

Head Lice (Pediculosis Capitis)

WHAT IS IT? Head Lice are tiny insects that live on the human scalp and feed on human blood. They move by crawling; they cannot hop or fly. The adult female lays up to six eggs (also called nits) a night, attaching the eggs with a “cement” to the base of a hair. Nits hatch in 7-10 days, with females able to lay eggs about 10 days later, and with a life span of 30 days. Lice don’t carry disease, but a sensitivity or allergic reaction to the saliva of the louse’s biting of the scalp causes itching. Scratching the scalp can result in secondary skin infection and enlarged lymph nodes.

HOW IS IT SPREAD? Head lice move by crawling; they cannot hop or fly. Lice are spread by direct contact with the hair of an infested person. Spread by contact with clothing (hats, scarves, coats) or other personal items (combs, brushes or towels) used by an infested person is uncommon. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

WHEN IS IT CONTAGIOUS? Any time that live lice are present. Nits are evidence of live lice.

HOW IS IT DIAGNOSED AND TREATED?

The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person. With the student leaning his head forward, start at the back of the neck, lifting the hair. Check around the ears and at the crown. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. Use of a magnifying lens and a fine-toothed comb may be helpful to find live lice. If crawling lice are not seen, finding nits firmly attached within a 1/4 inch of base of the hair shafts strongly suggests that a person is infested and should be treated. Click [here for treatment](#).

SHOULD THE CHILD STAY HOME? Each district makes their own policy on head lice. Some districts have a “no-nit” policy and the child must stay home until the infestation is eliminated. Other districts allow the child to return to school after treatment with medication.

HOW CAN WE LIMIT THE SPREAD?

- Educate teachers and students about “head-to-head” contact, e.g., telling secrets, team work, team sports, etc.
- Educate students, staff and parents/guardians about prevention and recognition before cases or out-breaks occur.
- Refer students for treatment promptly and discretely who scratch or have visible lice or nits.