

# Head Lice 101

## An Overview for School Nurses

headfirst

Lice LESSONS



### Overview

Head lice (*Pediculus humanus capitis*) are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old. Live lice feed on human blood and live close to the human scalp. They are not dangerous and do not transmit disease, but they do spread easily.<sup>1</sup>

### Signs & Symptoms of Infestation

Signs and symptoms of infestation include<sup>1</sup>:

- **Tickling** feeling on the scalp or in the hair
- **Itching** (caused by the bites of the louse)
- **Irritability and difficulty sleeping** (lice are more active in the dark)
- **Sores on the head** (caused by scratching, which can sometimes become infected)

When checking a student for head lice, you may see several forms: the egg, the nymph and the adult louse. The eggs, also called nits, are tiny, teardrop-shaped eggs that attach to the hair shaft. Nits often appear yellowish or white, and can look like dandruff but cannot be removed or brushed off. The nymph, or baby louse, is smaller and grows to adult size in one to two weeks. The adult louse is the size of a sesame seed and appears tan to grayish-white.<sup>1</sup>

Finding a live nymph or adult louse on the scalp or in the hair – most commonly behind the ears and near the neckline at the back of the head – is an indication of an active infestation.<sup>2</sup>

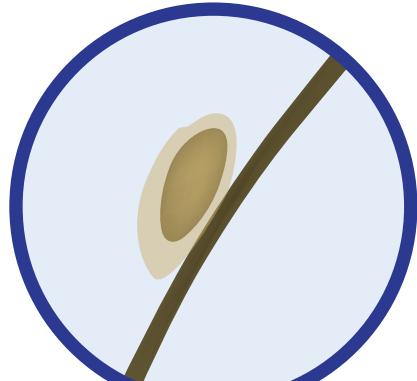
### Fast Facts

- An estimated 6 to 12 million infestations occur each year among U.S. children 3 to 11 years of age<sup>1</sup>
- Head lice are most common among children attending child care or elementary school, and the household members of infested children<sup>1</sup>
- Head lice move by crawling; they cannot jump or fly<sup>1</sup>
- Head lice do not transmit disease, but they do spread easily<sup>1</sup>

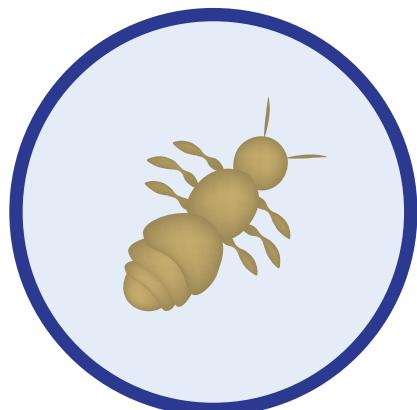
### Risk Factors & Transmission

Head lice often infest people with good hygiene and grooming habits.<sup>3,4</sup> Children attending preschool or elementary school, and those who live with them, are the most commonly affected.<sup>1</sup>

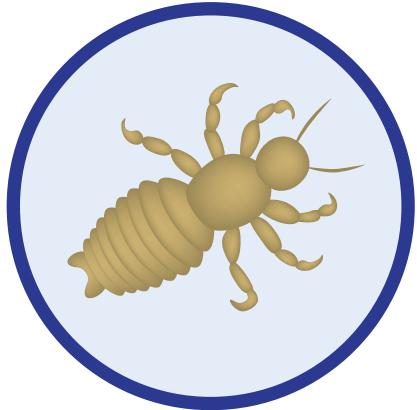
Head lice are wingless insects that cannot jump or fly. They move by crawling, and are most often spread by direct head-to-head contact. It is also possible, but uncommon, to spread head lice by contact with clothing (such as hats, scarves, coats) or other personal items (such as combs, brushes or towels).<sup>1</sup>



NIT



Nymph



Full-Grown Louse

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### Treatment

If you suspect a child has head lice, it's important to encourage consultation with a pediatrician or family physician for proper care as soon as possible. Key treatment considerations include:

- Parents should closely follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by a healthcare professional.<sup>5</sup>
- Resistance to some over-the-counter (OTC) head lice treatments has been reported, but the prevalence of resistance is not known.<sup>6,7</sup>
- There are new prescription treatment options available that are safe and do not require nit combing. You may want to remove nits for aesthetic reasons.
- There is no scientific evidence that home remedies are effective treatments.<sup>8</sup>
- Family bed linens and recently used clothes, hats and towels should be washed in very hot water.<sup>5</sup>
- Personal articles such as combs, brushes and hair clips should also be washed in hot soapy water or thrown away.<sup>5</sup>

All household members and other close contacts should be checked, and anyone with evidence of an active infestation should be treated. All persons with active head lice should be treated at the same time.<sup>5</sup>

### Communicating with Families

- Head lice infestations can have a considerable psychological impact on children and parents, who may feel stigmatized and ostracized.<sup>9,10</sup>
- School nurses can help by establishing supportive relationships, prevent stigmatization in the community, maintain privacy and confidentiality, and provide ongoing support and reassurance.<sup>11,12,13,14</sup>
- Head lice education and resources are essential to helping correct misinformation and misperceptions. Such information can educate parents on all available treatment options, both OTC and prescription products.

### References

- 1 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Frequently Asked Questions. [http://www.cdc.gov/parasites/lice/head/gen\\_info/faqs.html](http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html). Accessed April 15, 2015.
- 2 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Diagnosis. <http://www.cdc.gov/parasites/lice/head/diagnosis.html>. Accessed April 15, 2015.
- 3 Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. Pediatric Dermatology, 4th ed. Mosby Elsevier; 2011:1525-1583.
- 4 Centers for Disease Control and Prevention (CDC). Parasites: Head lice: Epidemiology And Risk Factors. <http://www.cdc.gov/parasites/lice/head/epi.html>. Accessed April 15, 2015.
- 5 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment. <http://www.cdc.gov/parasites/lice/head/treatment.html>. Accessed April 15, 2015.
- 6 Burkhardt CG. Relationship of treatment resistant head lice to the safety and efficacy of pediculicides. Mayo Clin Proc. 2004;79(5):661–666.
- 7 Meinkin TL, Serrano L, Hard B, et al. Comparative in vitro pediculicidal efficacy of treatments in a resistant head lice population on the US. Arch Dermatol. 2002;138 (2):220–224.
- 8 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment Frequently Asked Questions. [http://www.cdc.gov/parasites/lice/head/gen\\_info/faqs\\_treat.html](http://www.cdc.gov/parasites/lice/head/gen_info/faqs_treat.html). Accessed April 15, 2015.
- 9 Parison J, Canyon DV. Head lice and the impact of knowledge, attitudes and practices – a social science overview. In: Management and Control of Head Lice Infestations. UNI-MED, Bremen, Germany, 2010:103-109.
- 10 Gordon SC. Shared vulnerability: a theory of caring for children with persistent head lice. J Sch Nurs. 2007;23(5):283-292.
- 11 Gordon S. Management of head lice in school settings. Presented at the Florida Association of School Nurses conference, Orlando, FL, February 7, 2009.
- 12 National Association of School Nurses. Pediculosis management in the school setting. Position statement. January 2011. <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011>. Accessed April 15, 2015.
- 13 Schoessler SZ. Treating and managing head lice: the school nurse perspective. Am J Manag Care. 2004;10(suppl 9):S273-S276.
- 14 Frankowski BL, Bocchini JA, Jr, Council on School Health and Committee on Infectious Diseases, American Academy of Pediatrics. Clinical report – head lice. Pediatrics. 2010;126(2):392-403.

# Información básica sobre piojos

Panorama general para enfermeros escolares

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Lice LESSONS



## Introducción

Los piojos de la cabeza (*Pediculus humanus capitis*) son un problema frecuente para la comunidad. Se estima que se producen entre 6 y 12 millones de infestaciones todos los años en los Estados Unidos, con mayor frecuencia entre niños de 3 a 11 años de edad. Los piojos vivos se alimentan de sangre humana y viven cerca del cuero cabelludo. No son peligrosos ni transmiten enfermedades, pero se contagian con facilidad.<sup>1</sup>

## Signos y síntomas de infestación

Entre los signos y síntomas de infestación se incluyen<sup>1</sup>:

- **Sensación de cosquilleo** en el cuero cabelludo o en el cabello
- **Picazón** (provocada por las picaduras del piojo)
- **Irritabilidad y dificultad para dormir** (los piojos son más activos en la oscuridad)
- **Lastimaduras en la cabeza** (provocadas al rascarse, que a veces pueden infectarse)

Al revisar la cabeza de un estudiante para detectar piojos, podrá ver diferentes formas: el huevo, la ninfa y el piojo adulto. Los huevos, también llamados liendres, son huevos diminutos en forma de lágrima que se adhieren al tallo capilar. Las liendres a menudo tienen aspecto amarillento o blanco y pueden parecerse a la caspa pero no pueden quitarse o eliminarse con un cepillo. La ninfa, o piojo bebé, es más pequeña y alcanza el tamaño adulto en una o dos semanas. Los piojos adultos son del tamaño de una semilla de sésamo y de color marrón claro a blanco grisáceo.<sup>1</sup>

Encontrar una ninfa o un piojo adulto vivos en el cuero cabelludo o en el cabello es una indicación de infestación activa, con mayor frecuencia detrás de las orejas y cerca de la línea del cuello en la parte posterior de la cabeza.<sup>2</sup>

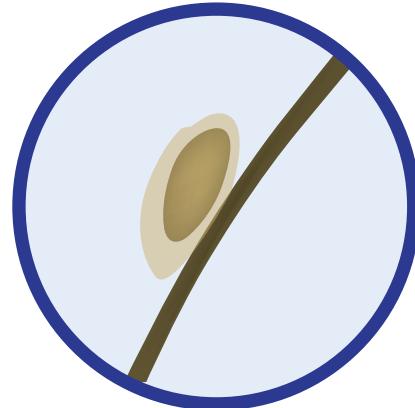
## Datos rápidos

- **Se estima que se producen entre 6 y 12 millones de infestaciones todos los años en niños estadounidenses de entre 3 y 11 años de edad.**<sup>1</sup>
- **Los piojos son más frecuentes en niños que asisten a la guardería o a la escuela elemental, y quienes viven en el hogar de los niños infestados.**<sup>1</sup>
- **Los piojos se arrastran; no pueden saltar ni volar.**<sup>1</sup>
- **Los piojos no transmiten enfermedades pero se contagian fácilmente.**<sup>1</sup>

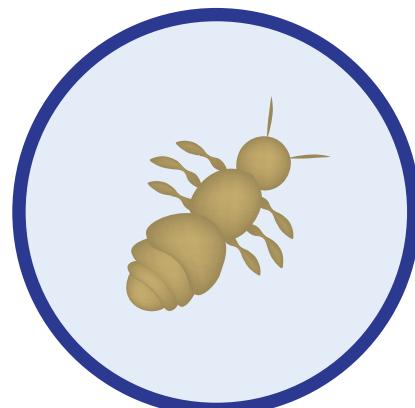
## Factores de riesgo y transmisión

Los piojos a menudo infestan a personas con buenos hábitos de higiene y aseo.<sup>3,4</sup> Los niños que asisten a la escuela preescolar o elemental y las personas que viven con ellos son con frecuencia los más afectados.<sup>1</sup>

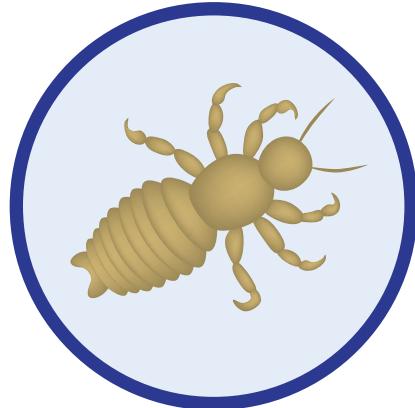
Los piojos de la cabeza son insectos sin alas que no pueden saltar ni volar. Se mueven arrastrándose y se transmiten con mayor frecuencia por contacto directo cabeza a cabeza. También es posible, aunque no es común, la transmisión de piojos por contacto con la ropa (por ejemplo sombreros, bufandas, abrigos) u otros artículos de uso personal (como peines, cepillos o toallas).<sup>1</sup>



Liendre



Ninfa



Piojo adulto

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Panorama general para enfermeros escolares



## Tratamiento

Si sospecha que un niño tiene piojos, es importante recomendar la consulta con un pediatra o médico de familia para que el niño reciba la atención adecuada lo antes posible. Las consideraciones clave del tratamiento incluyen:

- Los padres deben seguir estrictamente las instrucciones del tratamiento. No se recomienda utilizar cantidades adicionales o aplicaciones múltiples de la misma medicación, a menos que lo indique un profesional de atención médica.<sup>5</sup>
- Se ha informado que hay resistencia a algunos tratamientos para piojos de venta libre, pero no se conoce la prevalencia de la resistencia.<sup>6,7</sup>
- Hay varias nuevas opciones de tratamiento de venta con receta disponibles que son seguras y no requieren extraer las liendres con el peine. Tal vez desee quitar las liendres por motivos estéticos.
- No hay evidencia científica de que los remedios caseros sean tratamientos efectivos.<sup>8</sup>
- La ropa de cama familiar y la ropa, toallas y sombreros recién usados deben lavarse con agua muy caliente.<sup>5</sup>
- Los artículos de uso personal como peines, cepillos y hebillas para el cabello también deben lavarse con agua caliente con jabón o desecharse.<sup>5</sup>

All household members and other close contacts should be checked, and anyone with evidence of an active infestation should be treated. All persons with active head lice should be treated at the same time.<sup>5</sup>

## Comunicación con la familia

- Las infestaciones de piojos pueden tener un impacto psicológico considerable en los niños y en los padres, que pueden sentirse estigmatizados y discriminados.<sup>9,10</sup>
- Los enfermeros escolares pueden ayudar estableciendo relaciones de apoyo, impidiendo la estigmatización en la comunidad, manteniendo la privacidad y confidencialidad, y brindando apoyo continuo y tranquilidad.<sup>11,12,13,14</sup>
- Es esencial brindar educación y recursos sobre los piojos para ayudar a corregir la información errónea y las suposiciones falsas. Dicha información puede ayudar a los padres a conocer todas las opciones de tratamiento disponibles, tanto los productos de venta libre como los de venta con receta.

## Referencias

- Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Frequently Asked Questions. [http://www.cdc.gov/parasites/lice/head/gen\\_info/faqs.html](http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html). Visitado el 15 de abril de 2015.
- Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Diagnosis. <http://www.cdc.gov/parasites/lice/head/diagnosis.html>. Visitado el 15 de abril de 2015.
- Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. Pediatric Dermatology, 4th ed. Mosby Elsevier; 2011:1525-1583.
- Centers for Disease Control and Prevention (CDC). Parasites: Head lice: Epidemiology And Risk Factors. <http://www.cdc.gov/parasites/lice/head/epi.html>. Visitado el 15 de abril de 2015.
- Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment. <http://www.cdc.gov/parasites/lice/head/treatment.html>. Visitado el 15 de abril de 2015.
- Burkhart CG. Relationship of treatment resistant head lice to the safety and efficacy of pediculicides. Mayo Clin Proc. 2004;79(5):661– 666.
- Meinking TL, Serrano L, Hard B, et al. Comparative in vitro pediculicidal efficacy of treatments in a resistant head lice population on the US. Arch Dermatol. 2002;138 (2):220–224.
- Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment Frequently Asked Questions. [http://www.cdc.gov/parasites/lice/head/gen\\_info/faqs\\_treat.html](http://www.cdc.gov/parasites/lice/head/gen_info/faqs_treat.html). Visitado el 15 de abril de 2015.
- Parison J, Canyon DV. Head lice and the impact of knowledge, attitudes and practices – a social science overview. In: Management and Control of Head Lice Infestations. UNI-MED, Bremen, Germany, 2010:103-109.
- Gordon SC. Shared vulnerability: a theory of caring for children with persistent head lice. J Sch Nurs. 2007;23(5):283-292.
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- National Association of School Nurses. Pediculosis management in the school setting. Position statement. Enero de 2011. <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011>. Visitado el 15 de abril de 2015.
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