

Lice

(pediculosis)

Lice do not jump or fly,
but crawl very fast!



Body lice

Lives on clothing or linens (not body)

Risks factors: infrequent changing,
poor hygiene, crowding, poverty

Small red, very pruritic bite marks

Treatment: Wash clothes and linens
in hot water, improve hygiene

Head lice

- Lives on scalp, transmitted by direct head-to-head contact
- Often pruritic, but not always
- Diagnose by finding live louse, or nits within 1cm of scalp.
- Common in children, **not** due to poor hygiene or disease, **not** transmitted by pets
- Transmission by fomites (e.g. combs, towels, hats, pillows) less common
- Less frequent in children of African descent

Treatment: Topical insecticide.

- ✓ Apply to dry hair and scalp, let sit for 10 mins, rinse with cool water.
- ✓ Repeat in 7 days to kill any eggs that have hatched for most treatments.

- **1st line: Permethrin 1% (Nix[®] or Kwellada[®]) or Pyrethrin (R&C[®])**
- **2nd line if refractory after 7 days: Isopropyl myristate/cyclomethicone (Resultz[®]) or dimethicone**

- Little evidence for wet combing, petroleum jelly, mayonnaise, olive oil, etc.
- Oral medications not recommended, though ivermectin shown effective

Environment:

Clean items in contact with hair (e.g. clothes, hats, headbands, pillows, towels, brushes) in hot water and dryer or put in sealed bag for 2 weeks

School policy:

Inform school, child does **not** require staying home, remind school lice **not** due to poor hygiene or disease

Pubic lice

(Crabs)

Spread by close contact, usually sexual. Highly contagious (95%).

Sometimes found in chest hair, underarm hair, beard, or eye-lashes.

Symptom: pruritus.

Treatment: Similar to head lice.

More information:
http://www.vch.ca/meda/SchoolHealth_2011-Sec15HeadLice_TreatmentOptions.pdf