



Head Lice

A Real Head Scratcher for Parents

Each year approximately 6 to 12 million children between the ages of 3 and 12 years of age are infested with head lice^{1,5}. While the odds of your son or daughter developing head lice are relatively small, following is useful information on how to spot and treat this condition.

What are head lice?

Head lice are parasites that survive by injecting small amounts of saliva and removing small amounts of blood from the scalp every few hours¹. Generally found on the scalp, around the ears and at the back of the neck, the adult louse is about the size of a sesame seed and can be a reddish brown color². Eggs, or nits, are smaller and are silver in color³.

What are the symptoms of head lice?

The most common symptom of head lice is head scratching caused by sensitivity to the louse's saliva¹, although you may also notice red bite marks on your child's head².

How common are head lice?

About one in every 100 U.S elementary school children will be infested with head lice in any given year⁴. Infestation can occur throughout the year, although a peak is generally experienced during summer and back-to-school time periods³.

How do you contract head lice?

Lice are "equal opportunity" parasites. They infest all socioeconomic groups, races, genders and ages, but are more commonly found in children due to their close contact with each other¹. While lice are not considered an infectious disease, transmission from one child to another can occur during direct contact or through the sharing of personal items such as hats, helmets, brushes or combs¹. It is important for you to know that lice are not a sign of poor hygiene and they do not transmit disease. If your child contracts head lice, there is no cause for embarrassment or undue anxiety. By the same token, if someone in your child's class at school develops head lice, there is no reason to panic and automatically assume that your child will "catch" head lice.

How do I know if my child has head lice?

Diagnosis of head lice is usually made on the basis of symptoms and confirmed through the identification of a live louse on the head. If your child is scratching his or her head, and you see red bite marks and lice or nits on their scalp, he or she should be examined by a medical professional (such as a school nurse)⁴.

How do I prevent head lice?

While preventing head lice entirely can be difficult, parents should discourage their children from sharing

personal items such as hats, helmets, brushes or combs to decrease the likelihood of transmission from one child to another. Children should also avoid head-to-head contact at school and on the playground, and avoid sleepovers and slumber parties during lice outbreaks. Parents can also wash in hot water or dry-clean all recently worn clothing, hats, used bedding, and towels used by anyone having lice or thought to be exposed to lice. Personal care items such as combs, brushes and hair clips should also be washed in hot water.

How can I treat head lice?

Traditional treatments for head lice include nit picking with a fine-tooth comb, over-the-counter and prescription products, and home therapies. Nit picking takes time and patience, while many products contain a pesticide that can be neurotoxic when used inappropriately. These products are safe and effective but like all medical treatments, they must be used as directed and with caution by parents. Also, studies have shown that head lice are learning to outsmart many neurotoxic pesticides and are developing resistance to these products, in much the same way that some bacteria have developed resistance to antibiotics^{2,3}. The US Food and Drug Administration (FDA) recently approved the first and only prescription medication that kills head lice by asphyxiation without potential neurotoxic side effects.

If a child is suspected of having head lice, he or she should be examined by a medical professional (such as a school nurse)⁴.

- 1 Frankowski, B.L., Weiner, L.B, the Committee on School Health, the Committee on Infectious Disease (September 2002). American Academy of Pediatrics Clinical Report: Guidance for the Clinician in Rendering Pediatric Care: Head Lice. *Pediatrics*, 110 (3).
- 2 Head Lice Control. Beyond Pesticides/NCAMP fact sheet.
- 3 Hansen, R.C (September 2004). Overview: The State of Head Lice Management and Control. *Am J Manag Care*, 10, S250-S263.
- 4 Pollack, R.J. The Role of the School in Battling Head Lice. *Our Children Magazine*
- 5 Williams, L., Reichert, A., MacKenzie, W., Hightower, A., & Blake, P. (2001). Lice, nits, and school policy. *Pediatrics*. 107(5). 1011-1015.

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School and
Community
Resources to
Avoid and
Take
Control of
Head Lice

This program is supported through an unrestricted educational grant to the National Association of School Nurses from Sciele Pharma, Inc., a Shionogi company.