

Treating Head Lice

What are head lice?

Head lice are tiny insects the size of a sesame seed. Young lice, or nymphs, are clear, but as they feed on blood they become a reddish-brown to black color. Usually head lice do not cause serious health problems, but they can be annoying and emotionally traumatic. Getting head lice does not mean a person is dirty, but rather that they have been near someone with head lice.

How do you get head lice?

While head lice do not fly or jump, they can move quickly. Head lice travel from person to person after close contact. Sharing of hats, brushes, combs, or pillows can easily spread head lice from one person to the next. Close head-to-head contact, such as when children are playing together, can also spread head lice.

What are the symptoms?

Children with head lice may complain of their head itching. Some children may also have red, hive-like bumps on their scalp. If you look closely you may see the live lice, but not always. The nits, or lice eggs, are often the only visible sign of a lice infestation. The tiny yellowish-white oval nits are attached to the hair shaft and may be confused with dandruff. Unlike dandruff, nits are not flaky or easily removed from the hair. Nits may be found throughout the hair, but are most commonly seen at the back of the head, just above the neck, or behind the ears.

How do you treat head lice?

Once you know your child has head lice, you should begin treatment. Use of over-the-counter (OTC) pediculicides containing permethrin 1% (*Nix*) or pyrethrins (*RID*, *A-200*, others) is the first step. When using these products the directions should be carefully followed. In addition to use of OTC pediculicides, you may want to manually remove the nits. The hair should be inspected in one inch segments. A fine-tooth lice comb can be used to comb out remaining live lice and nits. Not doing proper manual removal can cause OTC pediculicides to fail, which can increase the chance of resistance developing.

The American Academy of Pediatrics also recommends a second treatment with OTC pediculicides nine days after the initial treatment, to kill remaining lice or lice that have recently hatched. If after two treatments you still see live lice, a third treatment may be necessary. You should contact your child's healthcare provider for further instructions. If the OTC treatments fail, there are prescription treatments for lice you apply to the hair (e.g., *Ovide*, *Ulesfia*) or medicines taken by mouth (e.g., *Stromectol*) your child's prescriber may want to try.

Avoid unproven remedies like mayonnaise, petrolatum jelly (*Vaseline*), olive oil, butter, *Cetaphil* or *Nuvo* lotion, or tea tree oil. Dangerous chemicals such as rubbing alcohol, kerosene, gasoline, or paint thinners should also be avoided.

How do you prevent reinfestation?

Be sure to machine wash clothes, bedding, and towels used within the previous two days in hot water (130 degrees F), and/or dry them in a hot dryer (20 minutes). Items that can't be washed or dry cleaned can be vacuumed or put in a sealed plastic bag for two weeks. Soak combs and brushes in hot water (at least 130 degrees F for 5 to 10 minutes). Excessive household cleaning is not necessary and the use of lice sprays on furniture is not recommended. Carefully inspect your child's hair (and their sibling's hair too!) for several weeks after treatment, and periodically thereafter. Routine screening and early detection are the best prevention.

[August 2010]