

Head Lice Treatment and Prevention: Recommended Practice for Child Care

Treating and Preventing Head Lice

Head lice are most common among preschool children attending child care, elementary school children, and household members of children who have head lice. While lice are a year-round problem, the number of cases seems to peak when the kids go back to school in the fall and again in January, says Patricia Brown, M.D., a dermatologist at the Food and Drug Administration (FDA).

Contrary to myth, head lice are not caused by poor hygiene, Brown says. They are spread mainly by direct head-to-head contact with a person who already has head lice. You cannot get head lice from your pets; lice feed only on humans.

An estimated 6 to 12 million cases of head lice infestation occur each year in the United States in children 3 to 11 years of age, according to the Centers for Disease Control and Prevention. Head lice are most common among preschool children attending child care, elementary school children, and household members of children who have lice.

Lice don't fly or jump; they move by crawling. But because children play so closely together and often in large groups, lice can easily travel from child to child, especially when they touch heads during playing or talking.

Identifying and Treating Head Lice

Head lice are blood-sucking insects about the size of a sesame seed and tan to grayish-white in color. They attach themselves to the skin on the head and lay eggs (nits) in the hair.

According to Brown, you can check for head lice or nits by parting the hair in several spots. You can use a magnifying glass and a bright light to help spot them. Because head lice can move fast it may be easier to spot the nits. Nits can look like dandruff, but you can identify them by picking up a strand of hair close to the scalp and pulling your fingernail across the area where you suspect a nit. Dandruff will come off easily, but nits will stay firmly attached to the hair, Brown explains.

FDA-approved treatments for head lice include both over-the-counter (OTC) and prescription drugs, such as Nix and Rid, in the form of shampoos, creams and lotions. "Many head lice products are not for use in children under the age of 2, so read the label carefully before using a product to make sure it is safe to use on your child," Brown says.

Although OTC drugs are available for treatment of head lice, Brown says your health care professional may prescribe drugs approved by the FDA, such as Ulesfia (approved in 2009), Natroba (approved in 2011) or Sklice (approved in 2012).

How to Help Prevent Getting Head Lice

- Teach children to avoid head-to-head contact during play and other activities at home, school, and elsewhere (sports activities, playgrounds, slumber parties, and camps).
- Teach children not to share clothing and supplies, such as hats, scarves, helmets, sports uniforms, towels, combs, brushes, bandanas, hair ties, and headphones.
- Disinfect combs and brushes used by a person with head lice by soaking them in hot water (at least 130°F) for 5–10 minutes.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with a person with head lice.
- Clean items that have been in contact with the head of a person with lice in the 48 hours before treatment. Machine wash and dry clothing, bed linens, and other items using hot water (130°F) and a high heat drying cycle. Clothing and items that are not washable can be dry-cleaned or sealed in a plastic bag and stored for two weeks.
- Vacuum the floor and furniture, particularly where the person with lice sat or lay. Head lice survive less than one or two days if they fall off the scalp and cannot feed.
- Do not use insecticide sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.
- After finishing treatment with lice medication, check everyone in your family for lice after one week. If live lice are found, contact your health care professional.

Steps for Safe Use of Treatment Products

Follow these steps to use any head lice treatment safely and appropriately:

- After rinsing the product from the hair and scalp, use a fine-toothed comb or special “nit comb” to remove dead lice and nits.
- Apply the product only to the scalp and the hair attached to the “scalp” not to other body hair.
- Before treating young children, talk with the child’s doctor or your pharmacist for recommended treatments based on a child’s age and weight.
- Use medication exactly as directed on the label and never more often than directed unless advised by your health care professional.
- Use treatments on children only under the direct supervision of an adult.

This article appears on [the FDA’s Consumer Updates page](#), which features the latest on all FDA-regulated products. *Updated: August 31, 2017. Published: July 13, 2010*

U.S. Department of Health and Human Service

FDA: Food and Drug Administration: Consumer Update August 31, 2017

Recommended Practice for Early Care and Education Programs: Pediculosis Capitis (Head Lice): Attendance of Children with Head Lice

1. Children should not be excluded immediately or sent home early from child care due to the presence of head lice.
2. Parents/guardians of affected children should be notified and informed that their child must be treated before returning to the child care facility.
3. In addition to treating the affected child with a pediculicide (an agent used to destroy lice), any items such as headgear, pillowcases, and towels that have come into contact with the affected child in the forty-eight hours prior to treatment should be laundered in hot water.
4. Children and staff who have been in close contact with an affected child should be examined and treated if infested, defined as the presence of adult lice or nits (eggs) on a hair shaft within three to four millimeters from the scalp.

RATIONALE: Head lice infestation in children attending child care is common and is NOT a sign of poor hygiene. Transmission occurs by direct contact with hair of infested people and less commonly by direct contact with personal items of infested people. Head lice are not a health hazard because they are not responsible for spread of any disease. The institution of “no-nit” policies before permitting return of an infested child to child care or school are not effective in controlling transmission (2). Child care programs should not institute a “no-nit” policy.

COMMENTS: Treatments for head lice generally are safe and effective when used as directed. Some treatments may cause an itching or a burning sensation of the scalp. Most products used to treat head lice are pesticides that can be absorbed through the skin. Therefore, all medicines used for treatment of lice should be used with care and only as directed. Although not medically necessary, removal of nits that are attached within one centimeter of the base of the hair shaft may be manually performed (1). Removing the nits may help in situations where outbreaks are occurring in the group to determine whether a child who has been treated became reinfested after treatment or merely has residual non-viable nits

Reference: Caring for Our Children: National Health and Safety Performance Standards, 3rd edition: Pediculosis Capitis (Head Lice) : 7.5.8.1
TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

CDC: Head Lice Information for Parents

You should examine your child's head, especially behind the ears and at the nape of the neck, for crawling lice and nits if your child exhibits symptoms of a head lice infestation. If crawling lice or nits are found, all household members should be examined for crawling lice and nits every 2–3 days. Persons with live (crawling) lice or nits within ¼ inch or less of the scalp should be treated.

To eliminate head lice successfully, it is very important that all treatment instructions and steps be carefully followed and completed. CDC does not make recommendations as to what specific product or products should be used to treat individuals. Both over-the-counter and prescription products are available. Children diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice. Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Head Lice Information for Schools

Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice. Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Both the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) advocate that "no-nit" policies should be discontinued.

CDC: Parasites-Lice-Head Lice: Page last updated: August 19, 2016