CORNWALL & ISLES OF SCILLY HEALTH PROTECTION TEAM

GUIDANCE ON THE CONTROL OF HEADLICE 2007

Working in Partnership with

Cornwall and Isles of Scilly NHS Primary Care Trust
Cornwall and Isles of Scilly Health Protection Team
Guidance on the Control of Headlouse

Introduction

Headlouse are a persistent problem across the UK. This guidance is for use in promoting good practice for a wide audience including families, playgroups, schools, hairdressers, pharmacists and general practitioners. A leaflet based on the policy is available from the Health Promotion Service. A copy of this leaflet is attached at appendix 3.

Prevention and Public Awareness

Early detection and treatment are important in successfully managing headlouse. Parents of children that attend childcare facilities or schools should be encouraged to check their children’s hair routinely each week. The hair should be wet and a special detection comb used. Educational material is available through the Health Promotion Service. Where there are particular difficulties in a school, nursery or playgroup, the School Nursing Service, Health Promotion Service or the Health Protection team may be able to offer a site visit to provide advice or training.

Management of Individual Cases

Hair should be checked weekly while wet using a detection comb. Treatment should only be started when live lice are found. If live lice are found then close contacts such as family members should be carefully checked and also treated if they have live lice. There is no need for a child to be absent from school provided treatment starts on the day headlouse are found.

Recently, approaches to the treatment of headlouse have altered. It is now recommended that both physical and chemical methods of treatment should be used together (PHLS 2000). This means wet combing together with insecticides (see appendix 1 and leaflet). It is possible to use either method separately but this is less likely to be effective (See appendix 2 for method for wet combing alone). A ‘Bug Buster Kit’ is available for purchase from Community Hygiene Concern (helpline 020 7686 4321) or is prescribable on the NHS.

Presently two insecticides are available for the treatment of headlouse:

- Malathion
- Phenothrin

In recent years there has been some concern over the use of organo-phosphates, however if Malathion is used as advised by the manufacturer (maximum of weekly for 3 weeks) levels of transcutaneous absorption should be low (PHLS 2000). This is available in an aqueous base (non-inflammable and less irritant than alcohol solutions). This is the treatment of choice for Lice at all stages. Shampoo formulations should not be used, as they are likely to become diluted and contact time with the hair may not be long enough to be effective in killing headlouse (PHLS 2000).

As far as non-parasitical treatment is concerned Dimeticone (Hedrin) is the treatment of choice for adult lice. It works by coating the headlouse and interferes with the water...
balance in lice by preventing excretion of water, it is less active against eggs and treatment should be repeated after 7 days.

**Action in Schools**

Where there are particular difficulties in a school, nursery or playgroup, the School Nursing Service or the Health Promotion Service may be able to offer a site visit to provide advice or training.

If school staff are able to identify a child that may be a source of infection with headlice then the school should draw this to the attention of the child’s parent or guardian. If the problem persists the school may offer a referral to the school nursing service. The school can expect the nursing service to respond to a referral within 5 working days.

If the problem is not addressed, schools should discuss the matter with the Child Health Service, and a strategy meeting involving the school nurse and doctor may need to be held.

**Role of the School Nurse**

Following a referral from the school, including a home address and telephone number for the child/children, the school nurse will make contact with the family within 5 working days. The school nurse will offer a demonstration of the wet combing technique and provide accurate information regarding the current treatment of head lice.

In severe cases where a need is identified, the school nurse will provide education and advice for support staff that are assisting families with the wet combing technique, such as family aides.

School nurses will, on request, offer schools education sessions on the treatment of headlouse for children, parents, teaching staff and governing bodies.

**Prevention of Head Lice**

Regular use of the detection comb will prevent further head louse infestation.

Use the detection comb after there has been contact with a person with head lice.

If large head lice are found there will only be a few. These few head lice will not have a chance to lay eggs if they are removed from the head. By removing them you have sorted the problem out.

Even if the head lice have managed to lay some eggs you can prevent the infestation from getting worse by continuing to comb every few days. Any eggs that were laid will hatch after about 7 days. They then take another week or so to reach maturity, and they can’t lay any more eggs until then. If you comb frequently you will remove the young head lice before they are old enough to breed.

It is advisable to check young children’s hair at least weekly with a detection comb.
Further advice on headlice is available from: -

**Health Promotion Service**
01209 313419

**School Nurse**
Refer to local contact arrangements

**Child Health Service**
01872 254514

**Health Protection Unit**
01726 627881

**Children, Young People & Families**
Cornwall County Council, County Hall.

*(Richard Williams)*
Truro. TR1 3AN. Telephone 01872 323413. Fax 01872 270368. E-mail rtwilliams@cornwall.gov.uk

**References:**


Appendix 1

Treatment with Insecticides
Preferably Combined with Wet Combing (See leaflet)

Weekly check of wet hair using a detection comb.

Live lice found.

Inform all close contacts e.g. parents, siblings, friends etc. Advise to check/treat as needed.

Treat with a Malathion lotion following manufacturers instructions.

Check wet hair with a detection comb 7 days after treatment.

No live lice found. Continue weekly checks.

Live lice found

Adult lice only found. Re-infection is likely. Check all contacts were checked/treated.

Adult lice only. Treat with dimeticone (Hedrin)

Inform all close contacts re: checking and treatment.

No lice found. Continue weekly checks.

Live lice found. Seek advice from Health Promotion / Health Protection.

After a three-day interval check wet hair with a detection comb.

Lice at all stages. Apply Malathion (aqueous lotion)

Reapply Malathion (max weekly for 3 weeks) and continue wet - combing.

No live lice found. Continue weekly checks.
Appendix 2

Treatment with the Wet Combing Method Alone

Weekly check of wet hair using a detection comb.

Inform all close contacts e.g. parents, siblings, friends etc. Advise to check/treat as needed.

Live lice found.

No lice found. Continue weekly checks.

Treat with wet combing (See leaflet)

After completing full course of treatment. Check wet hair with a detection comb.

No lice found. Continue weekly checks.

Live lice found.

Adult lice only found. Re-infection is likely. Check all contacts were treated/checked.

Inform all close contacts re: checking and treatment.

Re-try wet-combing or consider use of dimeticone (Hedrin)

Live lice at all stages found. Wet-combing ineffective in killing lice.

Check wet hair with a detection comb.

No lice found. Continue weekly checks.

Live lice found. Seek advice from Health Promotion / Health Protection Unit.