

# Avoiding & Dealing with Head Lice

*Pediculosis*, better known as head lice, causes an estimated 6 to 12 million infestations annually in the 3 to 11-year-old age group. It seems to be more common for girls to get head lice than boys

## Prevention

As it is an extremely common childhood disease, it can be difficult to prevent. Here are several steps that can help:

### 1.) Don't share personal care items.

Personal care items that may touch the head can propagate a case of head lice. To reduce the chances of this happening, it is recommended to not share items that may have come in contact with head lice. Examples include:

- Combs
- Scarves
- Brushes
- Coats
- Towels
- Hats
- Hair clips and other hair accessories
- Bike helmets
- Earbuds

It can be tempting to share these objects, but head lice are able to crawl from these objects to the head.

### 2.) Minimize head-to-head contact.

During play, it is natural that children's heads come close together. When a child has head lice, the lice can jump from one head to another. During times of infestations at schools, recommending that a child avoid head-to-head contact is a good strategy.

Adults who work in a classroom, daycare, or any other setting with children are wise to avoid head-to-head contact as well.

Another good tactic is to pull long hair into a ponytail or a braid.

### 3.) Keep personal belongings separate.

Shared spaces, such as locker rooms, closets, hallway lockers, and clothing hooks can easily allow lice to jump from one piece of clothing to another.

It is recommended that children keep clothing – especially clothing that is known to carry lice, such as hats, scarves, and coats – out of these areas.

There are several *medications* that claim they prevent lice. According to Mayo Clinic, further research is indicated in order to prove their efficacy. It is better to utilize the strategies above to prevent a lice infestation from occurring.

## Treatment

When an infestation occurs, treatment is recommended for the person with the active infestation, as well as all people with close contact with the individual. Ideally, all of these people should be treated at the same time.

The most effective treatment is a pediculicide (a medication that kills head lice) that also has an ovicidal effect – it kills the eggs of the lice. There are various types of pediculicides – some are only weakly ovicidal or not at all ovicidal - when using these pediculicides, retreatment may be necessary.

When purchasing a pediculicide, following the instructions on the box verbatim to ensure its efficacy.

### Treatment options include:

- Over-the-counter medications that are purchased from a drugstore or pharmacy. These medications include one of the following two ingredients:
  - **Pyrethrins combined with piperonyl butoxide.** Brand names include Triple X, A-200, Pronto, Rid, and R&C. These medications kill live lice, but not louse eggs. An additional treatment is recommended nine to ten days later to kill newly hatched eggs.
  - **Permethrin lotion, 1%.** Similar to pyrethrins, Permethrin lotion does not kill louse eggs. However, it may continue to kill lice that continue to hatch several days after treatment. An additional treatment may be necessary to kill newly hatched eggs.
- Prescription medications require a physician to write a prescription. These medications include:
  - **Benzyl alcohol lotion, 5%.** An example is Ulesfia lotion. It is not ovicidal, and an additional treatment may be necessary seven days after the first treatment to kill newly hatched eggs.
  - **Ivermectin lotion, 0.5%.** An example is Sklice. A newer lice treatment, ivermectin was FDA-approved in 2012; although it is not ovicidal, it is thought prevent nymphs – newly hatched lice – from living. It is given as a single application and does not require nit combing. Oral ivermectin is not an FDA-approved



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treatment for lice, but studies indicate that it is effective as well.

- **Malathian lotion, 0.5%.** An example is Ovide. This medication kills live lice and is partially ovicidal. A second treatment is sometimes necessary. It can be flammable, so after it is applied, those using it should take care not to smoke or use electrical heat sources (such as hair dryers or flat irons) while using it.

- **Spinosad 0.9% topical suspension.** This treatment is pediculicidal as well as ovicidal, therefore re-treatment is not typically required.

## Supplemental Measures

According to the CDC, “supplemental measures can be combined with recommended medicine (pharmacologic treatment); however, such additional (non-pharmacologic) measures generally are not required to eliminate a head lice infestation.”

This basically means that such measures may be important, but a large undertaking is not necessary – head lice do not survive long after falling off a person without a food source.

General guidelines include in order to prevent re-infestation:

- Wash clothing that has been worn or exposed by the infested person during the two days prior to treatment at a temperature of 130 degrees Fahrenheit, and high head drying cycle. An alternative is sealing clothing in a bag for two weeks.
- Soaking brushes and combs in hot water (130 degrees Fahrenheit) for at least five minutes.
- Vacuum the carpeting and furniture. ■

## Resources

Centers for Disease Control. (2013, September 23). Head lice – epidemiology & risk factors. Retrieved from <https://www.cdc.gov/parasites/lice/head/epi.html>

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Weatherspoon, D. (2016, July 27). Head lice prevention. Healthline. Retrieved from <https://www.healthline.com/health/lice/head-lice-prevention>