Head Lice

Head lice (Pediculus humanus capitis) infestation is widespread and common within children, but can also affect adults (Van der Wouden et al 2018). This can cause the head to feel itchy with a sensation of movement within the hair (NHS 2018)

Head lice are brown or beige in colour and approximately 3mm long when mature (Goundrey-Smith 2011). They feed on blood from the human scalp, with infested children carrying approximately 20 mature headlice at a time which ordinarily live three to four weeks (Cummings et al 2018). The females lays their first eggs known as nits within two days after mating and can lay approximately five eggs per day for the next 16 days (Meister and Ochsendorf 2016). The eggs hatch after eight days and the process subsequently reoccurs .

There is no evidence that head lice have a preference for either clean or dirty hair (PHMEG 2012). They are most common in children between 4-11 years, with greater prevalence in girls than boys (PHMEG 2012). Head lice are spread via direct head-to-head contact as they cannot jump, fly or swim (NICE 2016)

A live louse has to be observed to confirm the presence of head lice meaning the presence of louse eggs alone, whether hatched or un-hatched, is not proof of active infestation (Tinsley 2017). Detection combing is the most effective manner of confirming their presence (NICE 2016). This involves the systematic combing of the hair using a fine-toothed head lice comb. If head lice are identified all members of the household should be checked and treatment provided as necessary.

Treatment can involve either wet combing or lotions/sprays. Wet combing is advantageous as this is an available option for everyone. However this is time consuming as it needs to be undertaken thoroughly and requires repeating on days 5, 9 and 13 (NICE 2016).

Lotions or sprays are insecticides which either kill the head lice by suffocation or poisoning (Tinsley 2017). Dimeticone 4% (Hedrin) or wet combing are the recommended firstline treatment for pregnant or breastfeeding women, young children (6 months to 2 years) and people with eczema or asthma (NICE 2016).

Children who are being treated from head lice can still attend school and there is no evidence that specific house cleaning or laundry is required. Advice should be provided to families that herbal or oil based treatments, products containing permethrin, head lice repellents or electric combs are not considered effective treatment methods (NHS 2018).

It is very difficult to prevent head lice however regular wet combing (approximately weekly) could help prompt identification (NHS Inform 2020)

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