

Head Lice - A Lousy Subject

We are in the season of hats and coats and want to raise awareness regarding an age-old issue - head lice. They are pesky insects, not known to carry disease, but are a huge inconvenience. No social stigma should be attached to having head lice, as they actually prefer clean hair to that which may be less so. Head lice are easily spread by direct head-to-head contact (think two kids looking at a Game Boy or computer screen, on playgrounds, at sleepovers) or by contact with objects that an infested person recently used, such as a couch, bean bag, batting helmet, or clothing that's been piled together.

Head lice are flat, wingless, six-legged insects with claws at the end of each leg for grasping and crawling around in hair. They are clear when hatched, growing to about 1/16" (nearly the size of a sesame seed), with a gray or tan color as an adult. They turn a reddish color after feeding on human blood, which is their only source of nutrition; the digested blood may be visible as small, black specks on light colored bedding, towels, clothing, etc.

It is the lice bites, or a tickling feeling of something moving in the hair, concentrated at the crown, nape, and above the ears, that may lead to intense itching. There may even be sores on the scalp, usually caused by scratching. If you notice a child consistently scratching, s/he should be screened by parents or a nurse.

Unexplained "tangles" or "pulls" in the same areas susceptible to itching may be symptoms of lice eggs. Close examination may reveal the nits, which are about 1/30" (half the diameter of a pinhead), oblong, white to tan, and each "glued" to a hair at an angle usually within an inch of the scalp. While head lice can only live 1-2 days off a person, nits remain viable for up to 14 days, whether or not they are still attached to a hair or a hair is still attached to the scalp.

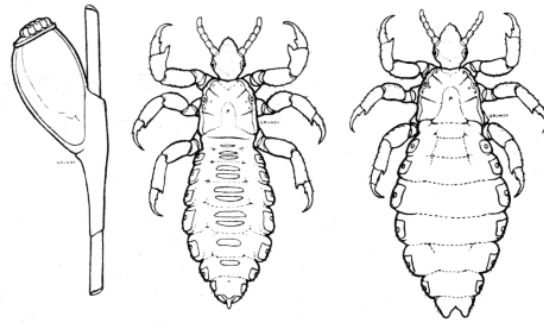
Prompt treatment of the person and environment is the key to containing an outbreak. Treatment of the person is a two-step process. **Step One** kills the lice by use of an over-the-counter shampoo (more effective, but may contain pesticides) or an alternative treatment (such as olive oil to smother the lice, which may be less effective). **Step Two** removes the nits in a manual process of combing the hair section by section; use plenty of light, possibly a magnifying glass, conditioner and a fine-toothed comb, or a special nit-removal gel and comb, to make this job easier. The "combing" should be done daily until infestation is gone, followed by weekly head checks to detect re-infestation from any remaining lice or hatching nits. You may want to contact your physician for their recommendations, especially if the infested or treating person has allergies, asthma, epilepsy, other pre-existing medical conditions, or is pregnant or nursing.

In the home environment, thorough vacuuming of all soft surfaces is mandatory to contain an outbreak. This means all carpets, sofas, mattresses, and car seats. All used towels, bedding and clothing need to be laundered and dried in a dryer, and hair-care items treated with isopropyl alcohol or boiling water for 20 minutes. Items that cannot be washed (such as pillows, comforters and stuffed animals) may either be stored in plastic bags for 14 days or placed in the dryer on the highest appropriate setting for 30 minutes.

To prevent the spread within schools, coats, backpacks, jackets, etc. need to not be in contact with one another, or put in separate plastic bags. Additional vacuuming is necessary. If a case of head lice is discovered in your family, please do report it to the school so that these and other extra steps can be taken to prevent a wide-spread outbreak, or an on-going problem.

For more details on prevention and treatment please contact your school nurse, or visit www.headlice.org.

Amy Wehr
Supervisor of Wellness & Health Services



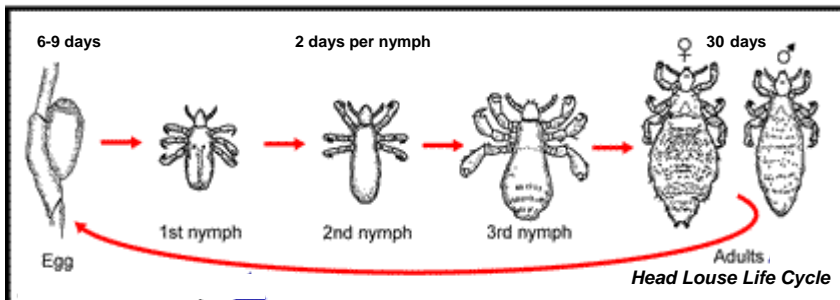
"Nit" or egg Adult male Adult female

<http://www.micrographia.com/specbiol/insec/lous/lous0100/lo054gru.htm>



http://www.cdc.gov/ncidod/dpd/parasites/lice/2005_PDF_Head_Lice.pdf

Note: The following is a grouped object!



Adapted from: <http://www.dpd.cdc.gov/dpdx/HTML/HeadLice.htm>

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