

Head Lice

It's probably making you squirm just thinking about it – your child comes home from school scratching his head. He has lice. It's every parent's nightmare, but it is important to remember that head lice are a nuisance, not a serious disease or a sign of poor hygiene.

An updated clinical report by the American Academy of Pediatrics (AAP) "[Head Lice](#)," in the May 2015 issue of Pediatrics (published online April 27), provides information to pediatricians and other health practitioners on safe and effective methods for treating head lice, including new products and medications.

Most cases of head lice are acquired outside of school. In the report, the AAP continues to recommend that a healthy child should not be restricted from attending school because of head lice or nits (eggs). Pediatricians are encouraged to educate schools and communities that no-nit policies are unjust and should be abandoned. Children can finish the school day, be treated, and return to school.

Unless resistance has been seen in the community, pediatricians and parents should consider using over-the-counter medications containing 1 percent permethrin or pyrethrins as a first choice of treatment for active lice infestations. The best way to interrupt a chronic lice problem is with regular checks by parents and early treatment with a safe, affordable, over-the-counter pediculicide. After applying the product according to the manufacturer's instructions, parents should follow with nit removal and wet combing. The treatment should be reapplied at day 9, and if needed, at day 18.

In areas with known resistance to an over-the-counter pediculicide, or when parents' efforts on their own do not work, parents should involve their pediatrician for treatment with a prescription medication such as spinosad or topical ivermectin. These are new medications that were introduced since the last time the AAP published recommendations on head lice in 2010.

Once a family member is identified with head lice, all household members should be checked. The AAP does not recommend excessive environmental cleaning, such as home

pesticides. However, washing pillow cases and treating natural bristle hair care items that may have been in contact with the hair of anyone found to have head lice are reasonable measures.

While it is unlikely to prevent all cases of head lice, children should be taught not to share personal items such as combs, brushes, and hats. Regular observation by parents can also be an effective way to detect and quickly treat head lice infestations.

Nits may persist after treatment, but successful treatment should kill crawling lice.

- Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as 'casings'.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.

You may assist us in keeping the problem at a minimum by:

- Checking your child/children's hair and scalp for lice/nits weekly.
- Notify the school nurse if you suspect lice.
- Notify any close contacts if lice/nits are found.
- Check all family members and treat if necessary.
- Please follow doctor or pharmacy's instructions when treating student.

Caution your child about lending his/her personal belongings to others.

Note:

Beaumont ISD excludes students with live lice

Classroom lice checks are not practiced by nurses. It promotes bullying.

References

Centers for Disease Control

Retrieved from CDC website:

<https://www.cdc.gov/parasites/lice/head/schools.html>

American Academy of Pediatrics

<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Updates-Treatments-for-Head-Lice.aspx>