HEAD LICE

It is apparent that head lice are with us again. I have heard from several parents that live lice have been found in their children's hair. Here are some of the points that have been discussed before but may be useful to you. Many of the points are highlighted in a video compiled by Consultants in Communicable Disease Control and endorsed by the Public Medicine Environmental Group.

Myths:

Head lice jump from one child to another.

They go for children with only thick or dirty hair.

Children can only pick them up from friends.

Reality:

They are tiny insects with six legs, smaller than a match head but can be as small as a pinhead.

They live on the scalp or on hair just above it.

They are transmitted by prolonged head to head contact; therefore it is likely to be from a family member or best friend.

They do not jump. They do not only go for children. They do not prefer any hair type. Head lice are a problem in the whole community-not just schools.

Diagnosis:

'Nits' are tiny white empty egg shells, often thought to be lice. These are NOT alive. A diagnosis of head lice can ONLY be made when a LIVE LIVING LOUSE can be seen. Wet combing, (detection comb) is recommended twice weekly – wash and towel dry the hair, first comb normally, then with a fine toothed comb start with teeth against the scalp and draw away. Check the comb after each stroke. If there are lice you WILL find one. This should take around 10-15 minutes.

Dirt on a pillow (the droppings of lice) can also be an indicator.

Treatment:

Only treat if a live living louse is found.

There are two main types of lotion available at the chemist.

- 1) Pyrethroids
- 2) Malathion

There is also a Carbaryl, which is on prescription only.

Only treat those who are infected.

Read instructions carefully.

Repeat after 7 days.

We recommend water based rather then alcohol based for young children or those with sensitive skin or eczema.

Repellents are not recommended as their effectiveness is not scientifically based.

Symptoms:

Itching / scratching.

Irritation.

Can be symptom free.

Similar symptoms could be brought on by dandruff, or eczema, or a psychological reaction. (Thinking about lice makes your head itch!!)

Summary:

The front line of attack on the problem of head lice is down to early and accurate detection and diagnosis and correct treatments.

Only treat if a live living louse is found.

Carry out checks at home twice weekly.

If you need further information contact your G.P or myself via the school.