



# Head Lice

*A Lousy Problem*



# Head Lice

## *A Lousy Problem*

**Doug Burgum**  
*Governor of North Dakota*

**Nizar Wehbi, MD, MPH, MBA**  
*State Health Officer*  
*ND Health and Human Services*

**Kim Mertz, RN, BNSc**  
*Healthy and Safe Communities Unit Chief*  
*ND Health and Human Services*

# About this Manual

This manual was developed to provide information about head lice, prevention actions, treatment options and guidelines appropriate for use in the home, child-care settings, schools and communities. There have been many changes in the recommended approaches regarding screening for and the management of head lice, including research finding that no-nit policies are ineffective in stopping transmission of head lice.

On pages 29-30 of this manual, there is a fact sheet entitled "Head Lice (*Pediculus capitis*)" that discuss the facts surrounding the topic of head lice. These pages may be reproduced and given to parents or others trying to get rid of head lice.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number B04MC40153, Maternal and Child Health Services. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# Table of Contents

Definitions Within This Manual .....	6
What are Head Lice?.....	7
Life Cycle of Head Lice.....	8
Transmission of Head Lice .....	9
Detecting Head Lice .....	10
Management and Treatment.....	11-21
Careful inspection and screening of the hair and scalp to identify lice and/or nits correctly .....	12
Management and Treatment .....	12
Use of a pediculicide product if live lice or viable nits are found.....	14
Alternative Treatments .....	18
Cleaning of personal items and the environment .....	20
Repeat treatment with the pediculicidal product.....	21
Manual Removal of Nits .....	22
Schools, Child Care and Groups .....	24
The “no-nit” Standard.....	26
Recommended Preventive Measures .....	27
Myths and Facts .....	28

# Definitions Within This Manual

**AAP** – American Academy of Pediatrics

**CDC** – U.S. Centers for Disease Control and Prevention

**Host** [hohst]– an animal or person from which a parasite obtains nutrition

**Infestations** [in-fe-stey-shuhn] – being infested

**Infested** [in-fest-ed] – having insects in one’s hair

**Lice** [lahys]– more than one louse

**Louse** [lahys] – (singular) *Pediculus humanus capitis* (head lice), a small insect that lives on the scalp

**Nit** [nit] – eggs of a louse; may be alive or dead

**Neurotoxic** [noor-oh-tok-sik, nyoor-] – poisonous to nerve tissue, as to the brain or spinal cord

**Parasite** [par-uh-sahyt] – an organism that survives on the body of a host (in this case, lice live off humans)

**Pediculicide** [puh-dik-yuh-luh-sahyd] – a lice-killing product

**Pediculosis** [puh-dik-yuh-loh-sis] – having an infestation of head lice

**Transmission** [trans-mish-uhn, tranz-] – the act of transporting

**Vector** [vek-ter] – any organism or item that carries head lice

**Viable** [vahy-uh-buhl] – being able to hatch or survive

# What are Head Lice?

Head lice (*Pediculus humanus capitis*) are small, parasitic insects that live on the scalps and necks of humans. Parasitic refers to an organism that survives on the body of a host. In the case of head lice, the host is a person, since head lice live on people and not on animals.

The adult louse is flat, wingless and crawls. It does not have the ability to fly, hop or jump. Lice tend to adapt to their surroundings (hair and skin color) and range in color from red, brown or black to gray/white and are often hard to see. A louse is very small (about the size of a sesame seed), has six legs, a diamond-shaped head and an elongated body. The mouth is shaped like a stylet (a slender probe or tube). This allows the louse to pierce a person's scalp so it can feed (a blood meal).

## Head Louse



Highly magnified louse



Lice at various stages of development



Actual size of the average louse

# Life Cycle of Head Lice

## The life cycle of the louse consists of three stages:

### Stage 1 - Eggs

The head louse begins life as an egg, commonly referred to as a nit. Nits are laid by the adult female. The nits are firmly attached to the base of the hair shaft, next to the scalp, by a glue-like substance produced by the louse. Nits range in color from white, yellow and tan to grayish, depending upon the stage of development and whether or not they have hatched or been killed by treatment. Nits are oval or teardrop shaped, smooth and very small (about the size of a knot of thread). Nits are hard to see and often are confused for dandruff, hair spray droplets or other debris.

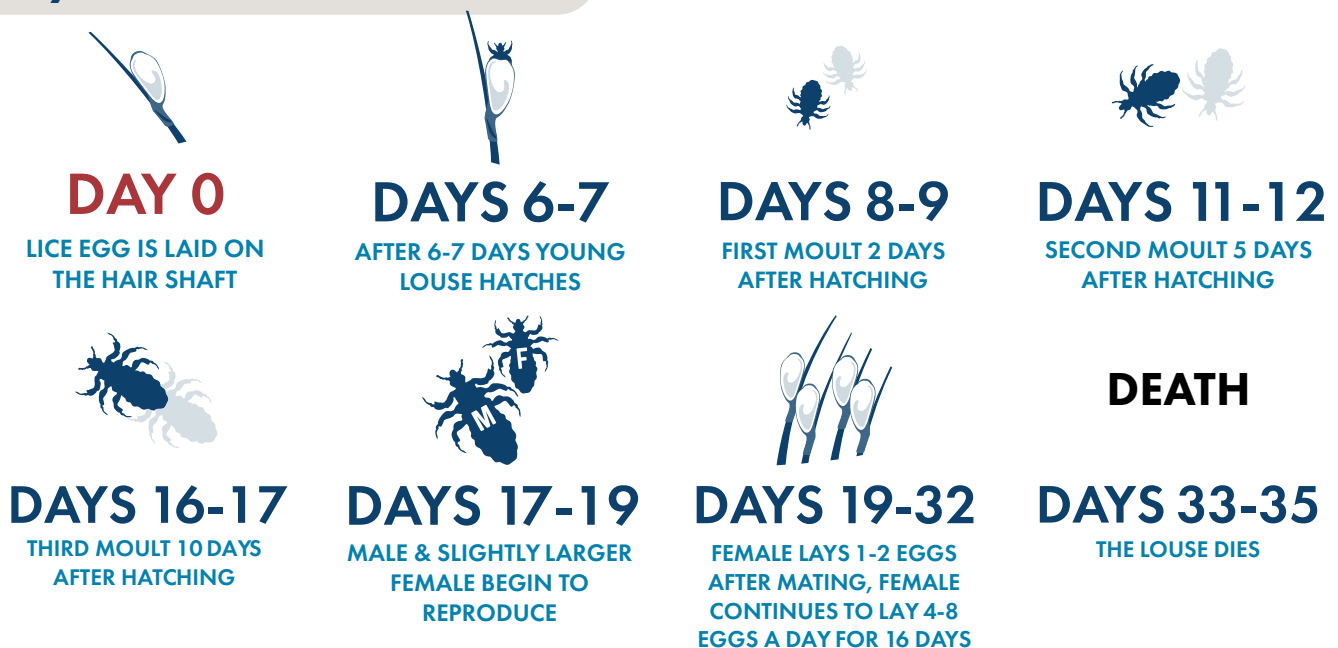
### Stage 2 - Nymphs

The nits are incubated by body heat for about seven to 12 days before they hatch to release a nymph. The nit shell remains on the hair shaft after hatching and becomes a dull yellow or translucent white and may have a wrinkled look. The nymph looks like an adult louse but is only about the size of a pinhead. Nymphs need a blood meal within hours of hatching to survive. During the next seven to 10 days, the nymph continues to grow and mature, going through three molts, until it becomes a full adult louse.

### Stage 3 - Adults

The adult louse is about the size of a sesame seed. The life span of an adult louse is about three to four weeks. The female is typically larger than the male and can lay up to 10 nits per day (only nits that are fertilized will develop and hatch). The live, adult louse needs to feed on blood every three to six hours. Once the louse goes without blood meals or has left from the human host, the adult louse can usually survive for no longer than 24 to 36 hours.

## Life Cycle of the Head Louse





# Transmission of Head Lice

## Head lice are transmitted by:

### Person-to-person transmission (direct contact)

The majority of transmissions of head lice occur by direct head-to-head contact with an already infested person. Contact is common during play (slumber parties, bed sharing, sports activities or games).

### Vector transmission (indirect contact)

This may occur through using personal items of an infested person such as combs, brushes, bedding, scarves, hair ornaments, hats and helmets. Although transmission via indirect contact rarely occurs and is unlikely, it is possible.

***All people can get head lice; however, some individuals are at greater risk than others. Those individuals include:***

- Children between the ages of 3 and 11 years are most often infested.
- Girls are more likely to get head lice than boys, possibly because of their play styles and sharing personal items (U.S. Centers for Disease Control and Prevention [CDC]).

Hair length does not seem to matter in regards to likelihood of getting lice. Although all races can get head lice, studies in the United States show children of African American descent are less likely to become infested.



# Detecting Head Lice

The gold standard for diagnosing head lice is finding a live louse on the head. Nits that are viable are usually found at the nape of the neck or behind the ears, within ¼-inch of the scalp (CDC).

## Signs and Symptoms

For many people, head lice cause no symptoms. When symptoms are present, they include:

- **Itching** – Itching of the head, the most common symptom of head lice, is caused by the saliva-producing toxin that the louse injects into the scalp when it feeds. The amount of itching can vary from slight to severe. The degree of itching that occurs is often dependent upon the extent of infestation. Itching may be very mild if the infestation has just occurred, or it may be severe if the infestation has gone untreated for a long time.
- **Sores on the head** – Very tiny, red areas on the scalp may be seen due to the bites from the louse on occasion. Sores on the head may also develop from continued itching and scratching. Sometimes these sores can become infected. On rare occasions, a person may develop swollen glands in the neck or under the arms. You should contact your health care provider if you think a sore has become infected or if you have any swelling in the neck or under the arms. Most lice infestations do not lead to infections.
- **Tickling feeling of something moving in the hair** – Another symptom reported by some people is a tickling or crawling feeling in the hair.
- **Sleeplessness** – Difficulty sleeping is also a common sign of lice infestation, as the lice are more active at night and may disrupt sleep.



# Management and Treatment

Head lice infestations have been occurring for thousands of years and although numerous efforts have been tried to prevent them from occurring, nothing has proven to be 100% successful. However, when they do occur, head lice infestations can be managed. It is important not to panic and/or cause undue stress for those infested and those around them.

If head lice are suspected, it is recommended the individual be screened by a school nurse, public health nurse or medical provider. It is recognized that not all families, schools or child-care facilities have access to a school nurse, public health nurse or medical provider. In those situations, it is recommended that schools and child-care facilities designate an individual or individuals who will be trained to inspect and assess for head lice.

The process of inspection and/or screening is covered in depth in the following pages.

## How to Manage and Treat Lice

1. Careful inspection and screening of the hair and scalp to identify lice and/or nits correctly
2. Use of a pediculicidal (head lice) product if live lice or viable nits are found
3. The cleaning of personal items and the environment
4. A repeat treatment with the pediculicidal product nine days following the initial treatment, if not otherwise indicated on the product label

Removal of nits may be recommended in conjunction with some over-the-counter products, although research has shown removal of nits may not be necessary. This process is tedious and time-consuming; however, it may reduce diagnostic confusion during future head checks. Some families may desire to remove the nits for aesthetic reasons. The second treatment, completed nine days after the initial treatment, should kill any newly hatched lice prior to them maturing and gaining their ability to lay nits.

The information on page 24 discusses recommendations for schools, child care facilities and group settings.

**Remember:** Head lice can infest all people regardless of age, race and socioeconomic status or hygiene practices. Regular bathing, shampooing or swimming will not prevent or get rid of head lice.



# Management and Treatment

## Step 1

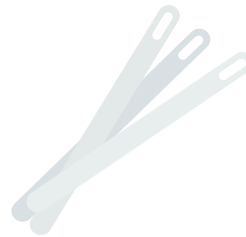
### Careful inspection and screening of the hair and scalp to identify lice and/or nits correctly

Head lice may be brought into the home after a person has had head-to-head contact with an infested person at child care, school, camp, sleepovers, etc. The most rapid spread of head lice occurs through the home because of the close proximity of family members. Whenever one person in the family has been identified to have lice, everyone living in the home should be inspected. Any friends, family members or other people who have had close head-to-head contact with the infested person over the previous week should be notified so they can be inspected for head lice as well.

Careful inspection of the hair and scalp is the best way to see if a person has head lice.

### Basic supplies needed for a lice inspection include:

- **Time** – The examiner needs to conduct a careful search of the hair and scalp. This will take about three to five minutes per person.
- **A good light source** – Nits reflect ultraviolet light, so sources that contain ultraviolet rays, such as natural light (near a window or outside) are best. There is a special lamp called a Wood's Lamp that works very well, as nits become fluorescent and are easier to see under the light. If none of these light sources are available, a lamp with at least a 60-watt bulb can be used.
- **Magnifying glass (optional)** – A magnifying glass can be helpful when looking for nits and lice. It may be especially helpful if the examiner has difficulty focusing on close distances, wears bifocals or has any other visual problems.
- **Disposable hair parting tools (optional)** – Some examiners like to use hair-dividing tools such as coffee stirrers, blunted toothpicks or the stick portion of a cotton swab. The stick is used to divide and lift the hair so the base of the hair shafts can be inspected for nits and/or lice. If more than one individual is being inspected, new tools should be used for each person being examined.
- **Vinyl gloves (optional)** – Some examiners like to wear vinyl gloves; however, the use of gloves is not necessary. There is no evidence showing lice are spread through hand contact and do not pose a risk for disease transmission. Gloves should be changed in between each inspection (if used).





## Performing the inspection for lice

The entire head should be examined, but special attention should be given to the places where lice are most likely to lay their eggs. These areas include the hair directly over and behind the ears, near the crown and at the back of the neck. The hair should be separated or parted into small sections so the base of each strand of hair can be inspected. The lice themselves may be hard to see since they move fast, but more often, the nits can be found. Viable nits are close to the scalp (less than  $\frac{1}{4}$  inch).

It is important to be able to tell nits from other debris in the hair. Debris in the hair such as hair spray particles, lint, scales or dandruff will brush off or can be blown away easily. The female louse produces a glue-like substance that firmly attaches the nit to the hair shaft. Nits cannot be brushed away, washed off or blown from the hair. In order to avoid mistaking debris for nits, attempt to pull the particle from the hair shaft. If the particle remains attached, then suspect nits.

Improper identification of nits is a common problem, especially for new and/or inexperienced examiners. For inexperienced examiners, confirmation of infestation with a school nurse, public health nurse or a health care provider is recommended.

If no nymphs or live lice are seen and the only nits found are more than  $\frac{1}{4}$  inch from the scalp, the infestation is probably old and no longer active and does not need to be treated (CDC).

**The gold standard for diagnosing head lice is finding a live louse on the head!**

# Management and Treatment

## Step 2

### Use of a pediculicide product if live lice or viable nits are found

**Pediculicidal products** – There are many pediculicidal products available for the treatment of head lice. Most nonprescription pediculicidal products contain Permethrin 1% or Pyrethrin (such as Nix or RID\*). Permethrin 1% is the most studied pediculicide in the United States (AAP, 2015) and is recommended as the first choice of treatment when no resistance to the product has been identified in the area. Prescription pediculicidal products contain stronger doses of Permethrin, Malathion, Benzyl alcohol (not rubbing alcohol) or Lindane. For further information on pediculicidal products, contact your local public health department, health care provider, clinic or pharmacy.

### Important things to know about pediculicides:

- Never treat with pediculicides unless there is definite evidence of head lice.
- Pediculicides are to be used for the treatment of head lice **only** when there are live lice or viable nits present in the hair or when individuals share the same bed with someone who has live lice or viable nits (AAP, 2015).
- Pediculicides should not be used as routine shampoo or conditioners.
- These products do not prevent someone from getting head lice.
- Nonprescription pediculicidal products are typically effective and safe if used according to the manufacturers' directions. To ensure proper treatment, follow all recommendations and directions on the label. All safety precautions listed on the product label should be observed.
- No product is 100% effective at getting rid of lice and their eggs. A second treatment nine days after the initial treatment, or as recommended on the product label, is encouraged.
- Pediculicidal products are for external use only. These products are harmful if swallowed or inhaled. If accidental ingestion does occur, contact Poison Control at 800-222-1222.
- The scalp may continue to itch for several days after treatment. Tender scalp, stinging of the scalp or scalp irritation may be associated with treatment. These symptoms are not evidence of continued infestation. Generally, these symptoms occur within hours after treatment and may last up to 24 hours.
- Permethrin conditioners continue to work after the hair is rinsed during the initial treatment. Do not use other hair conditioners directly prior to, or immediately after using the product, as these may interfere with the effectiveness of the pediculicide. Also, avoid shampoos with conditioners, such as 2-in-1, and rewashing the hair for several days following the treatment.



- Use the entire contents of a container for each individual. Unless the container indicates multiple doses, a bottle of pediculicide should not be split and used by multiple individuals, nor should a dose be divided to use for more than one treatment. A second container of the product may be needed to fully saturate the hair for someone with long hair.

\* = Use of brand names does not endorse the specific product. Any similar product may work as well as those mentioned.

### **Do not use a pediculicide if:**

- The person has a known sensitivity to any component in the product.
- The child is younger than the age recommended on the product label. This ranges from ages 2 months to 2 years. For infants younger than 2 months, head lice and nits should be removed manually by picking the lice and nits from the hair. A special comb may be needed for this (see pages 22 and 23 for instructions on the removal of nits and lice).
- The person has an infestation of the eyebrows or eyelashes.
  - When these areas are infested, the person should be inspected for body lice and/or pubic lice.

In each of these instances, a health care provider should be consulted to identify safe treatment options.

The following groups of people should consult their health care providers before treating themselves or another person with a pediculicide:

- Individuals who have neurological conditions, such as seizure disorders, cerebral palsy etc.
- Pregnant women and nursing mothers
- Individuals who have cancer
- Individuals who have asthma and/or allergies
  - Pediculicidal products may cause breathing difficulty or asthmatic episodes in some individuals.
  - Individuals who have an allergy and/or sensitivity to ragweed, chrysanthemum or rosemary have an allergic reaction to some of the pediculicides.

## **SAFETY PRECAUTIONS**

**Products containing Lindane (such as the prescription product Kwell) should be used with extreme caution! Neuro-toxic reactions have been reported as a result of the normal use of Lindane shampoos.**

## Measures for safe use of a pediculicidal product

- Keep pediculicidal products out of reach of children.
- Treatment of all children should be done or supervised by an adult. Do not leave children unattended while a pediculicidal product is on the hair.
- Timing is important, so it may be helpful to use a timer. If the product is rinsed off too soon, lice and nits may not be killed. If left on too long, there will be unneeded exposure to the lice-killing chemicals. Remember to follow all manufacturers' recommendations and label directions.
- Many pediculicidal products contain ingredients that may cause eye irritation. Care should be taken to avoid contact with the eyes. If accidental contact with the eye occurs, quickly wash/flush the eyes thoroughly with tap water. Consult your health care provider if eye irritation results.
- Avoid contact with mucous membranes, such as the lining of the nose or mouth.
- If you need to treat more than one individual, and/or want to avoid unnecessary exposure to the product, it is recommended to wear vinyl gloves when applying or rinsing the product.
- Avoid contamination of food and preparation areas with these products.
- Upon completion of treatment, do not reuse the container. Rinse the container thoroughly and discard in the trash.



## Procedure for treatment of an individual

- When head lice have been identified on one family member, all household members should be inspected before treatment is started. All household members found with infestation should be treated the same day. Treat only those who are infested or individuals who share the same bed with an infested individual (AAP, 2015).
- Most pediculicides come packaged in single-dose containers. Do NOT divide the product and/or use a single container for multiple heads unless it is marked as a multiple-dose container. Read the package insert carefully. Use the entire contents during a single treatment, unless the directions say otherwise, and make sure the hair is entirely saturated. If more treatments are necessary, obtain more products.
- Remove the individual's shirt and cover their shoulders and arms with a towel. Cover the individual's eyes with a washcloth in order to keep them protected.
- To confine the product to the head and scalp, have the individual lean over the sink or bathtub. Do not treat while bathing or showering, as the product may flow onto the body and expose greater amounts of skin.
- Follow the manufacturer's directions and apply the treatment.





- Unless instructed otherwise in the product instructions, allow the hair and scalp to dry in open air. Hot hair dryers or blowers may reduce the effectiveness of some lice treatment products.
- Following the treatment, have the individual put on clean clothing.
- Hair conditioners and vinegar rinses may reduce the effectiveness of some lice treatment products. If shampooing is needed during the week following treatment, use regular shampoo only. Remember to follow the manufacturer's instructions.
- No treatment is 100% effective. A second treatment should be provided nine days after the initial treatment if not otherwise specified on the product label.
- Removal of nits immediately after treatment with a pediculicide is usually not necessary to prevent the spread of lice. It may be encouraged for cosmetic reasons, to decrease diagnostic confusion during future head checks or it may be required by some schools or child-care providers. Discussion of the nit removal process starts on page 22.
- Cleaning of personal items and the environment should be done on the same day of treatment. (See page 20.)

### **If lice persists or if treatment does not seem to be working, consider the following:**

- Was the hair too wet during the application of the treatment?
- Were product directions followed exactly as stated on the label?
- Was the product left on long enough?
- Was the person really infested?
- Were other shampoos or conditioners used that may have interfered with the treatment?
- Could the individual have become reinfested with lice due to contact with an untreated, infested person or an environmental source?
- Is this a case of resistant head lice? Resistant head lice is head lice that is resistant to over-the-counter treatments.
- Was enough treatment product used?

# Alternative Treatments

There are many products marketed as effective treatments to get rid of head lice and nits. Limited research has shown that hot air treatment is effective in treating head lice, with such products as the Lousebuster. *\* Some of these products may be expensive and are being recommended as an institutionally based machine.* Hair dryers are not an effective means to get rid of head lice. Many products are listed as “natural.” It is important to remember the term “natural” does not always mean safe or effective.

If you choose a product different than those previously mentioned to treat head lice, it is advisable to confirm that the product has been approved by the Federal Drug Administration (FDA) for use in the treatment of head lice. This information can be found on the product label. Products should also have a toll-free telephone number on the package so you can call the company with questions regarding possible side effects, what actions to take if side effects occur and proper use. Products should list the active ingredient(s) so you can consult with a health care provider or pharmacist about the possibility of allergic reactions, possible side effects and contraindications of the use of the product if needed.

Home remedies have been around as long as head lice. Examples of home remedies include olive oil, mineral oil, petroleum jelly, mayonnaise and vinegar. These have been applied to suffocate the lice and are widely used but have not been evaluated for effectiveness (AAP, 2020). Essential oils have been widely used in traditional medicine for the eradication of head lice, but because of the variability of their constitution, the effects may not be reproducible. In addition, these oils may be a source of contact sensitization, which limits their use. Several products have been studied (e.g., Andiroba oil, Quassia vinegar, melaleuca oil [tea tree oil] and lavender oil). As natural products, they are not required to meet FDA efficacy and safety standards for pharmaceuticals (AAP, 2020). It should be noted that these products are generally difficult to remove from the hair. Other home remedies such as applying dye to the hair will not get rid of head lice.

## Products and methods to avoid

Centers for Disease Control and Prevention (CDC) recommendations for what NOT to do when getting rid of lice:

- Don't use extra amounts of any recommended or prescribed dose of lice medication in an attempt to get rid of the lice faster. Excessive dosages can be dangerous and may cause severe damage.
- Avoid getting any medication for lice in the eyes. If contact with the eyes occurs, be sure to flush them out and call the North Dakota Poison Center at 1-800-222-1222.
- Don't repeat the same lice treatment more than two or three times. If you repeat a medication treatment too many times, you or your child may build resistance to the medication or an alternative may have to be used.
- Don't use more than one head lice medication at the same time. Using more than one treatment at a time won't work to kill the lice faster, and it can cause more harm than good.

- Don't fumigate the house or living area where an individual who has head lice has been. Fumigation isn't necessary to kill lice and may be toxic to others and to pets.
- Avoid using conditioner for 10 days following treatment. Conditioner acts as a barrier for lice medication and stops it from sticking properly to the hair shaft.
- Don't use lindane shampoo as a first-line treatment for children. [The American Academy of Pediatrics \(AAP\)](#) no longer recommends it, as overuse and misuse can be toxic to the brain or parts of the nervous system. The AAP recommends that Lindane only be used when other treatments have failed.

## Head shaving and/or cutting hair

Some parents may want to shave the child's head to get rid of the lice problem. Shaving or cutting hair may be at a high emotional cost to the child and is not necessary. Others think cutting a child's hair reduces the chance of infestation. Shorter hair may make it easier to locate and remove lice and nits but does not reduce the risk of infestation.

*\* = Use of brand names does not endorse the specific product. Any similar product may work as well as those mentioned.*

### **SAFETY PRECAUTIONS**

**Treatment should never consist of toxic and/or flammable household products such as kerosene, gasoline, paint thinner, turpentine or any other household cleaners.**

**Pesticides intended for use on insects or bugs other than head lice, or pesticides intended for use on animals, should not be used on humans. Every year, children are killed or seriously burned as a result of these types of products.**

**Never put a child to bed with a shower cap or with plastic covering his or her head! This can cause a suffocation concern.**

# Management and Treatment

## Step 3

### Cleaning of personal items and the environment

1. All combs/brushes, bows, hair ties, headbands, barrettes and other hair pieces should be bagged tightly and placed in the freezer for 12 hours, put in a mesh bag and placed in the dishwasher on the sanitize cycle or set aside (in the tightly closed bag) for a week.
2. All glasses, goggles, earrings, hearing aids, phones and headphones should be wiped down gently with soap and water.
3. All hats, jackets, sweaters and sporting gear worn prior to treatment should be washed. It is not the washing that kills the lice, it is the high heat produced in the dryer. Place all things in the dryer on high heat for 40 minutes. If the fabric won't tolerate the high heat, then place the item(s) in the freezer for 12 hours or bag for five days.
4. Cleaning bedrooms: Strip all sheets and mattress pads and place them in the dryer on high heat for 40 minutes. Vacuum the mattress and all areas surrounding the mattress. You will need to repeat this step daily for five days. Pillows can be placed in the dryer for 40 minutes, placed in the freezer for 12 hours or bagged for five days.
5. Car seats: Vacuum the car seats/headrests thoroughly. If you have leather seats, wipe them off with a damp rag. If your child sits in a car seat/booster, remove the seat cover and dry on high heat for 40 minutes, place in the freezer for 12 hours or bag for five days.
6. All dolls, blankets, stuffed animals and rugs should be put in the dryer on high heat for 40 minutes, placed in the freezer for 12 hours or bagged for five days.

### SAFETY PRECAUTIONS

Many pediatricians and safety groups recommend hot water heaters in the home be set to a temperature of no more than 120°F to help reduce scalding burn accidents to children. If the hot water heater is increased to 130°F for the purpose of cleaning head lice articles, remember to turn down the heater after the washing has been completed.

The use of pediculicidal (or pesticides) or insecticidal sprays is strongly discouraged and is NOT recommended, as these may be harmful to family members and pets.

**Remember:** Head lice can infest all people regardless of age, race and socioeconomic status or hygiene practices. No disease or health risks have been associated with head lice. It is important to avoid treatments (of individuals or the environment) that pose a greater risk than the condition of head lice.

# Management and Treatment

## Step 4

### Repeat treatment with the pediculicidal product

No treatment is 100% effective. Some nits may survive the initial treatment and hatch live nymphs. Retreat nine days after the initial treatment if not otherwise specified on the product label. A second treatment with the pediculicidal product should kill any newly hatched nymphs prior to them maturing into lice and gaining their ability to lay new nits.

- The procedure outlined on page 16 should be repeated.
- All precautions and safety guidelines discussed on pages 12-21 should be followed

## Don't forget the steps!

**Step 1** Carefully inspect and screen the hair and scalp to identify lice and/or nits correctly

**Step 2** Use a pediculicide product if live lice or viable nits are found

**Step 3** Clean personal items and environment

**Step 4** Repeat treatment with pediculicidal product

# Manual Removal of Nits

Although removing all nits from the hair may be done to reduce worries of another lice infestation, or for cosmetic reasons, research has shown the removal of nits may not be necessary. The application of a second treatment, completed nine days after the first treatment, should kill any newly hatched lice prior to maturity and their ability to lay nits.

The American Academy of Pediatrics and the North Dakota Health and Human Services agency do not recommend “no-nit” policies as they have not been shown to be effective in reducing the incidence of head lice.

Child care sites and schools may still require children to be nit-free before returning to the child care facility or school. These policies vary from one setting to another. Parents should be familiar with the head lice policies of the facility or school their children attend. If your child’s facility has a “no-nit” policy or if you feel you need to remove them for aesthetic reasons, the following actions should assist you in the process of removing nits.

- It is not recommended to self-treat, which means trying to remove nits from your own head, as this is very difficult to do.
- Wearing gloves during lice/nit removal is a personal choice; however, it is not necessary. There is very little chance of spreading the infestation, and gloves often make the job more difficult.
- Work in an area with good visibility and light, such as areas with a lamp or natural sunlight through a window. It may be easier to see and remove nits during the day when there is more natural light.
- Hair should be clean, damp and untangled.
  - Use a grooming comb or hairbrush to remove tangles.
  - During the combing to remove the nits, using a lice or nit comb is most effective. If one is not available, use a comb with closely spaced teeth.
  - It is best to have hair that is slightly damp when removing the nits.
    - If the hair is too wet, the nit comb slips through too quickly.
    - If combing is done on dry hair, individuals often complain of discomfort.
- Part the hair into sections and hold sections in place with hair ties or hair clips.
  - Separating the hair into small sections makes it easier to see lice and nits.
- Comb and/or pick out all the nits.
  - Some examiners recommend combing the hair slowly away from the scalp, inserting the comb as close to the scalp as possible and pulling the comb completely through the hair from root to the end. Pay special attention to the nits right next to the scalp.
  - Others advise holding the hair at the end and combing with a back motion towards the scalp, reporting this approach as more likely to break the nit from the glue-like substance that attaches it to the hair shaft.



- Comb one section at a time, pulling the comb slowly through the hair several times.
  - Examine all sides of the hair shafts for nits.
  - Although using a nit comb removes most of the nits, sometimes you may need to remove a stubborn nit by pinching it between two fingernails.
  - If you are unable to remove a stubborn nit by combing or with your fingernails, you can simply cut off the hair shaft with small scissors.
  - Check the section one last time to make sure it's clean and then pin it out of the way by laying it flat against the head. This will help you keep track of the sections you have already combed and those that still need combing.
- Check the comb after each pass through the hair. Whenever you comb out nits or lice, clean the comb under running water or dip it into a bowl of water. You also can clean the comb with a paper towel or tissue. Hold the comb up to the light to make sure it is completely clean before the next stroke.
  - Paper towels or tissues can be thrown into the garbage. Simply tie the garbage bag and remove it from the house when finished.
  - Clean the comb under running water. Rinse the sink with hot running water when finished.
- After combing is complete, soak the lice comb in hot water (130°F) for at least 10 minutes. Use an old toothbrush to clean the comb.
  - Check the comb under a bright light to make sure all lice and nits are gone. The comb can now be used on another family member or is ready for the next combing.
- When fingernails are used to remove nits, they also should be cleaned frequently during and after the process. Wash with soap and water and use a nail brush.

There are many different nit-removal combs on the market. Nit combs are often included in the packages of many head lice removal products. The comb should have an inner tooth space smaller than the nits (0.5 to 0.8 mm) to be effective. Combs that are light-colored allow for better visualization than dark-colored combs. Metal combs are sturdier and less apt to break than plastic combs. Well-designed combs that meet these requirements often can be bought at pet stores for less money.

**Remember:** Head lice can infest all people, regardless of age, race, socioeconomic status or hygiene practices. Take care not to blame anyone if an infestation occurs in your household. Head lice are not life threatening, nor do they carry disease. They are just annoying, so try to keep things in perspective.



# Schools, Child Care and Groups

There is no state law governing the management of head lice control in schools or child care centers. The National Association of School Nurses and the American Academy of Pediatrics support the position not to exclude children from school due to head lice. The North Dakota School Boards Association also supports this position.

## General Recommendations

It may be helpful to periodically provide information for parents and caregivers about the prevention, diagnosis and treatment of head lice, along with information about local policy.

If a child is demonstrating symptoms, have a school nurse, public health nurse, medical provider or designated trained staff person check the student's head.

If a child is found to be infested with head lice during school or child care, he or she can remain in class. There are no known health risks from head lice, and research has shown immediate removal of children from school or child care is not effective in controlling or reducing the spread of head lice.

- Confidentiality must be maintained. Removing a child immediately after a screening increases the risk of breaks in confidentiality.
- When a child is found to be infested, they should be treated as soon as possible after school that day and should be discouraged from having head-to-head contact with others.

Parents of children with positively identified infestations of head lice should be notified that day by phone if possible. If phone contact is unsuccessful, a note should be sent home with the child. The parents should be encouraged to provide prompt treatment after school or child care, with a second treatment provided nine days following the first dose. The parents also should be encouraged to have all household members screened. All household members found to be infested also should be treated.

Children likely to have had direct head-to-head contact (such as hugging or sharing pillows) with an infested child in the past 48 hours also should be screened. Efforts should focus on maintaining privacy during the screening.

Routine classroom or school-wide screening is discouraged. Screening for nits alone is not an accurate method of diagnosing head lice. Routine lice screenings of large numbers of children in school have not been proven to have significant effects on reducing the incidence of head lice in schools.





## Developing a Policy

It is recommended that schools and child care settings develop a written policy addressing how infestations or suspected infestations of head lice will be managed in the school/child care setting.

### Points to consider and address within a policy include:

- Inspection/screening procedures.
  - Who will inspect children demonstrating symptoms?
  - How will inspections be managed?
- Maintaining confidentiality of the children.
- Parent/guardian notification.
- Exclusion protocol
  - *Example:* A child with head lice can remain in class unless he or she is unable to participate due to discomfort. Children with head lice should avoid head-to-head contact with others and should be treated after school or child care.
- Communication process for parents and staff regarding education about head lice and local policy.
- Protocol for responding to treatment refusals.
- If or when referrals will be made to other agencies.

Written policies and procedures regarding specific responsibilities and recommendations will facilitate efficient and consistent implementation by all schools and child care centers. These help to ensure all children are treated in a fair and equal manner.

Seek input from your local public health unit, clinics or health care providers, child care health consultants, child care providers and school personnel in the development of a head lice management policy. To locate the child care health consultant in your area, contact your local Child Care Resource and Referral agency. For more information, visit [hhs.nd.gov/service-locations/local-public-health](https://hhs.nd.gov/service-locations/local-public-health).

# The “no-nit” Standard

When a “no-nit” policy is in place, infested children are sent home when lice or nits are found on the child. The child needs to be treated and all nits must be removed before they are allowed back in the school or child care facility. Although “no-nit” policies were the norm for schools and/or child care facilities in the past, research has shown they do not decrease the occurrence of head lice. However, they do result in increased absences of children from school or child care. They also increase the risk of violating the privacy of the children involved.

The American Academy of Pediatrics and National Association of School Nurses discourage such policies and believe a child should not miss or be excluded from school because of head lice. Because a child with an active head lice infestation likely has had the infestation for one month or more by the time it is discovered and poses little risk to others from the infestation, he or she should remain in class but be discouraged from close, direct head contact with others (AAP, 2020).

## Other disadvantages of “no-nit” policies include:

- Studies show “no-nit” policies increase the risk of incorrect diagnosis of head lice and have no bearing on reducing the incidence of head lice.
- “No-nit” policies may be carried out too rigidly, and students are often excluded from school due to the misidentification of nits or the presence of nonviable nits.
- Mandatory exclusion may hinder academic performance and increase social stigma.
- “No-nit” policies, and the increase of an incorrect diagnosis associated with them, may lead to overuse of lice treatment products as parents/caregivers try to eliminate lice and nits.

# Recommended Preventive Measures

- Regularly vacuum carpeted or upholstered areas and wipe down any sports or nap mats with a damp cloth.
- For young children in school or child care who nap, bedding/pillows should not be shared. Store nap items separately and space mats/cots apart so children are not touching when they are napping.
- If an outbreak of head lice occurs, assign individual lockers or cubbies. If lockers are not available, assign hooks 12 or more inches apart or have the children hang their coats on the backs of their chairs.
- If bus drivers express concern regarding outbreaks of head lice, they can wipe school bus seats with a damp cloth.
- If cars or vans are used for transportation, regularly vacuum upholstered seats or go over them with a lint remover (rollers with a sticky surface).
- Although indirect transmission of head lice is rare, the sharing of headphones should be avoided if possible.
- While it is recommended that children should avoid sharing items such as helmets, safety should be the first priority as the risk of transmission is low. If helmets need to be used, they can be cleaned by being vacuumed and wiping with a mild soap and water
- Data show that head lice are unlikely to spread through the water in a swimming pool, even though chlorine levels in water do not kill head lice. Head lice hold tightly onto human hair underwater. Head lice are more likely to be spread through sharing personal items with an infected person, such as towels and combs.
- Swimming or washing hair within one to two days after head lice treatment might make some treatments/medications less effective.

## SAFETY PRECAUTIONS

The use of insecticides, lice sprays or environment fumigants of any kind to fog the school or child care room or to treat walls, floors, desks and carpets is of no value in the control of head lice.

These products are more harmful to people and pets than they are effective in getting rid of lice. The CDC, AAP and the North Dakota Health and Human Services agency strongly discourage the use of these spray products for the control of head lice.

# Myths and Facts

Myth	Fact
It's easy to get lice.	Lice are spread by head-to-head contact and are much harder to get than a cold, the flu, ear infections, pink eye, strep throat or impetigo.
Avoiding lice is important, as they are dirty and spread disease.	Lice do not spread any known disease, nor are they impacted by dirty or clean hygiene. They are simply an inconvenience.
Head lice are very sturdy creatures and can survive many days off of people on furniture, linens or clothing.	Head lice need a blood meal every few hours and the warmth of the human scalp to survive. When off the human body, they cannot survive for more than 24-36 hours.
Nits (lice eggs) can fall off a person's head, hatch and cause another person to get lice.	Nits are glued to the hair shaft by a cement-like substance and are very hard to remove. When a nymph (baby louse) is hatched, it must quickly have the warmth and food source of a head to survive.
Cutting a person's hair will prevent head lice infestations.	The length of a person's hair does not impact his or her risk of getting head lice.
You can get head lice from sitting in a desk next to someone who is infested with head lice.	Head lice are spread through direct head-to-head contact. The lice do not hop, jump or fly, so sitting near someone with head lice does not increase the risk of getting the lice.
Lice are commonly spread throughout schools.	Transmissions in schools are rare. It is more common to get head lice from family members, overnight guests and playmates who spend a lot of time together.
Lice are commonly spread through hats or helmets.	Although spread through hats or helmets is possible, it is rare. It is more common for transmission to occur from pillows, hairbrushes or sheets. The most common type of transmission is from head-to-head contact.
Schools and child care facilities should screen all children for head lice, so everyone can be treated and the spread of head lice will be prevented.	Having regularly scheduled mass screenings does not reduce the incidence of head lice.
"No-nit" policies reduce the risk of head lice in schools and child care facilities.	Research shows "no-nit" policies do not decrease the number of cases of head lice. They do increase the risk of incorrect diagnosis of head lice, the number of days children are out of school and negative social stigma associated with head lice. These policies also may hinder academic performance.
The only way to ensure you will not get head lice after a treatment is to remove all the nits.	Studies have shown the removal of nits immediately after treatment with a pediculicide is usually not necessary.
You can get lice from your dog or other pets.	Head lice are specific to humans. You can get human lice only from other humans. You cannot get lice from your pets, nor can you give your pets lice.

## Head Lice (Pediculosis Capitis)

Head lice are small insects (less than 1/8 inch long, approximately the size of a sesame seed). Head lice live on blood they draw from the scalp and lay tiny, gray/white eggs (known as nits) near the scalp. The warmth from the scalp is needed for the eggs to hatch. Head lice are not known to spread disease.

### Transmission

Head lice can affect anyone and can spread as long as lice or eggs remain alive on the infested person or clothing. In the United States, head lice are most common among preschool children attending child care, elementary school children and household members of infested children.

Head lice are commonly spread by direct contact with hair. People can spread head lice by sharing combs, brushes, hats, blankets, or sheets with others, but this is less common. Head lice can only be spread by live lice and not nits. A person who previously had head lice may get it again.

### Symptoms

For many people, head lice cause no symptoms. The time from laying eggs to hatching is about one week (six to nine days). Lice mature to the adult stage approximately seven days later. When symptoms are present, they include:

- **Itching**- this is one of the most common symptoms. Itching is often located on the skin on the scalp or neck.
- **Sores on the head**- small red areas on the scalp may be seen due to bites from the louse. Sores may also develop from continued itching.
- **Tickling feeling of something moving in the hair**- some people report a crawling feeling in the hair.
- **Sleeplessness**- lice are more active at night and may disrupt sleep.

### Diagnosis

Diagnosing head lice is done by identifying live lice or nits within 1/4 inch of the scalp. Eggs and lice can be seen with the naked eye; however, the use of a hand lens or microscope may help to confirm the identification.

### Treatment

- **Medicated shampoos or cream rinses** containing lindane or pyrethrins.
- **Over-the-counter products** containing pyrethrins.
- **Prescribed medication** containing lindane or pyrethrin.
  - Lindane is not recommended for infants, young children, and pregnant or lactating women.
- **Nit combs** remove lice eggs from hair and are more useful than medications on eggs.

Dose and duration of shampoo treatment should be followed according to label instructions. Extra amounts should not be used, and multiple products should not be used at the same time. Retreatment after seven to ten days is recommended to assure that no eggs have survived.

For more information about the treatment of head lice, visit [www.cdc.gov/parasites/lice/head/treatment.html](http://www.cdc.gov/parasites/lice/head/treatment.html). If you have further questions about the treatment of your head lice infestation, contact your health care provider.

## Prevention

- **Avoid physical contact with infested individuals and their belongings**, especially clothing, headgear and bedding.
- **Examine close contacts and playmates of infected persons.**
- **Educate** on the life cycle of lice, proper treatment, and the importance of laundering clothing and bedding in hot water (130°F for 20 minutes) or dry cleaning to destroy lice and eggs.
- **Inspect regularly for lice**, on the scalp (and when indicated on the body and clothing), particularly of children in schools, and persons in institutions, nursing homes, and summer camps, is important.

## Exclusion Guidance

**Children or others do not need to be excluded from childcare, school, work, or other activities if they have head lice.** Exclusion and treatment of children in child care can occur at the end of the day with return the following day after their first treatment. Children can remain in school but should be treated for lice as soon as possible. Head-to-head contact with others should be discouraged.

For more information about head lice, head lice removal, school exclusions, etc., contact North Dakota Health and Human Services, Division of Family Health, at 800.472.2286.

### Resources:

1. North Dakota Department of Health. (2012). *Head Lice: A Lousy Problem*. Division of Family Health. [pages.1-30]. [www.ndhealth.gov/head-lice/publications/headlicebooklet.pdf](http://www.ndhealth.gov/head-lice/publications/headlicebooklet.pdf)
2. Kimberlin, D. W., Barnett, E. D., Lynfield, R., Sawyer, M. H. (2021) *Red Book: 2021- Report of the Committee on Infectious Diseases*. 31<sup>st</sup> ed. American Academy of Pediatrics. [*Management and Prevention of Infectious Diseases*] [pages 122-133; 567-571].
3. Heymann, D. L. (2015). *Control of Communicable Diseases Manual, 20<sup>th</sup> Edition*. Pediculosis and Phthiriasis. American Public Health Association. 2015: 446-448.
4. Centers for Disease Control and Prevention. (2013, September 24). *CDC - lice - head lice*. Centers for Disease Control and Prevention. Retrieved March 29, 2023, from <https://www.cdc.gov/parasites/lice/head/index.html>

Updated 4/11/2023



## **SPECIAL HEALTH SERVICES**

**Healthy & Safe Communities**

**North Dakota Health and Human Services**

600 East Boulevard Avenue, Dept. 325

Bismarck, ND 58505-0200

701-328-2436

ND Toll-Free: 800-755-2714

TTY: 800-366-6888

Monday-Friday | 8 a.m. to 5 p.m. (CT)

[dohcshsadm@nd.gov](mailto:dohcshsadm@nd.gov)



[WWW.HHS.ND.GOV](http://WWW.HHS.ND.GOV)

[f](#) [@](#) [t](#) [v](#) [in](#) | [@HHSNDGOV](#)