

Head Lice Information for Parents

If your child has head lice, infestation should be treated immediately and again one week later to ensure the lice have all gone. Your local pharmacy participating in the Pharmacy Care Scheme will provide free treatment and advice to you and your child providing you are registered with an East Riding General Practitioner (GP) and exempt from NHS Prescription charges.

If live lice are still detected using the wet-combing method or seen on the hair after the second treatment, advice should be sought from your local school nurse, health visitor, pharmacist or GP about alternative treatments how to use these to best effect. Children do not usually need to be taken out of school for treatment as some treatments are best done overnight (8 hour contact time). If children are taken out of school for treatment, a product is available via the Pharmacy Care

Scheme that requires a shorter contact time. Treatment should take no longer than two hours, once treated they must return to school. If you keep your child off school due to them having head lice the absence will not be authorised. If your child has long hair you may be advised to tie their hair back to help prevent infestation.

Facts

Head lice are small, six-legged wingless insects, pin-head size when they hatch, less than match-head size when fully grown and grey/brown in colour. They are difficult to detect in dry hair even when the head is closely inspected. They very often cause itching, but this is not always the case, particularly when recently arrived on the head. Itching is a delayed hypersensitivity reaction to louse saliva. Sometimes puncture marks can be found on the scalp and sometimes black louse faeces can be seen on collars and pillows.

Head lice cannot fly, jump or swim, but spread by climbing swiftly long hairs during close head-to-head contact. Anyone with hair can catch them, but children who have head to head contact, either at school or during play, are most commonly affected.

Head lice feed by biting and sucking blood through the scalp of their host. The female louse lays eggs which are very small, dull in colour, and well camouflaged. These are securely glued to hairs where the warmth of the scalp will hatch them out in 7-10 days. Empty egg sacs (nits) are white and shiny and may be found further along the hair shaft as the hair grows out.

Many people mistake the empty egg sacs or nits for head lice when they are actually evidence of a previous infection of head lice. Lice take 6-14 days to become fully grown, after which they are capable of reproduction.

Head lice are not fussy about hair length or condition. Clean hair is therefore no protection, although weekly wet combing (bug busting) sessions offer a good opportunity to detect head lice, and arrange treatment if detected. Head lice are unlikely to be passed from person to person through shared combs, brushes, towels, clothing or bedding. There is no need to wash or fumigate clothing or bedding that comes into contact with head lice.

Detection

Head lice are well camouflaged and hide when disturbed by combing. They do not always cause itching, particularly when recently arrived on the head. They may also be few in number and a quick inspection is unlikely to detect them.

Wet-combing is an effective method of detection (also known as “bug busting”) as it removes lice and baby lice (nymphs) without using chemicals.

Wet-combing involves washing and rinsing the hair as usual, applying plenty of conditioner, combing through with a normal comb to get rid of tangles, then combing with a fine-toothed detection comb. The teeth of the detection comb should be slotted into the detangled hair at the roots (touching the scalp) and drawn through to the tips of the hair. The detection comb should be checked for lice after each stroke and cleaned. For maximum effect, the time taken for wet-combing ranges from two minutes for short straight hair to thirty minutes for long curly hair ideally repeated every third or fourth day over a two-week period. Conditioner is washed out at the end of combing. The aim is to detect and remove any live lice and newly hatched nymphs until none are left.

If you find lice, then there are two options, wet combing as described above and/or chemical treatment. Whichever option(s) you choose it is important to recognise that neither will protect against re-infestation if head to head contact is made with someone with head lice at a later date. You may therefore wish to undertake occasional checks during hair washing sessions.

Treatment and Prevention of Re-Infestation

A 2005 study found wet-combing more effective than insecticides at curing head lice infestations. The Bug Busting Kit used in the study is available via participating pharmacies providing the Pharmacy Care Scheme or on prescription.

Wet-combing can be undertaken on a regular basis e.g. at routine hair washing sessions - to detect the presence of lice before they can spread and especially if head lice are prevalent in a school (minimum weekly wet-combing is recommended).

Do not use chemical treatments unless you find a living, moving louse. Check all close family/friends using the wet-combing method, as described above, and treat anyone who is found to have lice at the same time, to prevent re-infection. None of the treatments for head lice is 100 per cent effective after a single application, all depend on careful and correct use, and treatment should be repeated after 7 days.

Ensure there is enough lotion/spray/wash to treat all those affected and follow the instructions on the packet carefully and correctly with close attention to how long the treatment must remain on the hair to be effective, how often you may apply the product etc. The product may be capable of killing eggs, as well as lice, but there is no certainty of this. Check for baby lice (nymphs) hatching out from eggs 3-5 days after you use it, and again at 10-12 days.

If the lice appear to be unaffected by the product (some lice may have developed resistance to a particular insecticide) or if the problem persists then you should take advice from your local school nurse, health visitor, pharmacist or GP, who will be able to advise you on alternative treatments and explain how to use these to best effect. You should seek advice where whoever is being treated is either under 1 year of age, suffers from asthma or allergies, or is pregnant or breast feeding.

Further Information ask to see your school nurse, health visitor, pharmacist or family doctor.