

Lice

Updated school policy and current prevention and treatment recommendations, based on Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics (AAP) guidelines.



(CDC Photo)

What Are Head Lice?

Head lice are parasitic insects that live close to the human scalp, surviving on blood. Lice hatch from eggs called nits. Nits are small, oval-shaped and appear white or yellow. They are found at the base of the hair shaft, closest to the scalp. A nymph is what hatches from the nit. It will appear the same as an adult louse, only smaller. An adult louse is grayish-white or tan and around the size of a sesame seed. A louse can live about 30 days on a person's scalp. However, they will die within two days if they are away from a host.

Signs and Symptoms of a Lice Infestation (Pediculosis)

The main symptom during a lice infestation, also known as pediculosis, is itching due to an allergic reaction from louse bites. However, an infestation can be asymptomatic, taking up to 6 weeks for itching to appear. Other possible signs and symptoms include a tickling sensation of something moving in the hair, irritability, difficulty sleeping and sores on the scalp from scratching. A lice infestation is diagnosed by finding a live nymph or louse on the scalp or hair. If crawling lice are not seen, finding nits firmly attached within $\frac{1}{4}$ inch of the base of a hair shaft suggests, although does not confirm, that a person has an active lice infestation. Treatment would be recommended at this time. If no live lice are found and nits are more than $\frac{1}{4}$ inch from the scalp, the infestation may no longer be active and treatment may not be necessary. Dandruff, hair styling products, or dirt in the hair can also be confused as a lice infestation. So, it is best to reach out to a health care provider to make this diagnosis before treatment begins.



Actual Size of Nit, Nymph and Adult Louse (CDC Photo)

Prevention

Lice are a nuisance, but they are not known to spread disease. Cleanliness and personal hygiene have nothing to do with lice infestation. Head lice cannot hop or fly, and only move by crawling. Therefore, they will only transfer to a new host through head-to-head contact or the sharing of personal items like brushes, towels and clothing. The following steps can be taken to help prevent a lice infestation.

1. **Avoid head-to-head contact, such as during play, while at school, home, activities, slumber parties, camp etc.**
2. **Do not share clothing or accessories such as hats, scarves, hair ties, brushes, or towels.**
3. **Do not use bedding, pillows, stuffed animals, etc that have been in contact with someone who has had a recent lice infestation.**
4. **DO NOT use fumigant sprays or fogs in the house as they are not needed and can be toxic.**

Treatments

Over-the-counter and prescription medications are available for treating lice infestations. Pets do not need to be treated. Lice cannot survive on pets as head lice are only spread through human contact. The CDC does not recommend specific products for treatment. Please reach out to the Holy Spirit Clinic or your health care provider for more information on treatment options. A detailed list of specific medications, directly from the CDC website, will be included at the end of this document. After an initial treatment, a retreatment with the chosen product may be recommended for the best results since no approved pediculicide (a medication that kills lice) is completely ovicidal (kill eggs). Pediculicides are considered safe and effective when used correctly. The products can cause itching or a mild burning sensation. They can also be absorbed through the skin, so they should only be used as directed. The AAP recommends rinsing all topical treatments from the hair over a sink instead of a shower or bath. This will limit skin exposure. The use of warm water instead of hot will also help to lower absorption of the product. Do not use a product containing conditioner prior to treatment. Follow the directions on when you can begin a normal shampooing routine after treatment. Swimming within 1-2 days after using a pediculicide may make some treatments less effective. Data has shown that chlorine levels in pool water do not kill head lice, and lice do not let go when submerged in water. Generally, additional measures are not necessary for eliminating a lice infestation. However, minimal cleaning in the house may decrease the likelihood of any reinfestation. Machine washing bedding, towels, clothing, etc that were used within the 2-day period prior to the start of treatment with hot water and hot air (>128.3°F for at least 5 min) will kill any lice or nits. Items that can not be laundered may be sealed in a plastic bag for two weeks.

Follow these treatment steps:

1. Remove clothing before treatment to prevent possible staining.
2. Apply lice medication, closely following the directions. If a person being treated has long hair, a second bottle may be required.
3. Put on clean clothing following the treatment.
4. If a few live lice are still found 8-12 hours later, but are moving more slowly than before, do not retreat. You can comb dead and live lice out at this time with a fine-toothed nit comb. If there is no change to the lice (no dead lice found, lice remain active), speak with a healthcare provider as a different pediculicide may be recommended.
5. Checking the hair and combing with a nit comb after each treatment may help improve the chance of successful treatment.
6. Soak combs and brushes in hot water (>130°F) for 5-10 min.

****If you or a family member are concerned about a possible lice infestation, please contact your health care provider or the Holy Spirit Clinic for further help. Thank you****

Updated Holy Spirit 2022-23 School Year Policy

The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) have all advocated that previous “no-nit” policies should be discontinued. Most nits are too far from the scalp to be viable or may actually be empty shells known as “casings”. Nits are cemented to hair, with a very small chance they will be spread to others. These organizations also recommend that mandatory school absences, classroom screenings and notifications to anyone other than the parents and guardians of students with active lice infestations should be discontinued. Following these current guidelines, the Holy Spirit Clinic will assist families, students, faculty, and staff with education, prevention and treatment of a lice infestation in the following ways.

- 1. The most updated version of this document will be available on our school website, under Holy Spirit Clinic. Hard copies will also be available in the clinic. Parents or guardians, faculty, staff and students can reach out to us with any questions or concerns.**
- 2. Education on the prevention of lice will be given to students at the beginning of each school year, and any updated protocols will be sent home for parents and guardians.**
- 3. Students, faculty and staff can reach out to the clinic at any time to request a screening for lice. Parents and guardians may also reach out if they would like their child to be screened in the clinic.**

4. In the event that a lice infestation is identified in school:

If a lice infestation is identified in school, the student will be able to return to class. Parents or guardians will be notified. After school, the student will need to be treated and may return to school as soon as appropriate treatment has been started. Nits may survive the initial treatment, but a successful treatment kills crawling lice.

5. In the event that a lice infestation is identified outside of school:

If a lice infestation is identified outside of school, we request that you contact the Holy Spirit Clinic with any questions or concerns. The student will need to be treated and may return to school as soon as appropriate treatment has been started. Nits may survive the initial treatment, but a successful treatment kills crawling lice.

- 6. The reporting of a lice infestation is not required. However, it may be beneficial to share that information with the school clinic, teachers, and/or recent close contacts. Our goal is for our students, faculty, staff, and families to remain healthy and to limit the amount of time our children are out of the classroom. We are always here to help.**

Contact Information

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Treatments for Lice Infestation

(CDC)

Over-the-counter Medications

Many head lice medications are available “Over-the-counter” without a prescription at a local drug store or pharmacy. Each Over-the-counter product approved by the FDA for the treatment of head lice contains one of the following active ingredients. Always follow the label instructions when administering these medications. If crawling lice are still seen after a full course of treatment contact your health care provider.

Pyrethrins combined with piperonyl butoxide;

Brand name products:

A-200*, Pronto*, R&C*, Rid*, Triple X*. Pyrethrins are naturally occurring pyrethroid extracts from the chrysanthemum flower. Pyrethrins are safe and effective when used as directed. Pyrethrins can only kill live lice, not unhatched eggs (nits). A second treatment is recommended 9 to 10 days after the first treatment to kill any newly hatched lice before they can produce new eggs. Pyrethrins generally should not be used by persons who are allergic to chrysanthemums or ragweed. Pyrethrin is approved for use on children 2 years of age and older. The efficacy of pyrethrin external icon may be reduced because of development of resistance, but the prevalence of resistance has not been well studied and is unknown. If crawling lice are still seen after a full course of treatment contact your health care provider.

Permethrin lotion, 1%;

Brand name product:

Nix*. Permethrin is a synthetic pyrethroid similar to naturally occurring pyrethrins. Permethrin lotion 1% is approved by the FDA for the treatment of head lice. Permethrin is safe and effective when used as directed. Permethrin kills live lice but not unhatched eggs. Permethrin may continue to kill newly hatched lice for several days after treatment. A second treatment often is necessary on day 9 to kill any newly hatched lice before they can produce new eggs. Permethrin is approved for use on children 2 months of age and older. Resistance to 1% permethrin has been reported, but its prevalence is unknown. If crawling lice are still seen after a full course of treatment contact your health care provider.

Prescription Medications

The following medications, in alphabetical order, approved by the U.S. Food and Drug Administration (FDA) for the treatment of head lice are available only by prescription. Always follow the instructions of your health care provider when administering these medications. If crawling lice are still seen after a full course of treatment, contact your health care provider.

Benzyl alcohol lotion, 5%;

Brand name product: Ulesfia lotion

*Benzyl alcohol is an aromatic alcohol. Benzyl alcohol lotion, 5% has been approved by the FDA for the treatment of head lice and is considered safe and effective when used as directed. It kills lice but it is not ovicidal. A second treatment is needed 7 days after the first treatment to kill any newly hatched lice before they can produce new eggs. Benzyl alcohol lotion is intended for use on persons who are 6 months of age and older and its safety in persons aged more 60 years has not been established. It can be irritating to the skin.

Ivermectin lotion, 0.5%;

Brand name product: Sklice

*Ivermectin lotion, 0.5% was approved by the FDA in 2012 for treatment of head lice in persons 6 months of age and older. It is not ovicidal, but appears to prevent nymphs (newly hatched lice) from surviving. It is effective in most patients when given as a single application on dry hair without nit combing. It should not be used for retreatment without talking to a healthcare provider. Given as a tablet in mass drug administrations, oral ivermectin has been used extensively and safely for over two decades in many countries to treat filarial worm infections. Although not FDA-approved for the treatment of lice, ivermectin tablets given in a single oral dose of 200 micrograms/kg or 400 micrograms/kg repeated in 9-10 days has been shown effective against head lice. It should not be used in children weighing less than 15 kg or in pregnant women.

Malathion lotion, 0.5%;

Brand name product: Ovide

*Malathion is an organophosphate. The formulation of malathion approved in the United States for the treatment of head lice is a lotion that is safe and effective when used as directed. Malathion is pediculicidal (kills live lice) and partially ovicidal (kills some lice eggs). A second

treatment is recommended if live lice still are present 7–9 days after treatment. Malathion is intended for use on persons 6 years of age and older. Malathion can be irritating to the skin. Malathion lotion is flammable; do not smoke or use electrical heat sources, including hair dryers, curlers, and curling or flat irons, when applying malathion lotion and while the hair is wet.

Spinosad 0.9% topical suspension;

Brand name product: Natroba

*Spinosad is derived from soil bacteria. Spinosad topical suspension, 0.9%, was approved by the FDA in 2011. Since it kills live lice as well as unhatched eggs, retreatment is usually not needed. Nit combing is not required. Spinosad topical suspension is approved for the treatment of children 6 months of age and older. It is safe and effective when used as directed. Repeat treatment should be given only if live (crawling) lice are seen 7 days after the first treatment.

For second–line treatment only:

Lindane shampoo 1%;

Brand name products: None available

Lindane is an organochloride. The American Academy of Pediatrics external icon(AAP) no longer recommends it as a pediculicide. Although lindane shampoo 1% is approved by the FDA for the treatment of head lice, it is not recommended as a first–line treatment. Overuse, misuse, or accidentally swallowing lindane can be toxic to the brain and other parts of the nervous system; its use should be restricted to patients for whom prior treatments have failed or who cannot tolerate other medications that pose less risk. Lindane should not be used to treat premature infants, persons with HIV, a seizure disorder, women who are pregnant or breast–feeding, persons who have very irritated skin or sores where the lindane will be applied, infants, children, the elderly, and persons who weigh less than 110 pounds. Retreatment should be avoided.

****Please visit this CDC link for more information about current treatments for Lice Infestation (Pediculosis): <https://www.cdc.gov/parasites/lice/head/treatment.html>**