
The Role of the School in Battling Head Lice

by Richard J. Pollack

The news media frequently report on outbreaks of head lice in schools, the impact of lice and nits (lice eggs) on school attendance, and even the treatment and closure of schools in attempts to abate the problem of head lice. These stories nearly always describe the supposed ease of spreading head lice, the risks of these insects to the health and welfare of children, and the danger posed by anti-lice products. How much of this is reality and how much is myth? What should a parent or school administrator do when confronted with a lice-infested child, and why?

What head lice are

Head lice are tiny insects that feed solely on the blood of people, and are most common on children of early elementary school age. Head lice grasp the head hair with their claws and insert their tiny mouthparts into the skin for just a minute or so to drink a tiny droplet of blood. Lice cannot burrow into the skin and do not play a role in transmitting any disease-causing organisms. Thus, head lice are rarely anything more than a nuisance.

These insect pests are most commonly shared by direct head-to-head contact. Activities such as hugging, play wrestling, and sharing a bed all offer opportunities for lice to spread between friends and family members. Regardless of the wealth of the community or family, the cleanliness of the home, or the month of the year, however, ---only about one in

every 100 U.S. elementary school children will be infested with head lice. Of those infested children, only a few will “spread” lice to others.

How to manage and prevent head lice at school

Head lice infest people, *not* school buildings or buses. A louse that falls from the hair will very likely die within hours, and almost certainly die by the next day. Thus, applying insecticides in the school or bus to control or prevent head lice is unnecessary and wasteful. It may also be prohibited by law.

If a child is suspected of having lice, he or she should be examined by a medical professional (such as a school nurse), not by a teacher, secretary, or parent volunteer. If a school nurse is present, he or she should make an assessment and return the child to the classroom. If the child does have lice, only the child’s parent or guardian should or need be notified—ideally in a gentle manner at the end of the day. The parent should be offered scientifically and medically sound information on how to manage the problem. Divulging the child’s medical condition to the teacher or principal, or to other students and their parents, would be unjustified and



How PTAs Can Help

PTAs can be invaluable resources on lice-related issues. In particular, a PTA can

- * Ensure that any school policies are consistent with good medical and scientific practices.
- * Distribute to parents and school staff current and objective information about lice and their management.
- * Devise creative and confidential strategies to help subsidize medically justified lice treatments for those without the financial means to pay for them.

would violate confidentiality. Head lice may be an annoyance, but they are neither a serious medical problem nor a public health issue.

The school's efforts regarding lice should be limited to educating students, parents, and school personnel with up-to-date information. Unjustified actions include screening children for lice or nits, treating children at school, treating the school building, and excluding from school children who are infested or presumably infested.

Much ado about nits

Lice eggs seem to cause more panic among parents and school staff than does nearly any other problem associated with head lice. Dead eggs and the remnants of hatched eggs remain firmly glued onto the hair for weeks, months, or even years. If nits are discovered, look for a live (crawling) louse. If none is found, then the logical conclusion is that the child is likely no longer infested. Check again occasionally, but do not treat unless a live louse is found.

The vast majority of objects presumed to be nits are simply bits of debris. But because bits of debris are frequently misidentified as lice eggs, many children are misdiagnosed, sent home, and treated

unnecessarily. This represents bad medical practice and poor judgment by school policy makers. Requirements imposed by schools to send children home if they have head lice or nits (often called “no-lice” or “no-nits” policies) are without any proven merit, and may result in litigation. Advocates for “no-nits” and similar policies say these efforts reduce the

number of infested children and the risk of “catching” lice at school, but there is a lack of evidence supporting their claims.

What parents can do to eliminate and prevent head lice

Before considering any kind of treatment, find a live (crawling) insect and make sure it is a louse. If lice are found on one family member, then all other children and adults in the home should be checked as well. If the hair is fairly fine and not tangled, then a lice or nit comb can be useful in detecting and removing these insects and their eggs. Some, but not all, infestations can be eliminated by this method.

If combing is difficult, impractical, or has been unsuccessful, then pediculicides can prove valuable. Pediculicides are special insecticide products registered by the Food and Drug Administration (FDA) to treat lice. Most over-the-counter (OTC) pediculicides contain pyrethrins (extracts of chrysanthemum flowers) or their synthetic equivalent. Used as directed on the package, these products can be effective at killing lice. A repeat treatment, about 10 days after the first, is often needed. Some lice, however, are resistant to OTC products. If live lice are seen the day after the second treatment, parents should call a pediatrician to discuss other kinds of pediculicides, available only by prescription.

When used according to their directions, pediculicides offer very little risk to children or adults. The main risks from pediculicides (and from virtually any medicine) come from gross overuse of the product, so read the labels carefully and follow the directions. If in doubt, ask your doctor or pharmacist. Avoid treatments that are not FDA-registered pediculicides. Alternative products tend to be sold on the basis of incredible testimonials rather than objective testing of their effectiveness and safety.

Fortunately, most children, regardless of the size of their circle of friends and family, will never encounter a head louse. On the rare occasion that a child does acquire head lice, schools can play an important but discreet role in giving parents the information they need to respond effectively.

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For More Information

- * American Academy of Pediatrics, www.aap.org/advocacy/archives/septlice.htm
- * The Center for Health and Health Care in Schools, www.healthinschools.org/headlice.asp
- * Centers for Disease Control and Prevention, www.cdc.gov/ncidod/dpd/parasites/lice
- * Harvard School of Public Health, www.hsph.harvard.edu/headlice.html
- * National Association of School Nurses, www.nasn.org/Default.aspx?tabid=237

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