

Headlice (*pediculosis capitis*)

Most of us would prefer to not host a louse in our home, but, in fact, it is a common childhood reality. Lice (plural for louse) and their nits (eggs) are uniquely adapted to live on humans – especially their scalps. Lice have survived thousands of years and are the cause of much embarrassment, misinformation, and anxiety. The most common symptom of having a lice infestation is itching; they are not a health hazard or a sign of uncleanliness or responsible for the spread of any disease.



Lice infestation is often discovered by school staff who observes a child intensely scratching their neck and scalp followed by a close exam by health services staff. Even an adult louse is difficult to find, and misidentification of the tiny eggs is common. Dandruff, dirt, and flakes of hair-styling products all can resemble nits.

Lice are unable to fly or jump so usually require direct, head-to-head contact to spread --- several studies have shown that they are not highly transferable in the school setting. Traditionally, however, students with live lice have been excluded from school until 24 hours after treatment, but not excluded if only nits are present. (The American Academy of Pediatrics does not support exclusion.)

Treatment methods vary from over-the-counter and prescription rinses and shampoos to home-based “suffocation” remedies. And, of course, manual removal of live lice and obvious nits should accompany the chemical treatments. Clothing, bedding, hair accessories, etc. that have been in contact with the infested person should be cleaned to limit re-infestation.