- **Be sensitive to your child's feelings!**

## Some recommended web sites include:

- Centers for Disease Control and Prevention, Parasites-Lice-Head Retrieved December 2011 from <http://www.cdc.gov/parasites/lice/head>
- Saskatchewan Ministry of Health, Head Lice Retrieved December 2011 from [www.health.gov.sk.ca/head-lice](http://www.health.gov.sk.ca/head-lice)
- American Academy of Pediatrics. (2010). Clinical report – Head lice. Pediatrics, 126(2) 392-403.
- Canadian Pediatric Society (2008). Head lice manifestations: A clinical update. Pediatric Child Health, 13(8), 692-696.
- Nova Scotia Public Health Services (2008). Guidelines for the treatment of pediculosis capitus (head lice). Retrieved Dec 2011 from [http://www.gov.ns.ca/hpp/publications/Head\\_Lice\\_Guidelines\\_for\\_Treatment.pdf](http://www.gov.ns.ca/hpp/publications/Head_Lice_Guidelines_for_Treatment.pdf).
- Public Health Medicine Environmental Group, Head Lice: Evidenced-Based Guidelines Based on the Stafford Report 2008 Update. Retrieved December 2011 from [http://www.phmeg.org.uk/Documents/Headlice/HeadLiceStaffordRpt\\_2008.pdf](http://www.phmeg.org.uk/Documents/Headlice/HeadLiceStaffordRpt_2008.pdf)
- The life cycle of a Head Louse, Retrieved Dec 2011 from <http://www.skin-and-scalp-treatment.com/images/head-lice-photos-21491015.jpg>
- Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on the Stafford Report 2008 Update. [http://library.nhs.gov.uk/mediaAssets/Infection%20Control/HeadLiceStaffordRpt\\_2008.pdf](http://library.nhs.gov.uk/mediaAssets/Infection%20Control/HeadLiceStaffordRpt_2008.pdf)