Head Lice 101
What You Should Know About Head Lice

Overview

Head lice 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. Though a head lice infestation is often spotted in school, it is usually acquired through direct head-to-head contact elsewhere, such as at sleepovers or camp.

Head lice are not dangerous, and they do not transmit disease. Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits. Your family, friends, or community may experience head lice. It’s important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

Fast Facts

- An estimated 6 to 12 million infestations occur each year among US children 3 to 11 years of age.
- Head lice do not discriminate, often infesting people with good hygiene. They spread mainly through head-to-head contact.
- If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options.

What are head lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood. When checking for head lice, you may see several forms: the nit, the nymph, and the adult louse.

- **Nits** are tiny, teardrop-shaped lice eggs that are often yellowish or white. Nits are also what you call the shells that are left behind once the eggs hatch. Nits are attached to the hair shaft and often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.

- **Nymphs**, or baby lice, are small and grow to adult size in 1 to 2 weeks.

- **Adult lice** are the size of a sesame seed and appear tan to grayish-white.

How are head lice spread?

- Head lice move by crawling and cannot jump or fly.
- Head lice are mostly spread by direct head-to-head contact—for example, during play at home or school, sleepovers, sports activities, or camp.
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing (for example, hats, scarves, or coats) or other personal items (such as combs, brushes, or towels).
- Head lice transmission can occur at home, in the community, or—very infrequently—in school.

What are the signs and symptoms of infestation?

Signs and symptoms of infestation include:

- **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)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.
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What if my child gets head lice?

If you suspect your child might have head lice, it’s important to talk to a school nurse, pediatrician, or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

• Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by a healthcare professional15
• A 2016 study showed that 48 states now have lice that are genetically predisposed to resistance to commonly used treatments6
• There is no scientific evidence that home remedies are effective treatments7
• Head lice do not infest the house. However, family bed linens and recently used clothes, hats, and towels should be washed in very hot water and dried on the high setting6
• Personal articles, such as combs, brushes, and hair clips, should be soaked in very hot water for 5 to 10 minutes if they were exposed to someone with an active head lice infestation5
• All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time6

Myths and facts about head lice

Myth: Only dirty people get head lice.
Fact: Personal hygiene and household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.3,4

Myth: Head lice carry diseases.
Fact: Head lice do not spread diseases.1

Myth: Head lice can be spread by sharing hair brushes, hats, clothes, and other personal items.
Fact: It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes, or hair accessories, that have been in contact with a person with head lice.1

Myth: Head lice can jump or fly, and can live anywhere.
Fact: Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for about a day off the head.1

Myth: You can use home remedies like mayonnaise to get rid of head lice.
Fact: There is no scientific evidence that home remedies are effective treatments.7 Consult your healthcare provider to discuss appropriate treatment options, including prescription products.

References

Head Lice

WHAT TO LOOK FOR AT HOME:

- Adult head lice are tiny, wingless insects which are about the size of a sesame seed and live close to the scalp. They cannot jump or fly.
- They are usually light brown or grey, often blending in with your child’s hair color.
- They move quickly and shy away from light, making them difficult to see.
- Their eggs, or nits, are smaller and silver, yellowish or white in color and attach to the hair shaft, close to the scalp.
- The nits resemble dandruff but, unlike dandruff, they are difficult to remove and will not wash off or blow away.
- Head lice should be suspected when there is intense itching, and head scratching especially at the nape of the neck and around the ears. The itching tends to become worse at night.
- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.
- Hair should be treated with the shampoo or crème rinse recommended by your child’s physician. There is no scientific evidence that home remedies are effective treatments.
- Begin removing the nits with a nit comb. ALL nits need to be removed to prevent re-infestation. Checking the hair and combing with a nit comb every 2-3 days for 2-3 weeks after treatment may also help prevent re-infestation.
- Family bed linens, clothing, hats and towels worn or used by the infested person in the 2 days prior to treatment should be washed in very hot water and dried on very hot air. Non-washable items may be dry cleaned or sealed in a plastic bag for 2 weeks.
- Personal articles such as combs, brushes and hair clips should also be washed in very hot water.
- Vacuum carpets, upholstery, pillows and mattresses which may have been used by a person with head lice.
- Notify close contacts so that they can monitor for lice as well.
- More resources can be found on the CDC website.

RETURNING TO SCHOOL:

- Your child may return to school after he or she is treated. Upon entering school the following day, your child will be checked in the nurse’s office for any evidence of live lice. If live lice are present, they will be sent home for additional treatment. If no lice are detected, they will be sent to class.
- Remind your child not to share coats, hats, brushes or hair accessories.
- Children with long hair are advised to keep it pulled back tight in pony tails, braids, or buns to minimize exposure.