

HEADLICE GUIDANCE

Updated 2015

Head lice infestation (also known as pediculosis capitis) is the condition caused by the parasitic insect *Pediculus humanus capitis*.

- Live lice can be found anywhere on the scalp; the eggs are most commonly found behind the ears and at the back of the neck.
- The severity of infestation varies from a few lice to thousands of lice, but a typical infestation may have about 30 lice per head.
- If left untreated, head lice infestation may persist for long periods.

Detection combing is the best way to confirm the presence of lice. This is the systematic combing of wet or dry hair with a fine-toothed (0.2–0.3 mm apart) head lice comb.

A diagnosis of active head lice infestation should only be made if a live head louse is found.

- An itching scalp is not sufficient to diagnose active infestation.
- The presence of louse eggs alone, whether hatched (nits) or unhatched, are not proof of active infestation.

A person should only be treated if a live head louse is found. All affected household members should also be treated on the same day.

Depending on the preference of the person or the parent/carers, their treatment history, and the presence of any contraindications, head lice can be treated with one of the following:

- A physical insecticide, such as dimeticone 4% lotion (Hedrin[®])
- A traditional insecticide, such as malathion 0.5% aqueous liquid (Derbac-M[®])
- Wet combing with a fine-toothed head louse comb (such as the Bug Buster[®] comb)

All treatments for head lice need more than one session. No treatment can guarantee success, but a treatment has the best chance of success if it is performed correctly and if all affected household members are treated on the same day.

After the initial treatment, people should check whether the treatment was successful by doing detection combing on day 2 or 3 after completing a course of treatment, and again after an interval of 7 days (day 9 or 10 after completing a course of treatment).

- If treatment is unsuccessful, the same treatment should be repeated, or a different treatment tried.
- The possibility of resistance to traditional insecticides should be considered.

People should be advised that:

- Children who are being treated for head lice can still attend school.
- There is no evidence that head lice have a preference for either clean or dirty hair.
- There is no need to treat (wash at high temperature or fumigate) clothing or bedding that has been in contact with lice, as the lifespan of a head louse is very short (12–24 hours) once it is detached from a human head.
- Essential oil-based treatments and herbal treatments are not recommended due to the lack of good-quality evidence on their safety and efficacy.
- It is not possible to prevent head lice infestation. Children of primary school age should be examined regularly at home (using a detection comb) to identify infestation early.

Full details can be found at: <http://cks.nice.org.uk/head-lice>