



HELPFUL SUGGESTIONS



Treat all family members who have lice at the same time. Rinse combs and brushes in very hot water after each use and between people.



No special effort or sprays are needed to clean your home. Only ordinary house cleaning, vacuuming and washing bedding and clothes in hot water are needed. Only dead or dying lice are found on clothing, bedding, or furniture.



Use of oils, mayonnaise, lotions, creams, and vinegar have not proven effective; kerosene, gasoline and similar products do not work and are dangerous.

WHAT ABOUT SCHOOL?

- 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.
- Students should start treatment as soon as possible but should not be excluded from attending school.

REASONS WHY YOUR TREATMENT DID NOT WORK

1. **Wrong diagnosis** – dandruff, hair products, dust and other objects can seem like nits (the white eggs) and other insects can look like lice.
2. **New lice** – child got head lice again from playmate or family member.
3. **Timing** – the lice may take a few days to die; nits alone do not mean the child still has lice, look for crawling lice.
4. **Poor treatment** – directions on the treatment product were not correctly followed.
5. **Resistance to treatment** – some lice are not killed by the chemicals in the over-the-counter treatments (permethrin and pyrethrin).

If no dead lice are found after 8-12 hours of treatment and the lice seem as active as they were before, it may indicate that the medicine is not working. Do not re-treat until you have spoken with your healthcare provider. A different treatment may be necessary.

RESOURCES

For additional information, visit the Centers for Disease Control and Prevention (CDC) www.cdc.gov/parasites/lice/head/index.html

To order additional brochures, visit online at hhs.iowa.gov/cade

Iowa HHS
Center for Acute Disease Epidemiology
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321 E. 12th Street
Des Moines, IA 50319-0075
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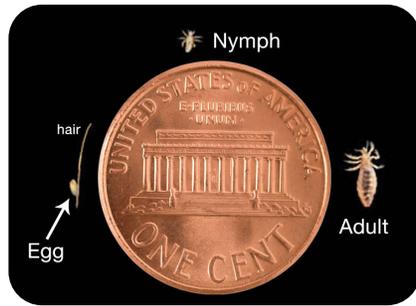
Head Lice Information and Treatment Options

Public Health
Iowa HHS

WHAT DO HEAD LICE LOOK LIKE?



Adult lice are the size of a sesame seed (2-3mm) and can be seen by the human eye. They live in human hair, draw blood from the skin, and lay eggs (called nits) on the hair shaft. Live nits are found close to the scalp and most often on hair at the back of the head in the neck region. Some children with lice complain of itchiness but many have no symptoms.



IS YOUR CHILD AT RISK?

Yes. Head lice will spread as long as children play together. They spread almost completely through human hair to hair contact and pets do not spread lice. Anyone can get head lice.

Children in child care, preschools, elementary or middle schools are at risk. Head lice are NOT a sign of being dirty. Head lice are not dangerous and DO NOT spread diseases.

WHAT CAN YOU DO?

Parents are the key to looking for and treating head lice. The Iowa Department of Health and Human Services advises parents to spend 15 minutes each week on each child carefully looking for head lice or nits. Persons with nits close to the scalp or live lice should be treated. Careful use of a nit comb can potentially remove all lice.



Each child should have their own comb or brush. Teach your child NOT to share hats, scarves, brushes, combs, and hair fasteners.

SIGNS & SYMPTOMS

- Feeling of something moving in the hair
- Itching, caused by the bites of the head louse
- Irritability and difficulty sleeping
- Sores on the head caused by scratching

WHAT STEPS ARE INVOLVED IN TREATMENT?

1. Follow all label instructions and physician guidance.
2. Use topical head lice treatment options. See treatment options table.
3. Rinse topical head lice treatment with warm water, not hot, over a sink rather than a shower or bath to limit skin exposure.
4. Comb nits and lice out of the rinsed hair using a nit comb.
5. If a few live lice are still found 8–12 hours after treatment, but are moving more slowly than before, do not re-treat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.
6. If after 8–12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. **Do not re-treat until speaking with your healthcare provider.**
7. After each treatment, checking the hair and combing with a nit comb to remove nits and lice every 2–3 days may decrease the chance of self-reinfestation. Continue to check for 2–3 weeks to be sure all lice and nits are gone.
8. Re-treatment is meant to kill any surviving hatched lice before they produce new eggs. Re-treatment intervals vary by product. See the treatment options table for details.
9. Screen family members and close contacts for head lice over the next few weeks.



TREATMENT OPTIONS

Never initiate treatment unless there is a clear diagnosis of a head lice infestation. Always read and follow product instructions to their fullest.

Product	Brand Name	Suggested Age Range	Re-treatment Interval (If Needed)
Permethrin lotion (1%)	Multiple products	> 2 months	9-10 days
Pyrethrins + piperonyl butoxide shampoo	Example: Rid	>24 months	9-10 days
Malathion 0.5%	Ovid	>2 year	7-9 days if live lice are seen after initial dose
Spinosad suspension (0.9%)	Natroba	>6 months	7 days if live lice are seen after initial dose
Abametapir lotion (0.74%)	Xeglyze	>6 months	Single use
Ivermectin lotion (0.5%)	Sklice	>6 months	Single use
Ivermectin (oral)	Stromectol	Any age if weight >15kg (33.3 lbs.)	9-10 days

Source: American Academy of Pediatrics. [Pediculosis Capitis]. In: Kimberlin, DW, ed. Red Book: 2021-2024 Report of the Committee on Infectious Diseases. 32nd ed. Itasca, IL