

POLICY FOR THE DETECTION AND TREATMENT OF HEAD LICE

DATE: February 2005
REVIEW: February 2008

HPT:

HEADLICE

POLICY STATEMENT.

This policy has been written to inform parents, health and education professionals on the early detection and treatment to manage head lice infections in schools, childcare facilities and other settings where infections may occur.

Effective management of head lice infection depends on the ability of **all** relevant professionals/agencies to offer clear, accurate and impartial advice and support to parents on detection and treatment.

The scope of the policy covers the general public and professions working in

Bebington & West Wirral Primary Care Trust
Birkenhead & Wallasey Primary Care Trust
Wirral Education Authority
Wirral Hospital NHS Trust

What are head lice?

Head lice are small, six-legged wingless insects which are pin-head size when they hatch, less than match-head size when fully grown and are grey/brown in colour. They are difficult to detect in dry hair even when the head is closely inspected. Head lice often cause itching, but this is not always the case.

Head lice live on, or very close to the scalp at the base of the hair, where they find both food and warmth. They feed through the scalp of their host. The female louse lays approximately 6-8 eggs daily. Eggs are firmly glued to strands of hair, close to the scalp, preferring a temperature of 30 - 31°C, which is favourable to incubation. Live eggs are skin coloured and very difficult to see.

The incubation period is 7 - 8 days and within 10 days of hatching, the louse becomes an adult and begins to mate. **Nits** are empty egg cases. After an egg has hatched the egg sacs, which are white and shiny and may be found further along the hair shaft and grow out as the hair grows, at a rate of about 1 cm per month.

Nits are often easier to see than the head lice themselves. Many people mistake 'nits' for head lice or believe that it is evidence of a head lice infection. **A head lice infection cannot be diagnosed unless a living louse has been found on the head (not a nit.)**

During their life span of one month, head lice will shed their skin up to three times. This skin, combined with louse droppings, looks like black dust and may be seen on the pillows of people with head lice.

Head lice cannot fly, jump or swim; they are contracted only by direct head to head contact. Contrary to popular belief, the length, condition or cleanliness of hair does not predispose any particular group to head lice infection.

Anyone with hair can catch head lice, meaning that the problem, whilst often more prevalent in children, is not unique to them.

Control of head lice is based on detection of infection among cases and close contacts, and effective treatment with an insecticidal lotion or liquid. Detecting head lice is the responsibility of parents, and parents need to have clear information on the detection and treatment of head lice.

Prevention and Detection

All family members should brush/comb their hair twice a day. Good hair care may help to spot lice early and so help control them.

When hair is washed, damaged lice will float on the surface of the water. Also, the presence of lice may be indicated by finding a black powder on the pillow in the morning. This is a mixture of black faecal powder and cast skins which can also make collars become dirty more quickly than normal

Children should be provided with their own brush and comb and encouraged to adopt good grooming habits.

Each member of the family's hair should be checked at least once a week and more often if possible, for signs of infestation,

Dampened hair should be first combed with an ordinary comb.

Then using a plastic detector comb begin at the top of the head and making sure that the comb is touching the scalp, slowly draw the comb towards the end of the hair.

Check the teeth of the comb carefully.

Repeat steps (i) and (ii), working your way around the head from the top of the scalp to the ends of the hair. This should take 10 to 15 minutes.

If there are lice, you will find one or more lice on the teeth of the comb.

The use of louse repellents should be discouraged, as they do not deal with the control of lice in the population, and they do not treat existing infection.

Prophylactic use of an insecticidal head lice preparation should be actively discouraged. Insecticidal head lice preparations do not protect against infestation.

Choice of Treatment

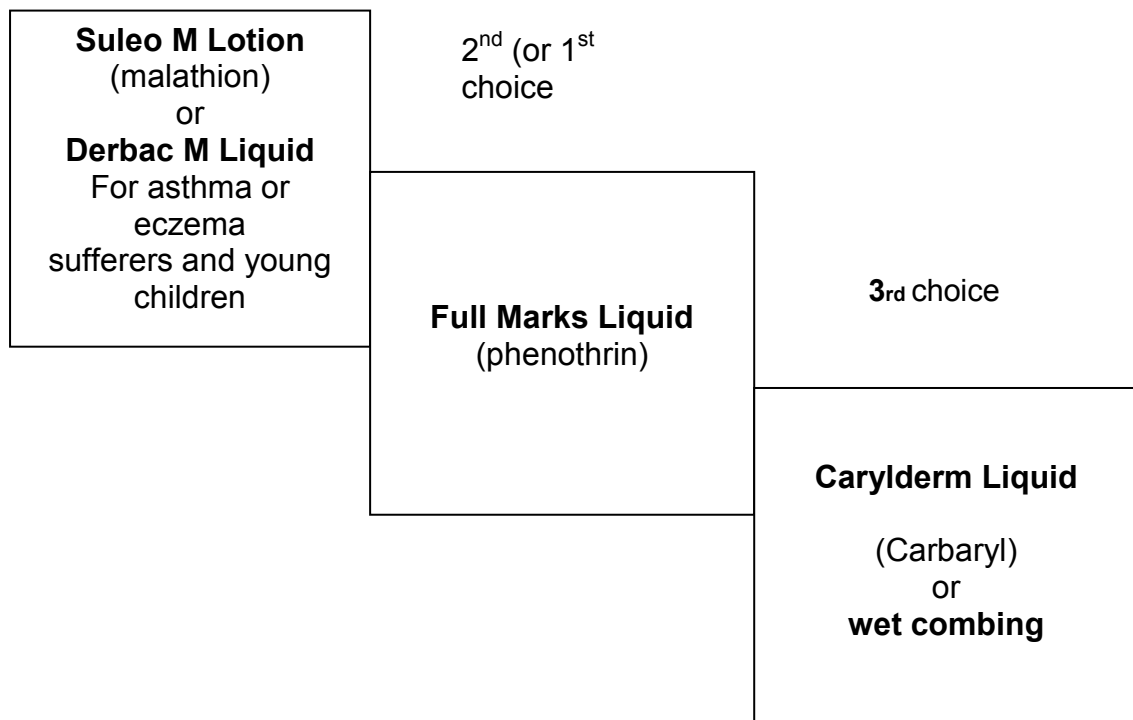
Insecticide lotions are recommended for the treatment of head lice.

The use of a structured mosaic is recommended. This means a treatment is chosen and used for one complete course (i.e. two applications of insecticide, seven days apart). If this fails another treatment is chosen, e.g. a different insecticide. If the second treatment also fails, a third choice of treatment is tried.

This structure prevents the repeated use of a single product.

A suggested structured mosaic for headlice treatment

1st (or 2nd choice)



If a treatment fails, the reason for failure should be thoroughly investigated before retreating

Full Marks liquid (phenothrin) and Carylterm liquid (carbaryl) are equally effective as the alcohol based lotion. Therefore for these insecticides there is no need to include a lotion in the structured mosaic.

Suleo M lotion is more effective than Derbac M liquid. Derbac M liquid should therefore only be used for asthma or eczema sufferers and young children for whom an alcohol base is unsuitable.

A contact time of 12 is recommended for lotions and liquids (BNF, Sept 04).

Shampoos, crème rinses and mousse are not recommended as the product becomes too diluted in use and had an insufficient contact time(BND, Sept 04).

Treatment

If treatment is appropriate, anyone is entitled to a prescription from their doctor.

Alternatively, treatment can be purchased from a pharmacy.

In order to comply with product licences children under 6 months old should be treated under medical supervision.

Chlorine from swimming pools may affect the efficacy of the treatment. It is therefore recommended that people who have been swimming in the *previous three days* should wash and dry hair prior to treatment.

Following treatment, swimming and normal shampooing routines will not affect the efficiency of the residual activity of the Malathion insecticides.

When applying treatment, protect eyes and face with a towel.

Use sufficient lotion - at least one small bottle for each head (50 mls).

Apply treatment to **DRY** hair, applying a few drops at a time, along small partings around the scalp, rubbing the material outwards into the scalp and hair before moving to the next parting. This will ensure maximum penetration of the treatment.

The hair should be allowed to dry naturally. The use of hair dryers or exposing the hair to naked flames can be highly dangerous and must be avoided.

Leave on the hair for at least the recommended period. Leaving treatment for the full 12 hours gives better penetration.

After shampooing, any remaining dead lice and nits (hatched egg shells) may be removed by combing the hair whilst it is still wet, with a metal nit comb obtainable from any local pharmacy.

A second application of treatment should be applied seven days after initial treatment.

Hair should be checked with a plastic detector comb after completing a course of treatment, i.e. two applications of insecticide, seven days apart. Any emerging lice not killed off by initial treatment will then be detected.

Regular wet combing (every 3-4 days) for at least 2 weeks does clear lice for some people. It is not the treatment recommended in this procedure

There is no published evidence of the effectiveness of this method. Wet combing does not remove eggs effectively, so it must be done regularly to remove lice emerging from eggs. This method requires high commitment for it to be successful.

Alternative Treatments

A battery operated electrical comb (Robicomb) is now available. This treatment is NOT recommended. The electric shock kills lice but it does not affect eggs. Any debris caught between the teeth has to be removed before re-use and the teeth tend to clog up quickly.

The use of teatree oil products in treatment of headlice is NOT recommended. There is no evidence to support the use of teatree oil and there have been a number of reports of adverse skin reactions caused by the oil.

Contact Tracing

This is an essential part of the treatment of head lice infection and is necessary to treat the likely source of the infection and to prevent reinfection.

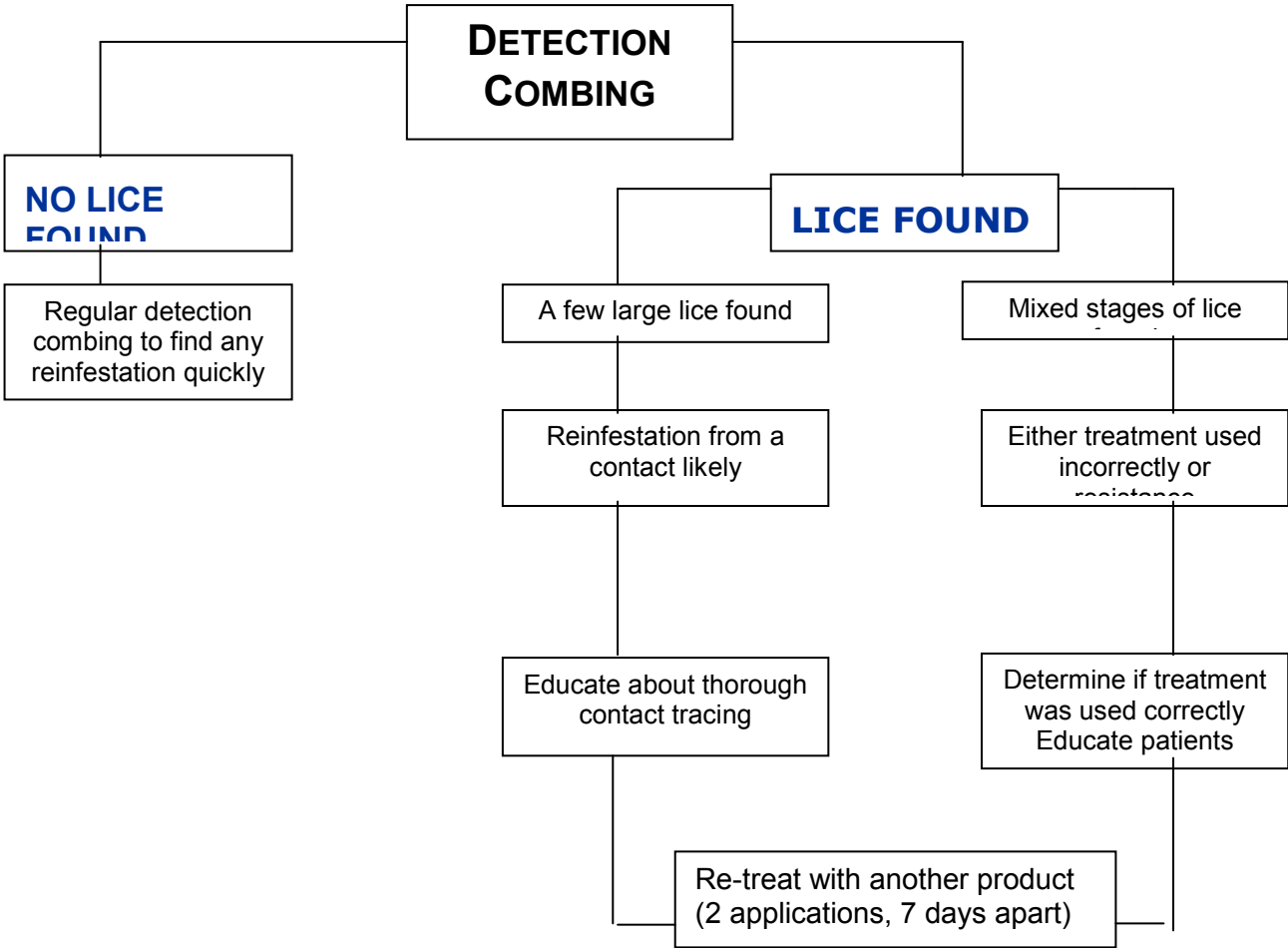
Contact tracing is the responsibility of the family and not the school or school nurse.

A family which has an infected member should sit down together and write down the names of every person they have had head to head contact with in the last five weeks. e.g. parents, brothers, sisters, grandparents, other relatives, friends, playgroup, school)

Only persons found to be infected should be treated, not the entire household or family..

All contacts with living moving lice should be treated at the same time.

Flow chart to show the correct procedure for evaluating treatment after two treatment applications, seven days apart.



Helen Oulton	Health Protection Nurse
Dr S Ghebrehewet	Consultant in Communicable Disease Control
Sue Edwards	School Nurse Manager
Debbie Estlin	Birkenhead & Wallasey Primary Care Trust
Corinne Lands	General Inspector - PSHE and Pupil Response
Dr Jayne Seymour	Consultant Community Paediatrician

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 (or earlier if a direction to change is received)

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