

## Information for parents / carers of a child with Headlice



Many children get head lice, which are easy to treat. The more you know about head lice, the better prepared you'll be able to deal with a lice infestation, and help avoid a further infestation. This leaflet aims to provide information for you to treat head lice effectively.

Head lice are greyish brown insects that mature to 2-3mm long. A female louse can lay up to ten eggs close to the scalp and the eggs hatch after seven days.

Nits (eggs) are glued to the hair so are hard to remove. If nits are found further down the hair shaft this indicates that they have already hatched.

They spread from person to person by prolonged head to head contact. Girls are 3-4 times more likely to contact head lice through head to head contact during play activities. Transmission via brushes and combs cannot be ruled out.

There are no complications to contracting head lice; however, severe itching can occur in a third of the cases. This scratching may lead to infection if the skin is broken.

If you think your child has got an infection, please seek medical advice. Signs of infection may include:

- Pain
- Redness
- Oozing
- Smell

### **How do I know my child has head lice?**

The presence of live lice and eggs (nits) can be checked using a fine comb with the hair held over a sheet of white paper. Live lice will be trapped between the teeth of the comb or dislodged onto the paper.

The infestation is heaviest behind the ears and around the back of the head to the neck.

### **How to treat:**

#### **Lotions/liquids/shampoo/moose**

Lotions/liquids/shampoos should only be used if live lice are seen. They should not be used as a preventative measure as this may cause resistance to the treatment to develop. All of these treatments are available without prescription.

A repeat treatment is recommended seven to ten days later to kill the lice that have hatched after the first application.

Between these treatments fine comb hair daily that has been moistened with conditioner to remove the newly hatched lice and eggs.

- Liquids/lotions are preferable to shampoos as contact time with the hair is longer. They may be easier to use and diluted with water.
- In very young children, and asthmatics, liquids (such as - Derbac M) or shampoos (Lyclear crème rinse) are preferable to alcoholic containing lotions (such as - Prioderm lotion).
- Use as per the instructions on the product
- It is important to ensure the entire head and all the hair is covered with the lotion or crème rinse for the treatment to be effective.
- All contacts, i.e. brothers and sisters, should be checked for live lice and treated if lice are seen.

### **Wet Combing**

It is said that wet combing (using conditioner) the hair daily for two weeks can clear the head of lice. However, this is recommended only as a preventative measure against spread of head lice or in conjunction with treatment lotions.

Start on one side of the head and using a fine toothcomb slowly comb starting from the scalp through to the ends of the hair, and then examining the comb with each stroke. Clean any debris from the comb. Repeat these strokes and work around to the other side of the head, ensuring that the entire head is treated.

### **Education**

**Children of primary school age should have their hair checked regularly at home using a nit comb to identify infestation early.**

**Do not use head lice treatments regularly in an attempt to prevent an infestation, this will simply encourage the emergence of resistant strain of lice.**

If further advice is needed, contact a dermatology nurse specialist on 4096100 Bleep 8322/8496

**If you require assistance please contact the Dermatology department on  
01/4282541/4282532/4282646**

### **Additional information**

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