

# **Clinical Update**

For Telephone Triage Nurses

September - October 2010

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## **Head Lice**

## Don't Let Nits Keep Your Patients Out of School

## In this Issue:

Head Lice

The American Academy of Pediatrics Committee on Infectious Diseases and Council on School Health recently (August 2010) updated their recommendations on the diagnosis and treatment of head lice. The article underscores the following:

1. "No healthy child should be excluded from or allowed to miss school time because of head lice."

### Software and Book Update Note:

For those who use our after-hours telephone triage protocols, your software vendor will provide you with an updated Head Lice protocol this fall.

For those who use the office-hours protocols found in Pediatric Telephone Protocols distributed by the American Academy of Pediatrics (13th edition recently released), an updated head lice protocol will be soon available at http:// www.stcctriage.com/ download/aap.html.

Image Source: Head Louse. CDC.

- 2. "No-nit policies for return to school should be abandoned."
- Nix (1% permethrin) continues to be the safest, most cost-effective, nonprescription drug of choice for head lice.
- 4. "Resistance to Nix has been reported but the prevalence of this resistance is unknown."

<u>Comment</u>: Many treatment failures are from not following the Nix application instructions carefully, especially the part about avoiding all hair conditioners for 2 weeks because they interfere with the efficacy of Nix. Once again, the devil is in the details.



This is a magnified image of a head louse. Head lice are about 2-3 mm in length. Head lice move by crawling. They cannot hop or fly.

- 5. The second application of Nix is "preferably applied on Day 9." <u>Comment</u>: Previously it was Day 7, which is easier to remember, but we have changed this to 9 days in our guidelines. Perhaps this might be an indication for an automated follow-up call to the parent?
- 6. "Nit removal immediately after treatment with Nix is not necessary to prevent spread."

<u>Comment</u>: Parents only need to be informed that their child should be treated once before returning to child care or school.



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## Head Lice (Continued)

## **Transmission of Head Lice: Live Lice, not Nits**

- Only live lice can be transmitted to other children.
- Nits (lice eggs) cannot transmit lice because they are attached to the child's hair.
- Almost all transmission is from direct head-to-head (hair-to-hair) contact. Lice cannot jump or fly to another person's hair.
- Indirect transmission of lice from hats, caps, hair brushes, combs, headphones and other objects is very uncommon.
- Most transmission of lice occurs at home, not school or other public places. Sleepovers and bed-sharing are a common source.

## Nit Removal

Most treated nits (lice eggs) are dead after the first treatment with Nix. The others usually will be killed by the  $2^{nd}$  treatment in 9 days.

Removing the dead nits is helpful for aesthetic reasons and so other people won't think your child still has untreated lice.

Nits can be removed by backcombing with a special nit comb or pulling them out individually. Both of these methods are time-consuming.

Wetting the hair with water makes removal easier, but avoid any products that claim they loosen the nits. (Reason: They can interfere with the ability of Nix to stay on the hair and keep working.)

Nit removal is not urgent and should not interfere with the return to school. Some schools, however, have a no-nit policy and will not allow children to return if nits are visible. If your child's school has a no-nit policy, your child's doctor may be able to help.

**Summary:** The AAP report should be the standard of care for the management of head lice for the next few years. Our telephone triage protocols have been updated to match these AAP guidelines.

*Thanks for allowing me to share some of the nitpicking details about this head-scratcher of a topic!* 

Regards, Barton Schmitt, MD, FAAP



## **References:**

 AAP: Committee on Infectious Diseases and the Council on School Health.
Frankowski BL and Bocchini JA, Clinical report: Head lice. Pediatrics 2010; 126: 392-403.

#### Vampire Insects:

If we say "bloodthirsty bugs", you immediately think of mosquitoes and bedbugs. Did you know that head lice sip a tiny drink of blood from your child's scalp every hour? Happy Halloween!

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