Headlice are small in sects; about the size of a match head when fully grown. Their colour varies according to the colour of the hair of the host. They crawl from head to head they do not fly or jump. Anyone with hair can catch headlice.

They are difficult to find in dry hair, but in wet hair they lose their grip, move slowly and can be combed out.

Headlice are not a school problem but affect everyone in the community. If you find that someone in your family has headlice it is important that close contacts are informed. They may have them and not know. Think about anyone there has been close contact with:

- Parents/Guardians
- Best Friends
- Brothers and sisters
- Grandparents.
- Aunts and Uncles
- Cousins
- Other residents in the house
- School Friends
- Work Colleagues
- Ballet/Gym/Clubs
- Holiday Friends
- Brownies/Guides/Scouts/Cubs
- Playgroup/Toddler: Group
- Babysitters/Child Minders
- Nephews and Nieces

Early detection and treatment are vital in dealing with/headlice.
Parents should check their children's hair once a week.

Two treatments are recommended - wet combing and lotions It is possible to use wet combing and lotions separately but it is best to use both treatments together.

Lotions:

Presently two insecticides are available for the treatment of headlice:

- Malathion
- Phenothrin

It is recommended that water based lotions are used, as they are less likely to irritate the skin and are more effective. If you choose to use a lotion, follow the manufacturer's instructions:

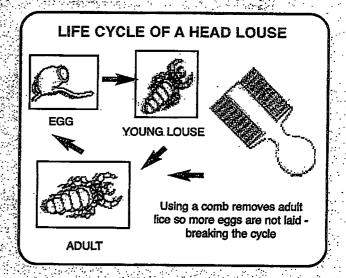
White empty/eggs/cases/(nits) do not necessarily meanilive licerare present. Check for livelice in wet hair using the wet-combing method.

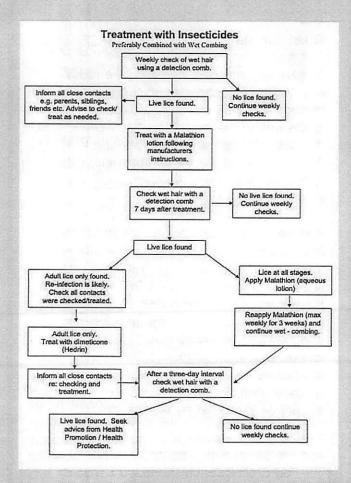
Wet Combing:

This should be used once a week at hair was time to detect headlice. If live lice are detected this method should be used every three days for two weeks.

Wash the hair rinse and apply conditioner. Comb through with an ordinary comb to remove the tangles. Using a fine tooth headlice comb part the hair into sections. Comb through the hair starting at the scalp and out to the end of the hair. After each stroke check the comb for lice and rinse or wipe the comb. If lice get stuck between the teeth, poke out with a cocktail stick. After combing the entire head, rinse out the conditioner.

Wet combing works because it interferes with the life cycle of the headlouse. Lice take seven days to, grow fully, until this time they are unable to lay eggs or move to another head. If full grown lice are removed by wet combing, further eggs will not be laid and the spread of infection will be prevented. The three day follow-up procedure removes the newly hatched lice before they become mature lites important to know that eggs are glued to the hair and cannot be removed by wet combing.





If school staff are able to identify a child that may be a source of infection with headlice, then the school may draw this to the attention of the child's parent or guardian. If the problem persists the school may refer the child to the school nursing service.

Treatment with the Wet Combing Method Alone Weekly check of wet hair using a detection comb. Inform all close contacts No lice found, Continue Live lice found. e.g. parents, siblings, friends etc. Advise to weekly checks. check/ treat as needed. Treat with wet combing (See leaflet) After completing full course of treatment. Check wet hair with a detection comb. No lice found. Continue weekly checks. Live lice found. Adult lice only found. Live lice at all stages Re-infection is likely. found. Check all contacts were Wet-combing ineffective in treated/checked. killing lice. Inform all close Re-try wet-combing or contacts re: checking consider use of and treatment. dimeticone (Hedrin) Check wet hair with a No lice found. detection comb. Continue weekly checks Live lice found. Seek advice from Health Promotion / Health Protection Unit.

Further advice on headlice is available from:-

South West (South) Health Protection Unit 0844 225 3557

This document is available in other formats please telephone 01209 313218

HEADLICE

A Guide to
Detection and
Treatment

