

# Head Lice

What they are, how to spot them and  
how to treat them



## What are head lice?



Head lice are small wingless insects with six legs. They are often not much bigger than a pin head and rarely bigger than the size of a sesame seed (the seeds you find on burger buns). They live on, or close to the scalp to keep warm. They can only live on human beings; you can't catch them from animals.

## What are nits?

Nits are the egg cases laid by lice, which are glued onto hair shafts. They are smaller than a pin head and are pearly white. If you find nits it doesn't always mean that you have head lice. When the eggs hatch the nits will stay stuck to the hair until it grows out. You only have head lice if you can find a living, moving louse on the scalp.

## Who gets head lice?

Anyone can get head lice, but they are much rarer in adults. Children tend to get them more often as they spend more time with their heads together. Head lice will happily live in clean, dirty, long or short hair.

## Where and how do you catch head lice?

Head lice are spread by close head-to-head contact **ONLY**. The longer you have head-to-head contact with someone who has lice, the more likely it is you will get them too.

Infection is common during school holidays as well as during term time, so it is important to keep checking during the holidays as well. Parents often worry more about head lice when children go back to school as they think head lice are being caught there. In fact, head lice are more commonly caught from close family and friends in the home and community rather than from school.

## Have I got head lice?

You only have head lice if you find a living, moving louse in your hair. If you find something, stick it on a piece of paper with clear sticky tape and show it to your school nurse or GP. The problem may not be head lice at all. There are other causes for itching of the scalp.

## Can I do anything to stop head lice?

The best way to stop head louse infection is by regularly checking hair with a detection comb (see page 4). This helps to 'control' lice by spotting them early before they have a chance to breed. They can then be treated and stopped from spreading to others.

## How do I get rid of head lice?

Only treat someone for head lice if you have found a living, moving louse. The best treatment is to use lotion (not shampoo) from the pharmacist or your GP. Head lice can almost always be cleared if enough of the right lotion is applied in the right way – always follow the manufacturer's instructions. All family and friends found to have head lice should be treated at the same time.

## Detection combing

The way to check for head lice is called “detection combing”. It should be done at least once a week. It can help children if this becomes a fun part of their weekly routine. Combing through the hair when wet, or after applying a conditioner, may make the process more comfortable (see page 5 – wet combing). A detection comb is shown below. You can buy one from your local pharmacy.



### Detection comb

Only those with flat faced parallel-sided teeth less than 0.3 mm apart are appropriate.

## Detection combing – how to do it

1. Wash the hair well and dry with a towel, leaving hair damp
2. Make sure there is good light – daylight is best
3. Comb the hair with an ordinary comb
4. Start with the teeth of the **detection comb** touching the skin of the scalp at the top of the head
5. Keeping in contact with the scalp as long as possible, draw the comb carefully towards the ends of the hair
6. Look carefully at the teeth of the comb in good light to check for lice – it may help to use a tissue/white paper
7. Working your way all around the head repeat steps 4 to 6

Following this method check yourself and everyone in your household for head lice. It takes 10-15 minutes to do it properly for each head. Family, friends and other contacts should check their hair for head lice too. You only have head lice if you find a living, moving louse. Treat everyone who has head lice at the same time.

## The wet combing method illustrated

1



Wash hair as normal with ordinary shampoo.

2



Rinse off.

3



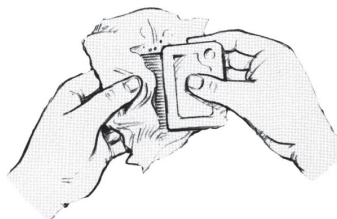
Apply ample conditioner then use a normal comb to straighten and detangle the hair. For tightly curled hair use detangle shampoo and conditioner. Start at the end of the hair and work towards the scalp.

4



**With the detection comb,** work through the hair in small sections, combing from the scalp / roots to the ends of the hair.

5



Check the comb for lice with every stroke. Remove lice by wiping or rinsing the comb.

6



Monday ✓  
Tuesday ✓  
Wednesday ✓  
Thursday ✓  
Friday ✓  
Saturday ✓  
Sunday ✓

Each combing session may take up to 20 minutes. Repeat combing every 3-4 days.

## Fact or fiction?





There are many myths surrounding head lice that still exist. Some of the more common misconceptions and the reality are listed below.

FICTION	FACT
<i>"Lice can jump from one head to another"</i>	Head lice can only be passed by direct head-to-head contact – they cannot jump, fly, hop or swim.
<i>"Head lice can be caught by sharing things like hairbrushes, towels or bedding"</i>	Head lice only survive on heads, dying quickly away from their food source. Adults and nymphs can only survive for 8-24 hours without feeding or they become too dehydrated to survive. They can only be caught from human contact.
<i>"Head lice prefer clean hair"</i>	Having head lice has nothing to do with personal hygiene. Head lice can live on all types of hair and no preference exists between clean or dirty hair.
<i>"Shaving a child's head is the best way to get rid of head lice"</i>	Lice like to live close to the scalp and can survive on hair as short as 2mm long, so cutting hair short won't necessarily help and can be very traumatic for the child.
<i>"Animals can carry and pass on head lice"</i>	Head lice can only live on human beings - people can't catch them from animals.
<i>"Head lice are only caught from other children at school"</i>	A lot of head lice infections are caught from family and friends in the home and local community, not just at school. Parents typically start to worry about lice when children go back to school so they are more likely to identify an infection and presume the lice were caught there.
<i>"The return of the nit nurse would solve the problem"</i>	Routine head inspections are without value as a screening measure and should not be re-introduced – to check accurately the scale of the task is unfeasible.

## What next?

Treatment should be repeated seven days after the first treatment. Check all heads again 2-3 days later. If you still find living, moving head lice following the second treatment contact Leeds Head Start Helpline or one of the other numbers below for further advice.

### For more help and advice contact:

-  Leeds Head Start Helpline: Monday-Friday 9am – 5pm on 0113 843 4511 (option to book an appointment at Head Start Clinic)
-  NHS Direct helpline: 0845 46 47 or [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)
-  Bug Buster helpline: 01908 561 928
-  Any family doctor, pharmacist, local health centre or clinic

### Useful websites:

#### Medical Entomology Centre

[http://www.insectresearch.com/ps\\_faqlice.htm](http://www.insectresearch.com/ps_faqlice.htm)

#### NHS Choices

<http://www.nhs.uk/conditions/head-lice/Pages/Introduction.aspx>

#### Health Protection Agency

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HeadLice/GeneralInformationHeadLice/>

### References

Head Lice: Evidence-Based Guidelines based on the Stafford Report 2012 Update produced by the Public Health Medicine Environmental Group.

## Help us get it right

If you have a complaint, concern, comment or compliment, please let us know by speaking to a member of staff at your health centre or clinic. We use your feedback to improve and develop our services.

You can also call the **Patient Advice and Liaison Service (PALS)**. PALS provides non-medical advice and information about local NHS services. Call us on **0113 220 8585** (an answer machine is available out of hours).

**We can make this information available in Braille, large print, audio or other languages.**



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