

HEAD LICE FACT SHEET

1. Lice live on the head near to the scalp where they are warmer. Head lice are spread by close contact between heads. This needs to last at least a minute for lice to move from one head to another. **They do not jump.**
2. Nits (the egg cases) are fixed tightly to the hair, and grow out as the hair grows-about 1cm a month. Usually by the time they are visible, the case has hatched. The eggs take a week to hatch. The presence of egg cases indicates an old infection, not necessarily a current one.
3. The “infection” may spread more easily in infant school age children, who put their heads together. However, the reservoir of infection in the community is usually in adults.
4. Many people (especially adults) have no symptoms of itching of the scalp with head lice.
5. If you are concerned about whether you or your children have head lice, check the hair once a week with a fine-toothed detector comb when the hair is wet. They show up best combed onto kitchen-roll paper. A light infection may easily be missed on dry hair inspection.
6. Eradicating head lice in schools does not prevent a recurrence of the problem of head lice. For this reason most Health Trusts stopped regular inspections of children’s hair several years ago. Also, examining a child’s head one day does not mean the head cannot be “infected” the following day.
7. Recommended treatment is by lotion-at present in this area is “**Full Marks**” lotion. The use of conditioner and weekly combing helps to prevent “re-infection” but has not been evaluated as treatment. “Tea Tree Oil has not been assessed to see how effective it is. If your child has asthma or eczema, contact your School Nurse or G.P. for advice regarding treatment.
8. The lotion can be obtained from:
 - a) The Doctors Surgery-From your G.P.
 - b) Chemist-over the counter, you will have to pay.

9. The lotion will **not** prevent head lice, and should only be used for treatment. Recurrences of head lice can be due to **failure of treatment** for several reasons:-
- a) Not covering the whole head with lotion (remember back of head and in front of ears).
 - b) All close family members (parents/brothers & sisters/children) should be checked at the same time and treated if necessary if live lice are found. Also do inform the parents of your child's friends so they can then inspect their children.
 - c) Chlorine on the head can make the lotion less effective. If the affected child or adult has been swimming in the last three days, wash and dry the hair before applying lotion.
 - d) Very occasionally lice eggs are not killed by treatment. Inspect for live lice seven days after treatment-the eggs will have hatched by then; if you find live lice, re-treat.
 - e) Rarely, some lice may be immune to the treatment. If your child has unexplained recurrence of head lice, please contact your School Nurse or Health Visitor, she can then make arrangements with you to collect lice specimens, which can be sent off to the National Laboratory for testing.

You can try treating head lice without using chemical products:-

The use of fine-tooth combing and conditioner treatment has not been evaluated but many find it useful. It needs to be done every 2-3 days for two weeks to be effective. Use lots of conditioner, and while the hair is very wet, comb through with a fine-tooth comb. Make sure that the teeth of the comb slot into the hair at the roots with every stroke. Do this over a pale surface such as a paper towel. Sudden lice will not move and slippery hair is hard for lice to get a grip on so they should be easy to remove with a comb.

If you do find any lice, you should repeat this routine every 3 days for two weeks.

If you require further information you can contact the School Nurse at:

Child Health Department
Wigton Hospital
Cross Lane
Wigton Tel: (016973) 66606

MA/DM/WI
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