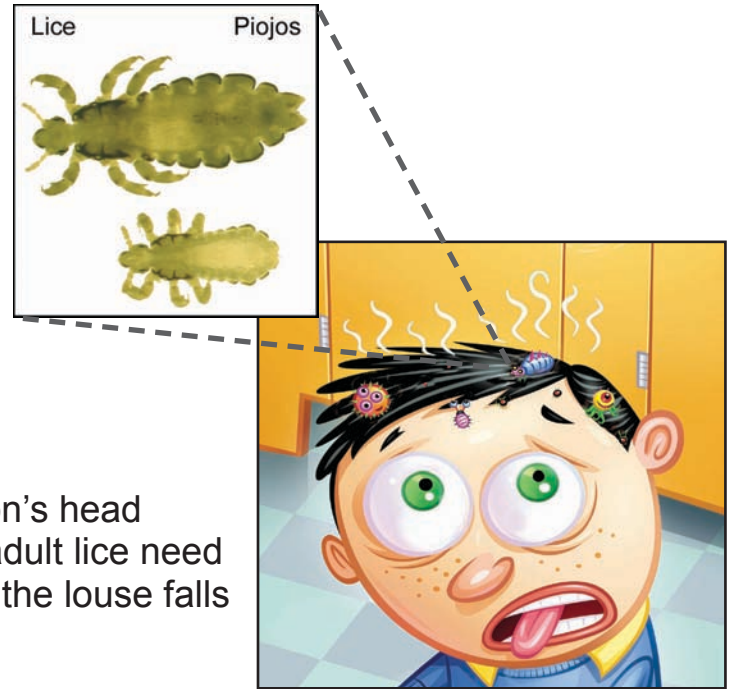


# Head Lice Fact Sheet — No.1

## What are lice?

1. Lice, or Pediculosis (pe-dic-u-lo-sis), are small tan to grayish-white insects, about the size of a sesame seed and have six legs.
2. They don't usually carry disease, but can cause your child and family discomfort, stress and sometimes skin irritation.
3. Lice can live up to 30 days on a person's head and lay from 50 to 150 eggs. To live, adult lice need to feed on blood every 3 to 6 hours. If the louse falls off a person, it dies within 2 days.
4. There are three types of lice: head, body and crab lice. Body lice haven't been reported in Texas for years. Head lice and crab lice are common but not usually found at the same time on a person.



### Here's where they can hide:

- Head lice live on the head and rarely leave the body.
- Body lice live in the seams and linings of clothing, blankets and sheets and move to the body when feeding.
- Crab lice live on the hairy portions of the body. They like the pubic and anal areas; but, only on adults. Adults who have pubic lice should be examined for sexually transmitted diseases (STDs). Even though crab lice and STDs aren't related, both conditions may be present at the same time. Children rarely get crab lice. However, if a child has it, you may want to suggest an examination for possible signs of inappropriate contact.



# Head Lice Fact Sheet — No.2

## How do I know if my child has head lice and if so, how did they get it?

1. Itching is the first sign of head lice, unless your child has a very light case. Check your child's head and scalp all over and especially behind the ears and near the neckline at the back of the neck when scratching begins.
2. Look for lice and their eggs or "nits." (See Fact Sheet #3 to find out about nits.) You may see the nits before you find a louse because each louse can lay up to 150 at a time.
3. You may first find lice or nits on the hairs at the "nape" of the neck (back of the head where the hair stops and the neck begins) and behind the ears. But, they can live anywhere; so, look all over the scalp.
4. If you know of another child with head lice, be alert that your child may contract lice, too. There is no incubation period. When live lice move from one child's head to another; they are "home" and can begin laying eggs immediately.
5. Children get head lice almost as much as the common cold. Millions get it at least one time, once a year.

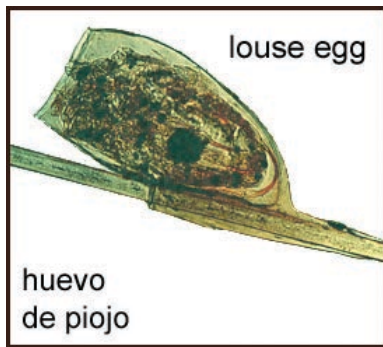


6. Children get lice from other children. They move from child to child through head to head contact.
7. Lice cannot hop, jump or fly but can crawl from child to child anytime children are close together; during play or sports or even nap time.
8. Sharing combs, brushes, hair fasteners, hats, caps, coats, neck scarves and even head phones spreads them, too. Sharing a locker or cubbyhole with a lice-infested child is a common way to spread lice. If left behind, lice can attach to your child while sitting on carpets or furniture. Lice can even attach to stuffed toys.
9. Children get lice more than teens or adults. ANY child can get head lice! It doesn't matter where they live or go to school; how much money they have; or, if boy or girl, black, white or brown.
10. A child isn't sick or unclean if they have head lice. Taking baths won't kill lice or keep children from getting lice. And, if a child has head lice, it certainly doesn't mean they have bad parents.
11. Dealing with lice is difficult, sometimes embarrassing and can be overwhelming to anyone caring for children. See Fact Sheet #3 for how to get rid of lice.

# Head Lice Fact Sheet — No.3

## What should I do if I think my child has head lice?

1. You can take care of your child's head lice problem at home without a visit to the doctor or clinic. Treatment should be with shampoo or cream rinse approved by the FDA that can be purchased without a prescription at the drug store, grocery store or other places that carry drug store products.
2. Many parents feel embarrassed when their child has lice. Sometimes it helps to talk to someone who can offer extra help. The nurse at your child's school, your physician and even the pharmacist can help. Neighborhood, city or county health clinics may provide trained, helpful professionals. Contact your area Department of State Health Services Public Health Region for suggestions. See Fact Sheet #6 for Regional offices or go to [www.dshs.state.tx.us/regions/default.shtm](http://www.dshs.state.tx.us/regions/default.shtm) for the listing.



3. After the first treatment, you may not see live lice but you might see nits. If the nits (or lice eggs) are attached to strands of hair  $\frac{1}{4}$  inch or less from the scalp, they are probably not dead. This means live lice could still be living somewhere on your child's head; or, soon will hatch from the remaining eggs.
4. That's why, after treatment, it is important to comb out the nits left in your child's hair with a special nit comb available to pick up where you buy lice treatment.
5. Nits are very tiny; about the size of a knot in a thread. They are shaped like a long football, yellow to white in color and are often mistaken for dandruff or hair spray droplets. They attach to a hair at the scalp with a waterproof, cement-like substance. That's why they can be difficult to remove.
6. You may find nits first on the hairs at the "nape" of the neck (back of the head where the hair stops and the neck begins) and behind the ears. But, they can live anywhere; so, look all over the scalp.
7. A second treatment and then a second combing are necessary. Even after thoroughly using the nit comb, live lice or nits could still be hiding somewhere on your child's head. All products specifically created to treat head lice will recommend a second treatment anywhere from 7 to 10 days after the first treatment in order to kill any remaining or newly hatched lice.

# Head Lice Fact Sheet — No. 4

## How do I keep lice from coming back?

1. Carefully follow the directions on the lice treatment package. Not following directions, is the biggest reason why it doesn't work.
2. If your child has extra long hair (longer than shoulder length), you may need to use a second bottle. Pay special attention to instructions on the bottle about how to thoroughly work it into the hair, how long the medication should be left on and whether rinsing the hair is recommended after treatment.
3. Comb out the nits left after treatments. (See Fact Sheet #3 to learn about nits.) Do this by sliding a nit up the hair shaft with your fingers or using a nit comb. Special nit combs are available in the store where you bought the lice treatment.
4. Most of the time a second treatment is necessary. If you don't kill the nits, they will hatch and your child will have lice again – this time without any contact with another infested child! All products specifically created to treat head lice will recommended a second treatment and a second nit combing, anywhere from 7 to 10 days after the



7. Sealing clothing, stuffed toys, pillows, blankets or other small soft items, for two weeks in tightly closed plastic bags will kill both lice and nits! It's low cost, too.
8. Safe, effective, FDA approved chemical sprays made to kill head lice, are available over the counter. These are OK to use on things that can't be washed, dry-cleaned, or sealed in plastic bags; like furniture, carpets, car seats or other large, immobile or non-washable items.

9. Vacuum or sweep carpets, furniture and curtains to pick up any live lice or nits that may have fallen or crawled there.
10. Soak combs, brushes and some other washable items for one hour in one of the approved lice shampoos; or, soak them for 5 to 10 minutes in a pan of 130 degree hot water.



first treatment to kill any left over lice and nits.

5. Launder clothing and bedding immediately before lice treatment on your child so any live lice living there can't crawl onto lice-free, just treated heads!

- Laundry water should be at least 130 degrees Fahrenheit to kill the lice.
  - **CAUTION:** Do not bathe or shampoo in water this hot! This temperature is for laundry only!
6. Dry cleaning kills lice and their nits in clothing that can't be washed.

11. Teach your whole family about how lice is spread and treated. Teach your children not to share combs, brushes and other personal items with other children.
12. Ask the teacher at your child's school if there is space to keep jackets, hats and other personal items separate for each child. Ask what you can do to help the school educate children and parents to stop the spread of lice.
13. Check your child's hair from time to time for signs of lice; especially if you know of another child at school that is infested. Catching it early can cut down the number of treatments, save time and money.

# Head Lice Fact Sheet — No. 5

## Myths, misconceptions and truths about head lice treatment



1. Using poisons or flammable liquids like gasoline, kerosene, paint thinner or insect repellent may harm your child more than it would the lice. Chemicals should never be used unless they are approved by the FDA for the specific treatment of head lice.



2. Do not use hair dryers to kill lice or their eggs! The temperature would have to be turned up so high it could easily cause serious burns on the scalp. Burns occur when the hot dryer is either held too close to the scalp or pointed on each section too long!



3. Hair gels, hairspray, oils or other non-medicated hair products including dandruff shampoo will not kill lice or prevent eggs from hatching or sticking to the hair.



4. Old-fashion remedies aren't completely effective. Vinegar rinses or mayonnaise might kill lice but do not kill nits or detach them from hair. The nits will still hatch and your child will be infested again. (See Fact Sheet #4 for ways to treat head lice.)



5. Cutting your child's hair or shaving their head to get rid of lice won't keep them away. Lice stick to short and just "grown in" hair, too!

6. Lice don't hide in building cracks like cockroaches or sand boxes like other tiny insects. So treating homes or schools with bug sprays or other pesticides would waste money and may harm children and adults around the treated areas.



7. Your pets and other animals don't carry head lice and can't contract head lice from people.

8. Always check with your physician or health clinic before using any new treatment or device "claiming to get rid of lice and nits." In most cases these are not yet proven and not yet approved by the FDA.



9. Medications that are FDA approved for head lice treatments, whether prescription or over-the-counter are safe and effective for children over the age of two. For children younger than two, check with your physician.



The Centers for Disease control and Prevention's Web site on head lice has more information about the specific medications found in head lice products. Go to [www.cdc.gov/ncidod/dpd/parasites/lice/default.htm](http://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm) for this and other information.

# Head Lice Fact Sheet — No. 6

## Head Lice Resources



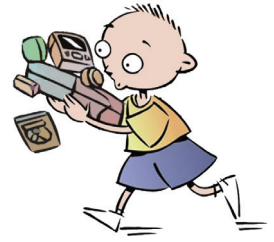
**HEAD LICE LAW?** The rule requiring children be excluded from school if found to have head lice has changed. If a child is found to have live lice, it is no longer required to send them home. This applies to nits as well.

The rule change doesn't mean "exclusion" has to be eliminated from the district's policy. School districts can set their own policies to meet the needs of the school community. Talk to your district School Health Advisory Council to change or develop policies on head lice which may include topics such as "exclusion," or "parental notification". See the Texas Department of State Health Services webpage on head lice [www.dshs.state.tx.us/schoolhealth/lice.shtm](http://www.dshs.state.tx.us/schoolhealth/lice.shtm) for additional suggestions for policy development.

The American Academy of Pediatrics states that "No healthy child should be excluded from or allowed to miss school time because of head lice. No-nit policies for return to school should be abandoned. Because the child poses little risk to others and does not have a resulting health problem, he or she should remain in class, but be discouraged from close direct head contact with others." The National Association of School Nurses states; "the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice .... Children found with live head lice should remain in class, but be discouraged from close direct head contact with others. The school nurse should contact the parents to discuss treating the child at the conclusion of the school day.... Research data does not support immediate exclusion upon the identification of the presence of live lice or nits as an effective means of controlling pediculosis transmission."

**No Nit Policies** -- The Texas Department of State Health Services (DSHS), the American Academy of Pediatrics and the National Association of School Nurses, to name a few, do not support a "no nit" policy in schools. A "no nit" policy is one that excludes students from school based on the presence of lice eggs whether or not live lice are present. While **DSHS does not** recommend a no nit policy, we do recognize that school districts may adopt one as a local option. DSHS does not have authority to impose a set policy regarding head lice on districts. **DSHS does**, however, urge school districts to ensure that its policy does not cause children to miss class unnecessarily or encourage the embarrassment and isolation of students who suffer from repeated head lice infestations.

Head lice infestation is a social issue not a health threat. No nit policies place a disproportionate amount of emphasis on head lice management than on real health concerns which should be a higher priority. This over-emphasis can lead to unproductive use of time by school staff and parents, missed classes, unnecessary absences, and parents missing work.



Visit the following Websites and other resources from the Department of State Health Services and related organizations for more information about this subject and other school health issues.

### WEBSITES:

- DSHS School Health Program: [www.dshs.state.tx.us/schoolhealth/](http://www.dshs.state.tx.us/schoolhealth/)
- DSHS Head Lice Website: [www.dshs.state.tx.us/schoolhealth/lice.shtm](http://www.dshs.state.tx.us/schoolhealth/lice.shtm)
- Center for Disease Control and Prevention (CDC) – Division of Parasitic Diseases: [www.cdc.gov/parasites/lice/index.html](http://www.cdc.gov/parasites/lice/index.html)
- University of Nebraska–Lincoln: <http://lancaster.unl.edu/pest/lice>
- University of Arizona: <http://ag.arizona.edu/urbanipm/buglist/headlice.pdf>
- DSHS Public Health Regions – To find your public health region call: (512) 776-7297 or go to [www.dshs.state.tx.us/regions/](http://www.dshs.state.tx.us/regions/)
- Medline Plus – National Institutes of Health, U.S. National Library of Medicine: [www.nlm.nih.gov/medlineplus/ency/article/000840.htm](http://www.nlm.nih.gov/medlineplus/ency/article/000840.htm)
- American Academy of Pediatrics: Head Lice Policy <http://pediatrics.aappublications.org/content/126/2/392.full>
- National Association of School Nurses: Position Statement: Pediculosis in the School Community [www.nasn.orgNASNPositionStatements/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011](http://www.nasn.orgNASNPositionStatements/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011)

### MATERIALS:

- School Health Manual – DSHS School Health Program (recommended for school nurses, nurse administrators, and principals) [www.dshs.state.tx.us/schoolhealth/pgtoc.shtm](http://www.dshs.state.tx.us/schoolhealth/pgtoc.shtm)