

Head Lice – Frequently Asked Questions

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. The topic of head lice makes many of us uncomfortable. Some of the discomfort is due to a lack of understanding of the facts about how head lice are spread and how they survive. National standards of care set forth by the American Academy of pediatrics, the National Association of School Nurses, and the Centers for Disease Control, as well as those standards provided by the Pennsylvania Department of Health provide guidance for treatment of lice in the school and home setting.

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.

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, teardrop-shaped 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. Nits are firmly attached to the hair shaft and do not brush off easily. 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. Some empty nits may remain attached to the hair even after all lice are gone.

Head lice have three forms: the egg (also called a nit), the nymph, and the adult.



Actual size of the three lice forms compared to a penny. (CDC Photo)

Q: How do you get head lice?

A: Head lice are mostly spread by direct head-to-head 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.

Although uncommon, head lice can be spread by sharing clothing or belongings. This happens when lice crawl, or nits attached to shed hair hatch, and get on the shared clothing or belongings. Examples include:

- sharing clothing (hats, scarves, coats, sports uniforms) or articles (hair ribbons, barrettes, combs, brushes, towels, stuffed animals) recently worn or used by an infested person;
- or lying on a bed, couch, pillow, or carpet that has recently been in contact with an infested person.

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.

Q: Who is at risk for head lice?

A: Head lice are found worldwide. In the United States, infestation with head lice is most common among pre-school children attending child care, elementary schoolchildren, and the household members of infested children.

Head lice move by crawling; they cannot hop or fly. Head lice are spread by direct contact with the hair of an infested person. Anyone who comes in head-to-head contact with someone who already has head lice is at greatest risk. Spread by contact with clothing (such as hats, scarves, coats) or other personal items (such as combs, brushes, or towels) used by an infested person is uncommon. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Q: Are head lice dangerous?

A: Head lice are not dangerous. They do not transmit disease, but they do spread easily. Head lice should not be considered as a medical or public health hazard. Head lice are not known to spread disease.

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: The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. Use of a magnifying lens and a fine-toothed comb may be helpful to find live lice. If crawling lice are not seen, finding nits firmly attached within a ¼ inch of base of the hair shafts strongly suggests that a person is infested and should be treated. Nits that are attached more than ¼ inch from the base of the hair shaft are almost always dead or already hatched. Nits are often confused with other things found in the hair such as dandruff, hair spray droplets, and dirt particles. If no live nymphs or adult lice are seen, and the only nits found are more than ¼-inch from the scalp, the infestation is probably old and no longer active and does not need to be treated.

If you are not sure if a person has head lice, 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.

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.

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.
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.
- There is no scientific evidence that home remedies are effective.
- 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:

- **Tickling** feeling of something moving in the hair
- **Itching** (caused by an allergic reaction to the bites of the head louse)
- **Irritability and difficulty sleeping** (lice are more active in the dark)
- **Sores on the head** (caused by scratching, which can sometimes become infected with bacteria found on the person's skin)

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.

Q: Which medicine is best?

A: If you aren't sure which medicine to use or how to use a particular medicine, always ask your physician, pharmacist, or other health care provider. SDST does not make recommendations about specific products. When using a medicine, always carefully follow the instructions contained in the package or written on the label, unless the physician and pharmacist direct otherwise.

Q: Should my pets be treated for head lice?

A: No. Head lice do not live on pets. Pets do not play a role in the spread of head lice.

Q: Should household sprays be used to kill adult lice?

A: No. Using fumigant sprays or fogs is NOT recommended. Fumigant sprays and fogs can be toxic if inhaled or absorbed through the skin and they are not necessary to control head lice.

Q: Do I need to have my home fumigated?

A: No. Use of insecticide sprays or fogs is NOT recommended. Fumigant spray and fogs can be toxic if inhaled or absorbed through the skin and they are not necessary to control head lice.

Routine house cleaning, including vacuuming of carpeting, rugs, furniture, car seats, and other

fabric covered items, as well as laundering of linens and clothing worn or used by the infested person is sufficient. Only items that have been in contact with the head of the infested person in the 48 hours before treatment need be considered for cleaning.

Q. Can head lice be spread by sharing sports helmets or headphones?

A: Head lice are spread most commonly by direct contact with the hair of an infested person. Spread by contact with inanimate objects and personal belongings may occur but is very uncommon. Head lice feet are specially adapted for holding onto human hair. Head lice would have difficulty attaching firmly to smooth or slippery surfaces like plastic, metal, polished synthetic leathers, and other similar materials.

Adult head lice can live only a day or so off the human head without blood for feeding. Nymphs (young head lice) can live only for several hours without feeding on a human. Nits (head lice eggs) generally die within a week away from their human host and cannot hatch at a temperature lower than that close to the human scalp.

Q. Why don't schools send letters to all parents routinely when a student in class has head lice?

A: a. By the time that lice are discovered the child has usually had them for at least 3-4 weeks.
b. Conditions of individual students are private.
c. Head lice is not a communicable disease and is considered a pest. Head lice do not spread any known disease.
Lice are common. Parents are encouraged to check their child's hair weekly as part of their normal hygiene routine at home.

Q. Why don't schools do classroom checks when a student has head lice?

A: Research has found classroom and school-wide screenings to be ineffective in reducing the incidence of head lice in a school community.

Q. What can a parent do to protect their families from head lice?

A: The best thing to do is to make checks for head lice a part of your weekly hygiene routine at home. It is also advisable for parents to check their children for head lice if the symptomatic and before and after a sleep over experience.

Further information is available at <http://www.cdc.gov/parasites/lice/head/>

The following sources were consulted in making these FAQs:

Center for Disease Control (<http://www.cdc.gov/parasites/lice>. Accessed 1/22/2014)

American Academy of Pediatrics Clinical Report on Head Lice (2010)

National Association of School Nurses Position Statement on Pediculosis Management in the School Setting, revised January 2011

Pennsylvania Department of Health Head Lice Fact Sheet (2011).