Head Lice 101
What You Should Know About Head Lice

Overview
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 years old. Though a head lice infestation is often spotted in school, it is usually acquired through direct head-to-head contact elsewhere, such as at sleepovers or camp.

Head lice are not dangerous, and they do not transmit disease. Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits. Your family, friends, or community may experience head lice. It’s important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

What are head lice?
Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood. When checking for head lice, you may see several forms: the nit, the nymph, and the adult louse.

Nits are tiny, teardrop-shaped lice eggs that are often yellowish or white. Nits are also what you call the shells that are left behind once the eggs hatch. Nits are attached to the hair shaft and often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.

Nymphs, or baby lice, are small and grow to adult size in 1 to 2 weeks.

Adult lice are the size of a sesame seed and appear tan to grayish-white.

How are head lice spread?
- Head lice move by crawling and cannot jump or fly.
- Head lice are mostly spread by direct head-to-head contact—for example, during play at home or school, sleepovers, sports activities, or camp.
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing (for example, hats, scarves, or coats) or other personal items (such as combs, brushes, or towels).
- Head lice transmission can occur at home, in the community, or—very infrequently—in school.

What are the signs and symptoms of infestation?
Signs and symptoms of infestation include:
- 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)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.
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What if my child gets head lice?

If you suspect your child might have head lice, it’s important to talk to a school nurse, pediatrician, or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by a healthcare professional.
- A 2016 study showed that 48 states now have lice that are genetically predisposed to resistance to commonly used treatments.
- There is no scientific evidence that home remedies are effective treatments.
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats, and towels should be washed in very hot water and dried on the high setting.
- Personal articles, such as combs, brushes, and hair clips, should be soaked in very hot water for 5 to 10 minutes if they were exposed to someone with an active head lice infestation.
- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.

Myths and facts about head lice

**Myth:** Only dirty people get head lice.
**Fact:** Personal hygiene and household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.

**Myth:** Head lice carry diseases.
**Fact:** Head lice do not spread diseases.

**Myth:** Head lice can jump or fly, and can live anywhere.
**Fact:** Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for about a day off the head.

**Myth:** Head lice can be spread by sharing hair brushes, hats, clothes, and other personal items.
**Fact:** It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes, or hair accessories, that have been in contact with a person with head lice.

**Myth:** You can use home remedies like mayonnaise to get rid of head lice.
**Fact:** There is no scientific evidence that home remedies are effective treatments. Consult your healthcare provider to discuss appropriate treatment options, including prescription products.

References
STUDENTS

Requirements and Procedures for the Control of Head Lice

Prince William County Public Schools (PWCS)/School Age Child Care (SACC) Guidelines for Handling Head Lice in Classrooms

PWCS/SACC follows the recommendations of the Centers for Disease Control and Prevention (CDC), the Virginia Department of Health (VDH), the American Academy of Pediatrics (AAP), the National Association of School Nurses (NASN), and Harvard School of Public Health. Students found with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice. Nits are the eggs of head lice and may be found on the hair, scalp, or fibers of clothing.

Current evidence does not support the efficacy and cost effectiveness of classroom or school-wide screening for decreasing the incidence of head lice among school children.

Children are not required to be free of nits before they return to school.

Parents/guardians are encouraged to comb out as many nits as possible in order to avoid confusion as to whether or not the child has an active case of head lice. Removal of nits requires daily combing of the hair for 7-10 days with a fine tooth nit comb.

A child who returns to school after treatment will be checked privately in the health office.

After consultation with Student Health Services, letters may be sent home to the parents of classmates when there are more than 10 percent of the students in the same classroom identified with head lice.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2019.

References:
“Harvard School of Public Health,” August 2000
“Pediatric Infectious Disease Journal,” August 2000
National Association of School Nurses, 2010
HIPAA
Center for Disease Control, September 2013
Facts about Head Lice

Head lice are the cause of much embarrassment and misunderstanding, many unnecessary days lost from school/SACC and work, and millions of dollars spent on remedies. Because no disease process is associated with head lice, schools/SACC are not advised to exclude students when nits remain after appropriate lice treatment, although further monitoring for signs of re-infestation is appropriate.

a. Head lice feed on human blood several times a day and live close to human scalp.

b. They do not spread disease and, therefore, are not considered a health hazard.

c. Head lice move by crawling; they cannot hop or fly.

d. Transmission in most cases is direct head-to-head contact.

e. It is not common to spread head lice by contact with clothing (such as hats, scarves, coats) or other personal items (combs, brushes, or towels).

f. Personal hygiene or cleanliness in the home or school/SACC has nothing to do with transmission of head lice.

g. Lice are not capable of moving to another host within the first few days of hatching and they do not reproduce within their first ten days.

h. Nits may persist after successful treatment.

i. The gold standard for diagnosing head lice is finding a live louse, not nits, since studies show only 18 percent of nits go on to hatch.
Facts about Head Lice

I. Life Cycle of a Head Louse

The life cycle of a head louse has three stages:

A. Eggs:
B. Nymph; and
C. Adult

II. Eggs/Nits

A. Nits are head lice eggs. They are hard to see and are often confused with dandruff or hair spray droplets.
B. Nits are about 1mm long, shaped like a tear drop, and may be pigmented to match the host hair color.
C. Nits laid closer to the scalp are more viable since body temperature is important to hatching.
D. Nits take about one week to hatch (range six to nine days). Viable eggs are usually located within 6mm (1/4 inch) of the scalp.

III. Nymphs

A. The egg hatches to release a nymph.
B. The nit shell then becomes a more visible dull yellow and remains attached to the hair shaft.
C. The nymph is about the size of a pinhead. After feeding, it can appear red (the color of blood).
D. Nymphs mature after three months and become adults about seven days after hatching.

IV. Adults

A. The adult louse is about the size of a sesame seed, has six legs (each with claws), and is tan to grayish-white. In persons with dark hair, the adult louse will appear darker.
B. Females are usually larger than males and can lay up to 6-10 nits per day.
C. The life span of the louse is up to 30 days on a person’s head. To live, adult lice need to feed on blood several times daily. Without blood meals, the louse will die within one to two days off the host.
Head Lice Prevention and Treatment

I. Prevention

A. Avoid head to head contact.
B. Do not share combs, hats, hair barrettes, scarves, and coats.
C. Parent/guardian should check pre-school and elementary children’s hair routinely for signs of nits and live lice.
D. If your child has head lice, inform the parents/guardians of all the children that they have come in close contact (slept with, had head to head contact, shared hats, scarfs, comb/brush) with for the past three to four weeks.

II. Treatment

A. Check all family members on the same day and only those with signs of live head lice should be treated.
B. There are several over-the-counter and prescription treatments.
C. For more information on the different treatments, go to the Center for Disease Control and Prevention (CDC) website.
D. It is important to follow the directions on the box for the treatment to be effective.
E. Do not use combination shampoo/conditioner before using lice medicine. Do not re-wash the hair for one to two days after the lice medicine is removed.
F. Remove as many nits as possible in order to avoid confusion as to whether or not the child still has an active case of head lice. Removal of the nits requires daily combing of the hair for 7-10 days with a fine-toothed nit comb.

III. Environmental Measures

A. Machine wash and dry all personal items (bedding, clothing, towels, etc.) used within two days before treatment.
B. Wash items in HOT water in the washing machine and/or place in HOT dryer for 20 minutes.
C. Seal non-washable items like stuffed animals in plastic bags for 10 days.
D. Vacuum floors/carpet and furniture. However, spending a lot of time and money on house cleaning activities is not necessary.
E. Spraying with an insecticide is not recommended because it can be toxic if inhaled or absorbed through the skin.