



HEAD LICE

Dear School Official:

The problem of head lice in schools is of ongoing concern to parents, school personnel and the Public Health Department.

It remains the responsibility of the individual school district to formulate a policy of lice control and decide how aggressively to pursue this policy. The California Department of Health Services, in 2005, put forth a revised Guidelines on Head Lice Prevention and Control for School Districts and Child Care Facilities, which recommends a change from no-nit policy to no-lice policy. Please see Attachment #1 for the complete text of the revised document.

Lice infestation represents a nuisance rather than a communicable disease problem; therefore, the role of the Public Health Department is one of a consultant to school personnel.

The Public Health Department receives many calls from day care centers and schools regarding lice control and we encourage you to utilize this department in an advisory capacity only. In light of this, the Public Health Department does not function as an official enforcer of lice policy.

Enclosed is information which may be helpful to your school regarding lice control. Please feel free to adjust attachments as deemed necessary for your individual use.

Attachment #1-	Guidelines on Head Lice Prevention and Control for School Districts and Child Care Facilities
Attachment #2-	Example letter to parents of head lice case
Attachment #3-	Example letter to parents of contacts to head lice cases
Attachment #4-	Example environmental procedures for lice control during infestation

Each letter should be retyped on your school stationary, and it is important to include a copy of your school's specific policy for student readmission after a case of head lice.

If you require additional information or if you would like assistance in developing a lice control policy for your school, please contact the Communicable Disease Section at (925) 313-6740

Head Lice Attachment #1

GUIDELINES ON HEAD LICE PREVENTION AND CONTROL FOR SCHOOL DISTRICTS AND CHILD CARE FACILITIES, 2006

Infectious Diseases Branch
Division of Communicable Disease Control
California Department of Health Services

These guidelines are provided to assist local health departments, elementary schools, preschools, and child care facilities in developing policies and procedures for the care of head lice cases. The California Department of Health Services (DHS) recommends that schools and child-care facilities maintain an active educational campaign for parents on the accurate diagnosis and correct treatment of head lice cases to prevent transmission of lice in schools and reduce lost school days due to head lice infestation.

Head lice, while a significant social problem, do not transmit disease to humans. Traditionally, head lice policies in schools emphasized that a child infested with head lice could not return to school until no nits were found in their hair (“no-nit” policy). There is no evidence that a no-nit policy shortens lengths of outbreaks (Pollack et al., 2000, Williams et al., 2000). The American Academy of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention are all opponents of classical no-nit policies (Williams et al, 2000; Frankowski and Weiner, 2002; Schoessler, 2004). **In light of current research, DHS now recommends a no lice policy.**

The essential components of a no-lice policy are the following:

- Early detection of head lice infestations through routine screening.
- Distribution of educational material to school staff and parents on head lice, nit combing, and treatment such as “A Parent’s Guide to Head Lice” brochure (available at local health departments and online at <http://www.dhs.ca.gov/ps/dcdc/disb/pdf/SBF%20D246%20HeadLice.pdf>).
- Treatment of children with live lice.

Adult head lice are grey or brown, wingless insects approximately 1/8 inch in length. Adult females lay eggs (nits) by gluing them to the hairs near the base. Lice do not fly or jump and can be detected by parting the hair and examining near the scalp, most commonly near ears and back of neck. Children ages 3-11 years old are at highest risk for head lice infestation.

Ideally, students should be screened for head lice the first month they return to school from a school vacation, such as after summer break. Criteria and timing for screening may be determined by the school nurse or administration, based on prior history and resources. If possible, head lice screening should be performed on Fridays. For first-time infestations, parents should be called to pick up the child at the end of the school day and then given a copy of the brochure “A Parent’s Guide to Head Lice”. This policy allows the parent to treat the child over the weekend. The child should be re-examined and if louse-free admitted to class the following Monday. Because it takes six to nine days for nits to hatch, the infested child should be re-examined the following Friday for the presence of live lice. If live lice are present, treatment should be repeated over the weekend and the child should be checked again the following Monday.

DETECTION OF HEAD LICE. When a child is found with head lice, parents should be provided with educational material on head lice and the importance of treatment should be stressed. At home, all members of the family must be checked for head lice. It is more likely that a child is infested in the home environment by sharing beds or by head-to-head contact with siblings and playmates than at school. While classroom or school-wide notification is not recommended after head lice have been detected in a student, this policy is at the discretion of the school nurse or administration.

CHRONIC CASES. If a child is found consistently infested with head lice, the child should be deemed a “chronic” head lice case. A chronic case is a child found infested during three separate months during a school year or for six consecutive weeks. It is important for schools to identify these children since their continuing infestations may signify other family or socioeconomic problems. These chronic cases should be reported to the school attendance review board and be addressed by a multidisciplinary work group. The work group could consist of representatives from the local health department, social services, the school (district) nurse, and other appropriate individuals to determine the best approach to identifying and resolving the family problems that impact the child’s school attendance.

ENVIRONMENTAL CONTROL. Pesticide application to the school or home environment is not recommended. Adult lice usually die within two days without a blood meal. Always keep each child’s hat and other clothing on separate hooks. Once a child is found infested with head lice, the classroom can be vacuumed once a day to decrease the remote possibility of transmission of head lice.

Pillows and other classroom items may have nits or lice on them but are very unlikely sources of infestation. They can be put in a dryer and run on hot for 20 minutes, dry-cleaned, or placed in sealed plastic bags for two weeks (nits take six to nine days to hatch) to kill hatching lice.

TREATMENT. Parents need to understand that the most important components of head lice control are a single treatment, then reapplication if live lice are found seven to ten days later. Nit combing should also be performed. Head lice that are resistant to some of the commonly used insecticides in head lice shampoos have been found in California and therefore not all lice may be killed by treatment. Combing and removal of nits may help to reduce the duration of infestation. DHS recommends the combination of treatment and nit combing. Several brands of nit combs are available at local pharmacies. Flea combs also work well for nit combing and can be bought at pet stores. Treatment failure may be due to the misidentification of substance on the hair shaft as nits (i.e. dandruff, styling products, etc) or not realizing that it may take 8-12 hours for lice to die.

The current product of choice is permethrin (i.e. Nix®*). Permethrin and pyrethrin treatments may be used to kill live lice but may need to be used again one week later to kill resistant or newly hatched lice. Results from a recent study of head lice in California indicate some lice populations are resistant to permethrin (Gao et al., 2003).

When two treatments with over-the-counter products have not worked, parents should be encouraged to talk to their doctor about a prescription for Ovide®*. Ovide is now available to Medi-Cal eligible families. Research has shown that Ovide®*, a malathion

product, is by far the most effective product on the market to kill lice (Meinking et al, 2001; Meinking et al, 2002).

California legislation prohibits the use of treatment products containing lindane (Kwell®*).

There is no conclusive scientific evidence to support the use of products such as vinegar, isopropyl alcohol, enzyme-based compounds, tea tree oil, or other alternative products advertised to dissolve the glue on the nits (to ease their removal) or kill the nits. Similarly, there are no conclusive scientific data to support claims that mayonnaise, olive oil, melted butter, petroleum jelly, or other current commercial products on the hair “suffocate” the nits and lice. Drowning lice is also an ineffective way to kill lice (Takano-Lee et al., 2004).

Please contact your local health department for more information. The list of references cited in this document is attached. These guidelines, the brochure “A Parent’s Guide to Head Lice” and other DHS publications can be found under the Vector-Borne Disease Section heading at the following website:

<http://www.dhs.ca.gov/ps/dcdc/disb/disbindex.htm>.

The brochure “A Parent’s Guide to Head Lice” in Spanish can be found at this link:

<http://www.dhs.ca.gov/ps/dcdc/disb/pdf/Spanish%20lice%20brochure.pdf>

*Use of this product name does not imply commercial endorsement by the California Department of Health Services.

Head Lice Attachment # 2
(Use to notify parent of student with head lice)
(Print on School Letterhead Stationary)

Date:

Dear Parent:

This letter is to inform you that your child shows signs of head lice. Head lice do not carry disease nor does their presence indicate your child is dirty. However, to prevent further spread in the school this condition should be treated at once. Please attempt to follow the recommendations below or consult with your health care provider for his/her recommendations.

Examination

The louse is a small, flat, grayish insect. It does not hop or fly, and is found only on humans. The louse's eggs, called nits, appear as tiny white specks bonded (cemented) to individual hair shafts near the scalp. Look for nits behind the ears and on the nape of the neck (upper back of the neck). They resemble dandruff but stick firmly to the hair. Head scratching is often the first sign that there is a problem.

Nits (baby lice) will hatch in 8 - 11 days. Once hatched, they will further develop to form adult lice. Adult lice usually survive three (3) days off the body but may live up to ten (10) days.

Elimination

Most of the nits (baby lice) and lice should be killed by one application of lice shampoo recommended by your health care provider or pharmacist. None of the available lice elimination products are 100% effective especially in killing nits. Therefore, a second application given in ten (10) days should kill any new lice that have hatched from eggs that were not killed by the first treatment.

Over treatment can be harmful - follow directions carefully. Please note that shampoo is placed on **dry** hair. In addition, all family members should be examined and all found to have head lice or nits must be treated at the same time. For children under six (6) months of age consult their health care provider before any treatment.

Dead nits may be removed from wet hair with a specially designed fine-toothed comb. Talk to your pharmacist regarding the comb availability. A solution of vinegar and water (one tablespoon vinegar per one cup of warm water) or cream rinse may help soften the hair and will assist the especially designed fine-toothed comb remove the dead nits.

In addition to treatment and nit removal it is necessary that all bedding, towels and clothing used by persons with head lice be laundered in very hot water (140 Degrees for 20 minutes). Clothing that cannot be laundered should be dry-cleaned or place in a sealed plastic bag for thirty (30) days. Thoroughly vacuum furniture, mattresses and pillows.

Additional Information

Head lice are easily spread from one person to another by physical contact or by shared personal articles such as combs, hair brushes, hats, scarves or hair ribbons. It is important that children be appropriately instructed not to use the personal articles of others.

For information on lice consult with your health care provider or school nurse.

Head Lice Attachment # 3
(Use to inform parent of child who is a contact to a student with head lice)
(Print on School Letterhead Stationary)

Date:

Dear Parent:

Head lice have been found on some of your child's classmates and we need your cooperation to prevent the lice from spreading. These children are being treated and will be permitted to return to school when they no longer have lice. Lice spread easily, so you will want to inspect the hair and scalp of your child for nits (eggs) for a period of ten (10) days, which is the length of time it takes for eggs to hatch.

Examination

The louse is a small, flat, grayish insect. It does not hop or fly, and is found only on humans. The louse's eggs, called nits, appear as tiny white specks bonded (cemented) to individual hair shafts near the scalp. Look for nits behind the ears and on the nape of the neck (upper back of the neck). They resemble dandruff but stick firmly to the hair. Head scratching is often the first sign that there is a problem.

If, upon inspection, you suspect that your child might have either nits (eggs) or lice, it is strongly recommended that you discuss treatment with your health care provider or pharmacist. The use of lice shampoos without evidence of nits will not prevent your child from getting lice.

The head louse is passed from person to person by close contact and/or the use of another person's comb, brush, headgear, etc. This is one reason it is important to instruct children not to use the personal article of others.

We are taking every precaution possible at school. However, to control this "nuisance problem" we need the help and the cooperation of every parent. If you find that your child has lice please keep him out of school until he/she has been treated and please notify us so that we may remain aware of the extent of the problem.

For further information on lice call your child's health care provider or the school nurse.

Head Lice Attachment # 4

Suggested School Environmental Procedures for Lice Control During Infestation

1. Individual coats, hats and scarves should be kept separate from each other. Avoid use of communal coat closets or racks.
2. Rugs, couches and/or soft chairs should be either removed or thoroughly vacuumed one time a week during infestation.
3. Pillows and stuffed toys should be placed in plastic bags and tightly sealed for thirty (30) days or until the infestation has cleared. Utilize the time period that is longer.
4. Tumbling mats should be either removed or thoroughly vacuumed one time per week. Do not allow children to share headphones, headsets during the infestation problem.