



HOLMDEL TOWNSHIP PUBLIC SCHOOLS

"A COMMITMENT TO EXCELLENCE"

Office of the Superintendent of Schools
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Dear Parent/Guardian:

I want to take this opportunity to share some information with you regarding Pediculosis, or head lice. Please be assured that the district does not have a lice epidemic. Nevertheless, we have been taking a proactive approach with the lice concerns in our district. We have also been working with the Monmouth County and Holmdel Township Health Departments and district nursing staff to ensure that we are up-to-date on ways to prevent and manage lice.

Pediculosis, or head lice, is a condition that each year affects approximately 6 to 12 million children between the ages of 3 and 12 years of age, and about 1 in every 100 elementary school children. Head lice are parasites generally found on the scalp, around the ears, and at the back of the neck. The adult louse is about the size of a sesame seed, and can be the color of your child's hair. Eggs, or nits, are smaller and silver in color.

Head lice are not a sign of poor hygiene and they do not transmit disease. Movement from one child to another can occur during direct head to head contact or by sharing of personal items such as combs, brushes, caps or helmets.

You should be aware that the district follows the Center for Disease Control (CDC) guidelines for lice. When lice are evident, Holmdel schools adhere to the following procedures:

- Students are sent home if the school nurse determines that the student has lice.
- Parents are notified to pick up their child. Parents are provided with information on how to treat, and prevent the spread of lice.
- Parents are also advised that they may wish to consult with a physician for treatment.
- Upon returning to school and entering his/her classroom, students must be escorted to the nurse's office and checked by the school nurse for lice.
- If lice are present, the student is sent home for further treatment.
- As recommended by the Center for Disease Control, if the student is undergoing treatment, but nits (eggs) are present, the student can remain in school.
- Schools notify parents that a lice problem exists in their respective child(ren)'s classroom. Parents are also provided with information on how they can treat, and prevent the spread of lice.

It is extremely important for the schools and parents to work together to eradicate the problem. Therefore, at minimum, parents should be taking the following steps at home:

- Look for the most common symptoms of head lice, which is itching and head scratching, particularly at night. Red bite marks or sores may also be noticed on the scalp. You can also check the child's scalp weekly when the hair is wet to see if there are any head lice.
- When a lice problem exists in the community, parents must thoroughly check hair with a magnifying glass and comb hair with a fine tooth comb.
- If lice are present, parents should consult their family pediatrician for their particular child. Follow up by treating the lice with over-the-counter and prescription products, fine combing the child(ren)'s hair and reinspecting his/her scalp and hair for nits and lice. In particular,

parents need to shampoo (to destroy the live lice) and fine comb (many times) the nits/eggs out of the hair. It may take a few days until all nits are removed. A second treatment (shampoo and fine combing) may be necessary to ensure everything was destroyed. Therefore, if lice and nits remain, parents should re-treat, fine comb and reinspect again.

- If one child has lice, it is recommended that all children in the household be treated.
- It is recommended that students with long hair wear their hair up or tied back to prevent the spread of lice.
- Launder clothes, bedding, towels and items used by the infested person in the past 48 hours (130°).
- Vacuum floors, carpets and furniture, and discard the vacuum bag.
- Toys, such as stuffed animals, can be put into a tightly closed plastic bag for 14 days or placed in a hot dryer for 30 minutes to destroy the lice. For other items that cannot be washed, seal in a plastic bag for 14 days or dry clean.
- Do not share items such as grooming aids, hats, towels, clothing or pillows.

I have attached some additional information from the CDC, as well as some frequently asked questions that the CDC compiled. Further information is also available via the district website (i.e. PowerPoint with hints and photographs), or by visiting <http://www.cdc.gov/parasites/lice/head/index.html>. I encourage you to review the attached information so that you and your family may assist the community in preventing the spread of lice.

While we may not be able to prevent lice, as it is typically brought in from home, we can make every effort to prevent the spread of it in our schools by encouraging the students and staff to take the appropriate precautions. In addition, our facilities department has diligently addressed the cleanliness of the schools, and will be performing deep cleaning over the Thanksgiving Break.

I reassure you that the health and well-being of the students and community are our utmost priority. Have a happy and healthy Thanksgiving!

Sincerely,



Barbara Duncan
Superintendent of Schools

BD/mpt

Enclosure

c Mrs. Mary Beth Currie, Assistant Superintendent for Curriculum and Instruction
Mr. Michael R. Petrizzo, CPA, Business Administrator/Board Secretary
Dr. Ray Tai, Board President
Holmdel Township Board of Education Members
Ms. Meryl Gill, Director of Special Services
Ms. Mandie Peart, Human Resources Manager
Mr. Richard J. Kirk, Holmdel Township Health Department

Centers for Disease Control and Prevention

<http://www.cdc.gov/parasites/lice/head/index.html>

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. You may wish to contact your doctor, pharmacist, or health department for additional information about which product they recommend.

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.

Additional Information on Head Lice/Nits

Head lice are not known to transmit any disease and therefore are not considered a health hazard.

Head lice infestations can be asymptomatic, particularly with a first infestation or when an infestation is light. Itching ("pruritus") is the most common symptom of head lice infestation and is caused by an allergic reaction to louse bites. It may take 4-6 weeks for itching to appear the first time a person has head lice.

Other symptoms may include:

- a tickling feeling or a sensation of something moving in the hair;
- irritability and sleeplessness; and
- sores on the head caused by scratching. These sores caused by scratching can sometimes become infected with bacteria normally found on a person's skin.

Diagnosis



Examination of hair and scalp for head lice. Close examination of the hair and scalp is necessary to determine head lice infestation. (CDC Photo)

Misdiagnosis of head lice infestation is common. The diagnosis of head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person.

Because adult and nymph lice are very small, move quickly, and avoid light, they may be difficult to find. Use of a fine-toothed louse comb may facilitate identification of live lice.

If crawling lice are not seen, finding nits attached firmly within $\frac{1}{4}$ inch of the base of hair shafts suggests, but does not confirm, the person is infested. Nits frequently are seen on hair behind the ears and near the back of the neck. Nits that are attached more than $\frac{1}{4}$ inch from the base of the hair shaft are almost always non-viable (hatched or dead). Head lice and nits can be visible with the naked eye, although use of a magnifying lens may be necessary to find crawling lice or to identify a developing nymph inside a viable nit. Nits are often confused with other particles found in hair such as dandruff, hair spray droplets, and dirt particles.

If no nymphs or adults are seen, and the only nits found are more than $\frac{1}{4}$ inch from the scalp, then the infestation is probably old and no longer active -- and does not need to be treated.

Treatment

General Guidelines

Treatment for head lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those persons with evidence of an active infestation should be treated. Some experts believe prophylactic treatment is prudent for persons who share the same bed with actively-infested individuals. All infested persons (household members and close contacts) and their bedmates should be treated at the same time.

Retreatment of head lice usually is recommended because no approved pediculicide is completely ovicidal. To be most effective, retreatment should occur after all eggs have hatched but before new eggs are produced. The retreatment schedule can vary depending on whether the pediculicide used is ovicidal (whether it can kill lice eggs).

When treating head lice, 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. For example, hats, scarves, pillow cases, bedding, clothing, and towels worn or used by the infested person in the 2-day period just before treatment is started can be machine washed and dried using the hot water and hot air cycles because lice and eggs are killed by exposure

for 5 minutes to temperatures greater than 53.5°C (128.3°F). Items that cannot be laundered may be dry-cleaned or sealed in a plastic bag for two weeks. Items such as hats, grooming aids, and towels that come in contact with the hair of an infested person should not be shared. Vacuuming furniture and floors can remove an infested person's hairs that might have viable nits attached.

Treat the infested person(s): Requires using an over-the-counter (OTC) or prescription medication. Follow these treatment steps:

1. Before applying treatment, it may be helpful to remove clothing that can become wet or stained during treatment.
2. Apply lice medicine, also called pediculicide, according to the instructions contained in the box or printed on the label. If the infested person has very long hair (longer than shoulder length), it may be necessary to use a second bottle. Pay special attention to instructions on the label or in the box regarding how long the medication should be left on the hair and how it should be washed out.

WARNING:

Do not use a combination shampoo/conditioner, or conditioner before using lice medicine. Do not re-wash the hair for 1-2 days after the lice medicine is removed.

3. Have the infested person put on clean clothing after treatment.
4. If a few live lice are still found 8-12 hours after treatment, but are moving more slowly than before, do not retreat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.
5. If, after 8-12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Do not retreat until speaking with your health care provider; a different lice medicine (pediculicide) may be necessary. If your health care provider recommends a different pediculicide, carefully follow the treatment instructions contained in the box or printed on the label.
6. Nit (head lice egg) combs, often found in lice medicine packages, should be used to comb nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective.
7. After each treatment, checking the hair and combing with a nit comb to remove nits and lice every 2-3 days may decrease the chance of self-reinfestation. Continue to check for 2-3 weeks to be sure all lice and nits are gone.
8. Retreatment generally is recommended for most prescription and non-prescription (over-the-counter) drugs on day 9 in order to kill any surviving hatched lice before they produce new eggs. However, if using the prescription drug malathion, which is ovicidal, retreatment is recommended after 7-9 days ONLY if crawling bugs are found.

Supplemental Measures : Head lice do not survive long if they fall off a person and cannot feed. You don't need to spend a lot of time or money on housecleaning activities. Follow these steps to help avoid re-infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

1. Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment using the hot water

(130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned

OR

sealed in a plastic bag and stored for 2 weeks.

2. Soak combs and brushes in hot water (at least 130°F) for 5-10 minutes.
3. Vacuum the floor and furniture, particularly where the infested person sat or lay. However, the risk of getting infested by a louse that has fallen onto a rug or carpet or furniture is very small. Head lice survive less than 1-2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp. Spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
4. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.

Over-the-counter Medications

Many head lice medications are available "over-the-counter" without a prescription at a local drug store or pharmacy. Each over-the-counter product approved by the FDA for the treatment of head lice contains one of the following active ingredients. If crawling lice are still seen after a full course of treatment contact your health care provider.

1. **Pyrethrins** combined with piperonyl butoxide;
Brand name products: A-200*, Pronto*, R&C*, Rid*, Triple X*.

Pyrethrins are naturally occurring pyrethroid extracts from the chrysanthemum flower. Pyrethrins are safe and effective when used as directed. Pyrethrins can only kill live lice, not unhatched eggs (nits). A second treatment is recommended on day 9 to kill any newly hatched lice before they can produce new eggs. Pyrethrins generally should not be used by persons who are allergic to chrysanthemums or ragweed.

2. **Permethrin lotion 1%**;
Brand name product: Nix*.

Permethrin is a synthetic pyrethroid similar to naturally occurring pyrethrins. Permethrin lotion 1% is approved by the FDA for the treatment of head lice. Permethrin is safe and effective when used as directed. Permethrin kills live lice but not unhatched eggs. Permethrin may continue to kill newly hatched lice for several days after treatment. A second treatment often is necessary on day 9 to kill any newly hatched lice before they can produce new eggs. Permethrin is not approved for use on children less than 2 years old.

Prescription Medications

The following medications approved by the U.S. Food and Drug Administration (FDA) for the treatment of head lice are available only by prescription. If crawling lice are still seen after a full course of treatment contact your health care provider.

1. **Malathion lotion 0.5%**;
Brand name product: Ovide*

Malathion is an organophosphate. Malathion lotion 0.5% is approved by the FDA for the treatment of head lice. The formulation of malathion approved in the United States for the treatment of head lice is a lotion that is safe and effective when used as directed. Malathion is pediculicidal (kills live lice) and partially ovicidal (kills some lice eggs). A second treatment is recommended if live lice still are present 7-9 days after treatment. Malathion is intended for use on persons 6 years of age and older. Malathion can be irritating to the skin and scalp; contact with the eyes should be avoided. Malathion lotion is flammable; do not smoke or use electrical heat sources, including hair dryers, curlers, and curling or flat irons, when applying malathion lotion and while the hair is wet.

More on: [Malathion](#)

2. Benzyl alcohol lotion (5%);

Brand name product: Ulesfia lotion*

Benzyl alcohol is an aromatic alcohol. Benzyl alcohol lotion 5% is a white topical lotion approved by the FDA for the treatment of head lice; it is considered safe and effective when used as directed. Benzyl alcohol kills live lice (it is pediculicidal) but does not kill unhatched lice eggs (it is not ovicidal). A second treatment with benzyl alcohol lotion is necessary on day 9 after the first treatment (or as recommended by the manufacturer) to kill any newly hatched lice before they can produce new eggs. Benzyl alcohol lotion is intended for use on persons who are 6 months of age and older. Benzyl alcohol can be irritating to the skin and eyes; contact with the eyes should be avoided.

3. Lindane shampoo 1%;

Brand name products: None available

Lindane is an organochloride. The American Academy of Pediatrics (AAP) no longer recommends it as a pediculocide. Although lindane shampoo 1% is approved by the FDA for the treatment of head lice, it is not recommended as a first-line therapy. Overuse, misuse, or accidentally swallowing lindane can be toxic to the brain and other parts of the nervous system; its use should be restricted to patients for whom prior treatments have failed or who cannot tolerate other medications that pose less risk. Lindane should not be used to treat premature infants, persons with HIV, a seizure disorder, women who are pregnant or breast-feeding, persons who have very irritated skin or sores where the lindane will be applied, infants, children, the elderly, and persons who weigh less than 110 pounds.

When treating head lice

1. Do not use extra amounts of any lice medication unless instructed to do so by your physician and pharmacist. The drugs used to treat lice are insecticides and can be dangerous if they are misused or overused.
2. Do not treat an infested person more than 2-3 times with the same medication if it does not seem to be working. This may be caused by using the medicine incorrectly or by resistance to the medicine. Always seek the advice of your health care provider if this should happen. He/she may recommend an alternative medication.
3. Do not use different head lice drugs at the same time unless instructed to do so by your physician and pharmacist.

**Use of trade names is for identification purposes only and does not imply endorsement by the Holmdel Township Board of Education, Public Health Service or by the U.S. Department of Health and Human Services.*

Prevention & Control

Head lice are spread most commonly by direct head-to-head (hair-to-hair) contact. However, much less frequently they are spread by sharing clothing or belongings onto which lice have crawled or nits attached to shed hairs may have fallen. The risk of getting infested by a louse that has fallen onto a carpet or furniture is very small. Head lice survive less than 1-2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the scalp.

The following are steps that can be taken to help prevent and control the spread of head lice:

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
- Do not share combs, brushes, or towels. Disinfest combs and brushes used by an infested person 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 an infested person.
- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor and furniture, particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

To help control a head lice outbreak in a community, school, or camp, children can be taught to avoid activities that may spread head lice.

Frequently Asked Questions

Head Lice/Nits

What are head lice?

The head louse, or *Pediculus humanus capitis*, is a parasitic insect that can be found on the head, eyebrows, and eyelashes of people. Head lice feed on human blood several times a day and live close to the human scalp. Head lice are not known to spread disease.

Who is at risk for getting head lice?

Head lice are found worldwide. In the United States, infestation with head lice is most common among preschool children attending child care, elementary schoolchildren, and the household members of infested children. Although reliable data on how many people in the United States get head lice each year are not available, an estimated 6 million to 12 million infestations occur each year in the United States among children 3 to 11 years of age. In the United States, infestation with head lice is much less common among African-Americans than among persons of other races, possibly because the claws of the head louse found most frequently in the United States are better adapted for grasping the shape and width of the hair shaft of other races.

Head lice move by crawling; they cannot hop or fly. Head lice are spread by direct contact with the hair of an infested person. Anyone who comes in head-to-head contact with someone who already has head lice is at greatest risk. Spread by contact with clothing (such as hats, scarves, coats) or other personal items (such as combs, brushes, or towels) used by an infested person is uncommon. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

What do head lice look like?

Head lice have three forms: the egg (also called a nit), the nymph, and the adult.



Actual size of the three lice forms compared to a penny. (CDC Photo)



Illustration of egg on a hair shaft. (CDC Photo)

Egg/Nit: Nits are lice eggs laid by the adult female head louse at the base of the hair shaft nearest the scalp. Nits are firmly attached to the hair shaft and are oval-shaped and very small (about the size of a knot in thread) and hard to see. Nits often appear yellow or white although live nits sometimes appear to be the same color as the hair of the infested person. Nits are often confused with dandruff, scabs, or hair spray droplets. Head lice nits usually take about 8-9 days to hatch. Eggs that are likely to hatch are usually located no more than $\frac{1}{4}$ inch from the base of the hair shaft. Nits located further than $\frac{1}{4}$ inch from the base of hair shaft may very well be already hatched, non-viable nits, or empty nits or casings. This is difficult to distinguish with the naked eye.



Nymph form. (CDC Photo)

Nymph: A nymph is an immature louse that hatches from the nit. A nymph looks like an adult head louse, but is smaller. To live, a nymph must feed on blood. Nymphs mature into adults about 9-12 days after hatching from the nit.



Adult louse. (CDC Photo)

Adult: The fully grown and developed adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white in color. Adult head lice may look darker in persons with dark hair than in persons with light hair. To survive, adult head lice must feed on blood. An adult head louse can live about 30 days on a person's head but will die within one or two days if it falls off a person. Adult female head lice are usually larger than males and can lay about six eggs each day.



Adult louse claws. (CDC Photo)

Where are head lice most commonly found?

Head lice and head lice nits are found almost exclusively on the scalp, particularly around and behind the ears and near the neckline at the back of the head. Head lice or head lice nits sometimes are found on the eyelashes or eyebrows but this is uncommon. Head lice hold tightly to hair with hook-like claws at the end of each of their six legs. Head lice nits are cemented firmly to the hair shaft and can be difficult to remove even after the nymphs hatch and empty casings remain.

What are the signs and symptoms of head lice infestation?

- Tickling feeling of something moving in the hair.
- Itching, caused by an allergic reaction to the bites of the head louse.
- Irritability and difficulty sleeping; head lice are most active in the dark.
- Sores on the head caused by scratching. These sores can sometimes become infected with bacteria found on the person's skin.

How did my child get head lice?

Head-to-head contact with an already infested person is the most common way to get head lice. Head-to-head contact is common during play at school, at home, and elsewhere (sports activities, playground, slumber parties, camp).

Although uncommon, head lice can be spread by sharing clothing or belongings. This happens when lice crawl, or nits attached to shed hair hatch, and get on the shared clothing or belongings. Examples include:

- sharing clothing (hats, scarves, coats, sports uniforms) or articles (hair ribbons, barrettes, combs, brushes, towels, stuffed animals) recently worn or used by an infested person;
- or lying on a bed, couch, pillow, or carpet that has recently been in contact with an infested person.
- Dogs, cats, and other pets do not play a role in the spread of head lice.

How is head lice infestation diagnosed?

The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. Use of a magnifying lens and a fine-toothed comb may be helpful to find live lice. If crawling lice are not seen, finding nits firmly attached within a $\frac{1}{4}$ inch of base of the hair shafts strongly suggests, but does not confirm, that a person is infested and should be treated. Nits that are attached more than $\frac{1}{4}$ inch from the base of the hair shaft are almost always dead or already hatched.

Nits are often confused with other things found in the hair such as dandruff, hair spray droplets, and dirt particles. If no live nymphs or adult lice are seen, and the only nits found are more than ¼-inch from the scalp, the infestation is probably old and no longer active and does not need to be treated.

If you are not sure if a person has head lice, the diagnosis should be made by their health care provider, local health department, or other person trained to identify live head lice.

How is head lice infestation treated?

Is infestation with head lice reportable to health departments?

Most health departments do not require reporting of head lice infestation. However, it may be beneficial for the sake of others to share information with school nurses, parents of classmates, and others about contact with head lice.

I don't like my school's "no-nit" policy; can CDC do something?

No. CDC is not a regulatory agency. School head lice policies often are determined by local school boards. Local health departments may have guidelines that address school head lice policies; check with your local and state health departments to see if they have such recommendations.

Do head lice spread disease?

Head lice should not be considered as a medical or public health hazard. Head lice are not known to spread disease. Head lice can be an annoyance because their presence may cause itching and loss of sleep. Sometimes the itching can lead to excessive scratching that can sometimes increase the chance of a secondary skin infection.

Can head lice be spread by sharing sports helmets or headphones?

Head lice are spread most commonly by direct contact with the hair of an infested person. Spread by contact with inanimate objects and personal belongings may occur but is very uncommon. Head lice feet are specially adapted for holding onto human hair. Head lice would have difficulty attaching firmly to smooth or slippery surfaces like plastic, metal, polished synthetic leathers, and other similar materials.

Can wigs or hair pieces spread lice?

Head lice and their eggs (nits) soon perish if separated from their human host. Adult head lice can live only a day or so off the human head without blood for feeding. Nymphs (young head lice) can live only for several hours without feeding on a human. Nits (head lice eggs) generally die within a week away from their human host and cannot hatch at a temperature lower than that close to the human scalp. For these reasons, the risk of transmission of head lice from a wig or other hairpiece is extremely small, particularly if the wig or hairpiece has not been worn within the preceding 48 hours by someone who is actively infested with live head lice.

Can swimming spread lice?

Data show that head lice can survive under water for several hours but are unlikely to be spread by the water in a swimming pool. Head lice have been seen to hold tightly to human hair and not let go when submerged under water. Chlorine levels found in pool water do not kill head lice.

Head lice may be spread by sharing towels or other items that have been in contact with an infested person's hair, although such spread is uncommon. Children should be taught not to share towels, hair brushes, and similar items either at poolside or in the changing room.

Swimming or washing the hair within 1-2 days after treatment with some head lice medicines might make some treatments less effective. Seek the advice of your health care provider or health department if you have questions.

This information is not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. If you have any questions about the disease described above or think that you may have a parasitic infection, consult a health care provider.

Frequently Asked Questions

Treatment of Head Lice/Nits

Is mayonnaise effective for treating head lice?

CDC does not have clear scientific evidence to determine if suffocation of head lice with mayonnaise, olive oil, margarine, butter, or similar substances is an effective form of treatment.

If the treatment for head lice doesn't seem to be working, does this mean the lice are resistant and I need a different treatment?

The following are several common reasons why treatment for head lice may fail sometimes:

1. **Misdiagnosis.** The symptoms are not caused by an active head lice infestation.
2. **Applying the treatment to hair that has been washed with conditioning shampoo or rinsed with hair conditioner.** Conditioners can act as a barrier that keeps the head lice medicine from adhering to the hair shafts; this can reduce the effectiveness of the treatment.
3. **Not following carefully the instructions for the treatment that is used.** Some examples of this include not applying a second treatment if instructed to do so, or retreating too soon after the first treatment before all the nits are hatched and the newly hatched head lice can be killed. Another reason is retreating too late after new eggs have already been deposited.
4. **Resistance of the head lice to the treatment used.** The head lice may have become resistant to the treatment. If the treatment used does not kill the head lice, your health care provider and pharmacist can help you be sure the treatment was used correctly and may recommend a completely different product if they think the head lice are resistant to the first treatment.
5. **Reinfestation.** The person was treated successfully and the lice were eliminated, but then the person becomes infested again by lice spread from another infested person. Sometimes reshampooing the hair too soon (less than 2 days) after correctly applying and removing permethin can reduce or eliminate any residual (continued) killing effect on the lice.

Is there a treatment recommendation for certain age groups?

Before treating young children, please consult the child's doctor, or the health department for the recommended treatment based on the child's age and weight.

Are there any side effects from using these chemical treatments for head lice?

Treatments for head lice are generally safe and effective when used correctly. Some treatments may cause an itching or a mild burning sensation caused by inflammation of the skin on the scalp. Most products used to treat head lice are pesticides that can be absorbed through the skin. Therefore, all medicines used for the treatment of lice should be used with care and only as directed.

Is it necessary to remove all the nits?

No. The two treatments 9 days apart are designed to eliminate all live lice, and any lice that may hatch from eggs that were laid after the first treatment.

Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings. Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.

However, parents may choose to remove all nits found on hair for aesthetic reasons or to reduce the chance of unnecessary retreatment.

Where can I go to have the nits removed from hair?

CDC does not make recommendations about businesses that may offer such services. Your health care provider or local health department may be able to provide additional guidance. Removal of all nits after successful treatment with a pediculicide is not necessary to prevent further spread of head lice. Removal of nits after treatment with a pediculicide may be done for aesthetic reasons, or to reduce diagnostic confusion and the chance of unnecessary retreatment. Because pediculicides are not 100% ovicidal (i.e. do not kill all the egg stages), some experts recommend the manual removal of nits that are attached less than 1 cm of the base of the hair shaft.

Why do some experts recommend bagging items for 2 weeks?

Head lice survive less than one or two days if they fall off the scalp and cannot feed. Head lice eggs (nits) cannot hatch and usually die within a week if they do not remain under ideal conditions of heat and humidity similar to those found close to the human scalp. Therefore, because a nit must incubate under conditions equivalent to those found near the human scalp, it is very unlikely to hatch away from the head. In addition, if the egg were to hatch, the newly emerged nymph would die within several hours if it did not feed on human blood.

However, although rarely necessary, some experts recommend that items that may be contaminated by an infested person and that cannot be laundered or dry-cleaned should be sealed in plastic bag and stored for 2 weeks to kill any lice that already are present or that might hatch from any nits that may be present on the items.

Should my pets be treated for head lice?

No. Head lice do not live on pets. Pets do not play a role in the spread of head lice.

Should household sprays be used to kill adult lice?

No. Using fumigant sprays or fogs is NOT recommended. Fumigant sprays and fogs can be toxic if inhaled or absorbed through the skin and they are not necessary to control head lice.

Do I need to have my home fumigated?

No. Use of insecticide sprays or fogs is NOT recommended. Fumigant spray and fogs can be toxic if inhaled or absorbed through the skin and they are not necessary to control head lice.

Routine house cleaning, including vacuuming of carpeting, rugs, furniture, car seats, and other fabric covered items, as well as laundering of linens and clothing worn or used

by the infested person is sufficient. Only items that have been in contact with the head of the infested person in the 48 hours before treatment need be considered for cleaning.

Should I have a pest control company spray my house?

No. Use of insecticide sprays or fogs is NOT recommended. Fumigant spray and fogs can be toxic if inhaled or absorbed through the skin and they are not necessary to control head lice.

Routine vacuuming of floors and furniture is sufficient to remove lice or nits that may have fallen off the head of an infested person.

Will laundering kill head lice?

Washing, soaking, or drying items at a temperature greater than 130°F can kill both head lice and nits. Dry cleaning also kills head lice and nits. Only items that have been in contact with the head of the infested person in the 48 hours before treatment should be considered for cleaning.

Although freezing temperatures can kill head lice and nits, several days may be necessary depending on temperature and humidity; freezing is rarely (if ever) needed as a means for treating head lice.

Which medicine is best?

If you aren't sure which medicine to use or how to use a particular medicine, always ask your physician, pharmacist, or other health care provider. CDC does not make recommendations about specific products. When using a medicine, always carefully follow the instructions contained in the package or written on the label, unless the physician and pharmacist direct otherwise.

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