



## **South Western Area Health Board**

### **HEADLICE – Who gets it?**

Anybody can get headlice. Adults and children may be effected, though it is seen more commonly in children.

### **HOW DOES IT SPREAD**

The headlouse is a tiny grey insect with legs which simply walks from one head to another when two heads are touching. This takes about one minute, and usually occurs accidentally

### **SHOULD I CHECK FOR HEADLICE?**

Yes, we would like all families to check themselves once every week for head lice. After shampooing comb through the hair, in sections if it is thick, and any head lice will either be combed out or caught between the teeth of the detector comb. Behind the ears and at the nape of the neck are places to be particularly careful with your fine comb as head lice often settle here. Tell-tale signs, other than scratching, are shift collars getting more grubby than usual or black dust on pillows.

### **WHAT HAPPENS IF I FIND HEADLICE?**

A special treatment, an insecticide is required shampooing will not do. You should inform the school (in case of a child) and your public health nurse if you discover infection. Insecticides should be spared for use only on the infected individual i.e use only when live lice are found and not when just nits or the empty egg cases) are present.

### **WHAT IS THE TREATMENT?**

DERBACM (Malathion) is the treatment in current use. Check with your doctor or public health nurse before using this treatment if anyone suffers from a scalp disorder e.g. psoriasis or eczema, asthma and in babies under one year.

Put the lotion onto dry hair thoroughly coating the hair. Avoid contact with eyes. Allow the dry in a warm dry well ventilated room, do not use a hairdryer. If your child has been swimming in a

chlorinated pool during the previous three days you should wash their hair before applying the lotion.

Leave overnight.

Wash out next day with normal shampoo, and finecomb the hair. Finecomb dampened hair every day for 7 days. If after 7 days you find a live louse you should repeat steps 1 to 5.

Contact tracing.

It is very important that everyone in close contact with the infected person is told about the Headlice infection i.e. all household members, grandparents, a babysitter and close family friends. The contacts should finecomb their hair every second during this treatment week to check if they have Headlice too. If infection is found then follow the treatment guide steps 1 to 5. Contact tracing is an essential part of management of the Headlice problem.

#### **WHAT ABOUT PREVENTION?**

We recommend some old-fashioned measures.

Regular grooming of everyone's hair twice daily, especially important before going to bed.

A weekly family check for Headlice with a detector comb.

In this way you will detect infection at an early stage and prevent further spread.

#### **IS HEADLICE A SERIOUS PROBLEM?**

Headlice infection is not serious, but is important. Secondary infection may occur, seen as red marks on the back of the neck which leads to tiredness: feeling unwell, their hair may become untidy, and general discomfort follows.

Also, this person may be responsible for spread of Headlice to many others.

#### **REMEMBER**

Finecomb every week

Use treatment only when live lice are found

Inform the school and your public health nurse if any family member is infected.