Pennsylvania Department of Health

Head Lice Frequently Asked Questions

This frequently asked questions (FAQ) document provides guidance on head lice for the public, schools, and Early Childcare Education Programs (ECE). Schools and ECE programs should maintain an active educational campaign for parents and caregivers on the accurate identification and proper treatment of head lice to prevent head lice among children. The Pennsylvania Department of Health (PA DOH) encourages caregivers to follow the Centers for Disease Control and Prevention (CDC) recommendations.

IMPORTANT NOTE: According to the CDC, 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.

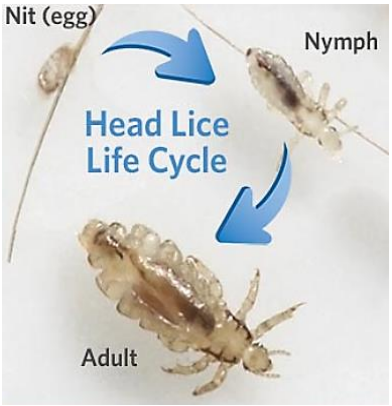
WHAT ARE HEAD LICE?

The head louse, or Pediculus 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 a medical or public health hazard. Head lice are not known to spread disease.

WHAT DO HEAD LICE LOOK LIKE?

Adult female head lice are usually larger than males and can lay about six eggs each day.



The three life cycle stages of the head louse shown here are enlarged.

Head lice have three forms:

Nits (lice eggs): Are firmly attached to the hair shaft, are oval-shaped, are very small (about the size of a knot in thread) and hard to see. They often appear yellow or white, although live nits sometimes appear to be the same color as the hair of the person with infestation. Nits are often confused with dandruff, scabs, or hair spray droplets. Head lice nits take about a week (range 6-9 days) to hatch into nymphs (young lice). Eggs that are likely to hatch are usually located no more than ¼ inch from the base of the hair shaft. Nits located further than ¼ 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.

Nymphs: Looks like an adult head louse but is smaller (size of a pinhead); they take about seven days to mature into adult lice.

Adult Lice: 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. To survive, adult head lice must feed on blood. 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.

WHAT ARE SIGNS AND SYMPTOMS?

Individuals with head lice may not have symptoms, particularly with a first infestation or when an infestation is light. Itching (pruritus) is the most common symptom of head lice infestations. It may take four to six weeks for itching to appear the first time an individual has head lice. Other symptoms may include the following:

- 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 and tend to feed in the dark because the light makes them easily detected and captured).
- Sores on the head caused by scratching. These sores can sometimes become infected with bacteria found on the person's skin.

WHO IS AT RISK?

Head lice are found worldwide. In the United States, infestation with head lice is most common among:

- Preschool children attending childcare.
- Elementary school children
- The household members of children infested with head lice.

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 among children 3 to 11 years of age.

HOW DO HEAD LICE SPREAD?

Head lice mainly spread by direct contact with the hair of a person with infestation. Head lice move by crawling; they cannot hop or fly. Anyone who comes in head-to-head contact with someone who already has head lice is at greatest risk. This can happen during play at school, at home and elsewhere (sports activities, playground, slumber parties, camp). Personal hygiene or cleanliness in the home or school is not linked to with getting head lice.

 **ACTIVITIES LIKELY TO SPREAD HEAD LICE**	 **ACTIVITIES UNLIKELY TO SPREAD HEAD LICE**
1) Wearing clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons worn by a person with head lice. 2) Using infested combs, brushes, or towels. 3) Lying on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with a person who has head lice.	1) Wearing a wig or hairpiece. Especially if the wig or hairpiece hasn't been worn in the past 48 hours by a person with head lice. 2) Having contact with animals. Animals cannot spread head lice. 3) Swimming in a pool, hot tub, or splash pad water.

PREVENTION STRATEGIES

The following steps 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 a person with head lice by soaking them in hot water (at least 130°F) for five to 10 minutes.
Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with a person who has head lice.
Machine wash and dry clothing, bed linens, and other items that a person with head lice wore or used during the two 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 two weeks.
Vacuum the floor and furniture, particularly where the person with head lice sat or laid. 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.

HOW DO I KNOW IF IT IS HEAD LICE?

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 ¼ 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 ¼ inch from the base of the hair shaft are almost always already 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 ¼ inch from the scalp, then the infestation is probably old, no longer active, and does not need to be treated.

WHAT STEPS SHOULD A SCHOOL OR ECE PROGRAM DO AFTER HEAD LICE DETECTION?

Schools or ECE programs do not need to send students diagnosed with live head lice home early from school; they can go home at the end of the day, notify the parents, and provide instructions to treat the student, any affected family members, and the home environment. The student can be readmitted to school immediately following the first treatment.

Schools and ECE programs should follow up with parents/caregivers who were notified about their child's head lice and encourage additional checks for head lice after treatment to help determine if the treatment was successful.

While classroom or facility-wide notification to parents/caregivers is not recommended after head lice have been detected, this policy is at the discretion of the school nurse or administration.

- If a school or ECE facility decided to issue a notification about the detection of head lice in a classroom, it is recommended that the notification be general in nature and emphasize continued awareness of head lice by all parties; the express identification of the infested student(s) must be avoided.

WHAT TREATMENT IS AVAILABLE FOR HEAD LICE?

For information on proper head lice treatment, please visit, Treatment of Head Lice | Lice | CDC.

If you have any additional questions, please contact PA DOH at 1-877- PA- Health.