# **Communicating About Head Lice**

Conversation Guide for School Nurses



Head lice are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to  $11.^1$  Given these numbers, there is a chance that, as a school nurse, families facing a head lice infestation may turn to you as a trusted resource for information and support. Here are some questions and concerns that may come up, and information to help respond to parents, teachers and administrators.

### Q: What are head lice?

A: Head lice are tiny, wingless insects that live close to the human scalp. They feed only on human blood. Head lice can lay eggs, called nits, that hatch and cause itching and discomfort but do not spread disease.<sup>1</sup>

### Q: What do head lice look like?

A: When looking for head lice you may see several different forms: eggs, baby lice and adult lice. The eggs, also called nits, are tiny, teardropshaped eggs that attach to the hair shaft. They are often found around the nape of the neck or the ears. Nits may appear yellowish or white, and can look similar to dandruff. Nymphs, or baby lice, are smaller and grow to adult size in one to two weeks. Adult lice are the size of a sesame seed and tan to grayish-white.<sup>1</sup>

### Q: How do you get head lice?

A: Head lice are mostly spread by direct head-tohead contact – for example, during play at home or school, slumber parties, sports activities or camp. Head lice move by crawling. They cannot jump or fly.

# Q: Can sharing clothing or personal items spread lice?

A: Head lice cannot survive for very long off the head. Therefore it is not common for head lice to spread by contact with items such as clothing, hats, scarves, coats or other personal items such as combs, brushes or towels.<sup>1</sup>

### Q: Who is at risk for head lice?

**A:** The risk of infestation is highest in children between ages 3 and 11. Although children usually catch head lice in the home and community settings, head lice are often detected by school nurses. Infestations are not related to cleanliness. In fact, head lice often infest people with good hygiene and grooming habits.<sup>1,2,3</sup>

## Q: Are head lice dangerous?

A: Head lice are not dangerous. They do not transmit disease, but they do spread easily.<sup>1</sup> If head lice are found in your child's hair or scalp, it's important to talk to your school nurse, pediatrician or family physician to get appropriate care and information.

### Q: How do I know if my child has head lice?

A: Finding a live nymph or adult louse on the scalp or in the hair is a good indication of an infestation. They are most commonly found behind the ears and near the neckline at the back of the head.<sup>4</sup>

Head lice move quickly and avoid light, so they can be hard to see. Misdiagnosis is common.<sup>4</sup> Therefore, you may want to contact your school nurse, pediatrician or family physician if you suspect an infestation.

# Q: My child's classmate/friend has head lice. Is my child at risk?

**A:** Head lice move by crawling and cannot jump or fly. It is not common for lice to spread through sharing clothing or personal items, such as combs, towels or toys. The greatest risk of transmission is between people who have had direct head-to-head contact when one person has an active case of head lice.<sup>1</sup>

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## Q: My child has head lice. What do I do next?

A: It's important to talk to your pediatrician or family physician right away to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require combing out nits from your child's hair. You may want to remove nits for aesthetic reasons.

Family bed linens and recently used clothes, hats and towels should be washed in very hot water. Personal articles, such as combs, brushes and hair clips, should also be washed in hot soapy water or thrown away if they were exposed to the site of infection.5

## Q: What treatment options are available? Are they safe?

- A: There are a number of available treatments. You should talk with your child's pediatrician or family physician to discuss the best option for your family. Here are some things to consider in selecting and starting treatment:
- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by a healthcare professional.5
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.6,7

- There is no scientific evidence that home remedies are effective.8
- New treatment options that are safe and do not require combing out nits are available by prescription. You may want to remove nits for aesthetic reasons.

# Q: Is my child experiencing discomfort or pain during active infestation?

- A: Many people may not experience symptoms. Some common symptoms of head lice include<sup>1</sup>:
- Tickling feeling on the scalp or in the hair
- **Itching** (caused by the bites of the louse)
- Irritability and difficulty sleeping (lice are more active in the dark)
- Sores on the head (caused by scratching, which can sometimes become infected)

### Q: Does my entire family need to be treated for head lice?

A: All household members and other close contacts (including friends or relatives who recently stayed in the home) should be checked for head lice. Anyone showing signs of active infestation should also be treated.5

#### References

- <sup>1</sup> Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Frequently Asked Questions. http://www.cdc.gov/parasites/lice/head/ gen\_info/faqs.html. Accessed October 12, 2012.
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- <sup>6</sup> Burkhart CG. Relationship of treatment resistant head lice to the safety and efficacy of pediculicides. Mayo Clin Proc. 2004;79(5):661-666.
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- <sup>8</sup> Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment Frequently Asked Questions. http://www.cdc.gov/parasites/lice/  $head/gen\_info/faqs\_treat.html.\ Accessed\ October\ 18,\ 2012.$

