



Sheboygan County Division of Public Health COMMUNITY HEAD LICE (Pediculosis) CONTROL GUIDELINES

Head lice infestation is most common among children 3 to 12 years of age; with an estimated 6 to 12 million infestations in the United States each year. Head lice are not a health hazard or a sign of poor hygiene and are not responsible for the spread of any disease.

A concerted community control effort is required when multiple cases of head lice affect community settings such as schools, workplaces, daycares and involved families. These guidelines provide a general outline of shared responsibilities as recommended by the Sheboygan County Division of Public Health.

SHEBOYGAN COUNTY DIVISION OF PUBLIC HEALTH RESPONSIBILITIES:

1. Provide consultation and science-based, factual information as requested to individuals and community groups (i.e. schools, day cares, worksites, etc.) regarding head lice, head lice treatment, and control.
2. Provide training for school, day care, or other community setting designee(s) regarding head lice. Note: Identification of a designee in the school/day care/community setting to conduct head lice checks at the school/day care/community setting on an as-needed basis has been found to be effective in limiting transmission of head lice. Targeted head checks of students, daycare attendees, or other individuals who exhibit signs/symptoms of head lice infestation as well as those who have had close contact with persons recently identified with head lice are recommended.
3. Provide sample copies of educational materials regarding head lice as requested. Resources available in hard copy and at website http://www.co.sheboygan.wi.us/html/d_hhs_pblchlth.html

FAMILY/INDIVIDUAL RESPONSIBILITIES:

1. Parents should teach children not to share combs, brushes, caps, hats, helmets, decorative hairclips, etc.
2. Parents are encouraged to become familiar with signs and symptoms of head lice and to check their preschool/elementary children's head for lice regularly and if the child is symptomatic. If parents are uncertain regarding findings, they are encouraged to confer with their child's health care provider, local health department or other trusted individual who has experience in lice identification.
3. If live lice and/or newly found eggs/nits are identified, all household members should be checked, and those individuals found to have live lice and/or newly found eggs/nits should be treated simultaneously.
4. Treat lice as directed using proven lice treatment preparations, known as a pediculicides.
 - Both over the counter and prescription pediculicides are available in Sheboygan County. Some insurance plans cover the cost of these preparations. Persons are encouraged to check with their health insurance provider if concerns re: coverage exists.

- Follow the directions on the product label carefully. Some preparations are shampoo preparations; others are crème rinses or lotions with specific directions based on the individual product. Note and discuss any contraindications listed on the product package prior to use with healthcare provider (i.e. allergies to components of the treatment preparation).
 - Use of other crème rinse preparations and other hair products during the treatment regime is discouraged as these products may interfere with the effectiveness of the lice preparations.
 - Rinse the lice preparations from the hair over a sink rather than a shower or bath to limit skin exposure.
5. Repeat treatment regime as directed by prescriber and/or on the packaging label (often a second treatment is recommended 7-10 days after initial treatment). This step is critical as not all treatment preparations are effective in killing the eggs present on the hair shaft. These eggs may hatch causing reinfestation with live lice.
 6. Removal of nits immediately after treatment with a pediculicide is not necessary to prevent spread, because only live lice cause an infestation. Individuals may wish to remove nits for aesthetic reasons or to decrease diagnostic confusion. Because none of the pediculicides are 100% ovidical, manual removal of nits (especially the ones within 1 cm of the scalp) after treatment with any product is recommended by some. ¹
 7. Environmental cleaning should focus on items likely to come in contact with the heads of others (i.e. hair care products, pillows, stuffed animals which are cuddled or held, etc). Efforts should focus on those items that have been in contact with the head of the persons with infestation in the 24 to 48 hours before treatment. Such items include clothing, headgear, furniture, carpeting, and rugs. Washing, soaking or drying items at temperatures greater than 130 degrees F. will kill stray lice or nits. Furniture, carpeting, car seats and other fabrics or fabric-covered items can be vacuumed. Use of environmental lice spray is not recommended.
 8. Notify contacts (i.e. school, day care, recent household visitors, etc) of possible transmission of head lice.
 9. Conduct routine head checks on family members for a minimum of 7-10 days following treatment to monitor for reinfestation.
 10. Seek additional treatment when/if reinfestation occurs.

SCHOOL/DAY CARE RESPONSIBILITIES:

1. Maintain a strong, proactive approach with written policies designed to reduce the risk of transmission in the school setting.*
2. Assure that staff is knowledgeable regarding signs and symptoms of head lice and site policies associated with this nuisance.

¹ Head Lice Clinical Report Guidance for the Clinician Rendering Pediatric Care, AAP, August, 2010

3. Designate at least one or two staff member who can act as a resource to colleagues regarding head lice and who can conduct head checks when persons have symptoms of head lice (i.e. scratching, bugs or nits observable in hair). The Division of Public Health staff is available to provide training regarding identification of head lice infestations for the designated staff member(s) as requested.
4. Conduct head checks on those children who are symptomatic and close contacts to identified cases, such as siblings. Confidentiality should be maintained when cases are identified.
5. Periodically distribute information to families of all children regarding head lice prevention (i.e. beginning of the school year, when cases are identified in a particular classroom, etc.). Sample materials are available on the Public Health web site.
6. Take steps to maintain an environment that reduces the risk of the spread of lice in the school or day care setting. Specific recommendations include:
 - Discourage the shared use of personal care items such as combs and brushes
 - Provide an environment which allows coats and caps to be separate when stored (i.e. lockers, space between hooks)
 - Discourage use of dress-up clothes and shared hats
7. Consult the School Nurse or local health department if episodes of lice re-infestation occur in a classroom which may require additional attention or intervention. Please note: Lice/nits are very small and can be missed during a brief clinic observation. It is possible for an individual to be free of lice one day, and a short time later have live lice present, if the source has not been identified and adequately treated.

***Excerpts from August 2010 American Academy of Pediatric Clinical Report regarding school head lice policies:**

- *"Because a child with an active head lice infestation likely has had the infestation for a month or more by the time it is discovered, 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. If a child is diagnosed with head lice, confidentiality must be maintained. The child's parent or guardian should be notified that day by telephone or by having a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates. Common sense should prevail when deciding how "contagious" an individual child may be (a child with hundreds versus a child with 2 live lice). It may be prudent to check other children who were most likely to have had direct head-to-head contact with the infested child. In an elementary school,1 way to deal with the problem is to notify the parents or guardians of children in an infested child's classroom, encouraging all children to be checked at home and treated, if appropriate, before returning to school the next day."*
- *"A child should not be restricted from school attendance because of lice, because head lice have low contagion within classrooms. "*

- *"The American Academy of Pediatrics and the National Association of School Nurses discourage no-nit policies. However, nit removal may be considered for the following reasons:*
 - *Nit removal can decrease diagnostic confusion;*
 - *Nit removal can decrease the possibility of unnecessary re-treatment; and*
 - *Some experts recommend removal of nits within 1 cm of the scalp to decrease the small risk of self-reinfestation*

REFERENCES:

Head lice, www.cdc.gov, CDC, May 2008

Head Lice Information; Statement from Richard J. Pollack, PHD, Harvard School of Public Health, 2007

Position Statement: Pediculosis in the School Community, NASN, July 2004

Head Lice Clinical Report Guidance for the Clinician Rendering Pediatric Care, AAP, August, 2010