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Head lice--two words that produce untold anxiety, fear, dread, and shame for any parent. Are these worries justified? Should parents face humiliation from a scalp infected by a tiny bug named *Pediculus humanus var. capitus*?

The presence of head lice causes itchy scalps, and may lead to poor sleep and irritability. The result of constant scratching frequently causes scalp infections that, in this era of resistant staph infection, can endanger health. In addition, children may become socially stigmatized, when they are unnecessarily removed from schools that have no nit policies.

A head lice infection is not associated with poor hygiene or an unclean environment. Lice pass from the head of one child to another's during ordinary play. While they may be transmitted by shared use of a comb or a pillowcase, the incidence is quite rare. Because lice must suck blood from a scalp at least every six hours, they quickly weaken and die in environments away from a host's head.

When should parents be concerned? If a child is constantly scratching his scalp, or if close relatives, classmates or playmates are diagnosed with an infestation, an inspection is warranted. A close inspection, in good light, may reveal tiny (the size of the head of a pin) lice moving in the hair or nits (eggs) tightly attached to the hair shaft near the scalp. If a parent or caregiver feels squeamish or unable to do this examination, a pediatrician or other experienced health care provider can often locate lice missed on cursory examination.

Treatment at one time was quite simple. Prescriptions were written for Lindane (Kwell) or Permethrine (Nix). Parents were told to use it once or twice, from a week to ten days apart, and to use a "nit comb" to groom the hair frequently. This therapy, however, is now inadequate. Lice have developed resistance to these drugs and are no longer harmed by these products. In addition, we now know that these medications have little effect on louse eggs, and soon after the last treatment, new larvae hatch to carry on infection.

Numerous other strategies have been used to treat lice infections. Head shaving is probably effective, as hair shafts are required for louse survival, but the practice is fashionably questionable for girls and for most elementary school boys. Attempts are often made to smother lice by coating the hair with peanut butter, mayonnaise, alcohol, or vinegar; all to no avail, because it's nearly impossible to smother a louse.

There is a new, combination prescription product on the market that contains malathion as the main ingredient. In the United States, where it is available mixed with alcohol and terpineol, it has proven very effective, with no signs of resistance. It kills both nits and lice, and requires two applications, seven to nine days apart.

Some physicians believe that close household and school contacts of the infected child should be treated along with the child who is infected, since treatment is safe and a diagnosis could be missed. Once treatment is documented, the student should be disease-free and able to return to school immediately. But, if the case is missed, the disease can spread quickly and extensively.

Even though the louse does not live long off the scalp, a number of steps should be taken to limit spread and recurrence. Avoid sharing combs, brushes, hair bands, barrettes, scrunchies, and other grooming tools. Wash stuffed animals, toys, and bedding in hot water or, if not washable, place them in a dryer for 15-20 minutes to prevent the possible further spread of head lice.

Most importantly, don't be embarrassed or feel inadequate, as this bug, like other infections, is passed from patient to patient regardless of good parenting. Though a nuisance, the infestation is not life threatening and will go away with effective treatment.

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