

Academy offers guidance on new lice treatments, opposes school bans on infested children

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An updated AAP clinical report continues to encourage pediatricians to take a greater role in ensuring appropriate use of effective head lice treatments and provides several new treatment options for their arsenal.



In addition, the report reiterates the Academy's opposition to policies that ban children with lice or lice eggs ("nits") from school.

Head lice infestations, common among children ages 2-12, are neither a health hazard nor a sign of poor hygiene, according to the report titled Head Lice published in the May issue of Pediatrics (2015;135:e1355-e1365, bit.ly/1CfdUhd). Yet an infestation, or even a suspected exposure to head lice, can cause significant anxiety among parents, who may opt for unnecessary, excessive and sometimes ineffective home treatments or use pediculicides improperly.

The report calls for proper diagnosis by a pediatrician, with prompt and adequate treatment of head lice as well as ongoing surveillance by educated parents to minimize lost instruction and stigmatization of a child in school.

Treatment strategies

The clinical report continues to encourage first-line, safety-proven older remedies, such as over-the-counter permethrin 1% or pyrethrins in communities where drug resistance is not an issue. With these over-the-counter medicines, parents can benefit from pediatricians' guidance on following manufacturer application instructions carefully and to re-treat on day 9. Some children might require a third treatment on day 18.

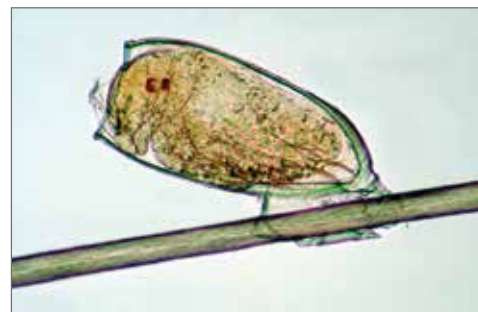
When classic treatments fail, the report provides information on both older and some newer prescription products introduced since publication of the 2010 AAP clinical report, such as topical products containing spinosad and ivermectin. Because these products require prescriptions, it is important that pediatricians remain knowledgeable about lice and appropriate treatment options, especially for recalcitrant cases.

While recommending a pediculicide as first-line treatment, with manual removal following such treatment, the report also contains a discussion of alternative treatments some families use to avoid pesticides, including mayonnaise, olive oil, Cetaphil cleanser or "wet-combing." In addition, because the Academy no longer recommends Lindane, this medicine has been eliminated from the clinical report as a consideration.

Working with schools

Pediatricians and schools are encouraged to give consistent advice on lice.

The clinical report stresses that lice crawl, rather than jump from head to head, and many children with lice may have infestations for



weeks before detection, all the while attending school without infesting scores of classmates. Additionally, because many nits are non-viable, or dandruff and hair debris might be mistaken for nits, there is no scientific evidence to warrant exclusion for nits alone or immediate dismissal once an infestation is found.

Head lice are transmissible primarily through direct and prolonged head contact, such as may happen at camps, sleepovers or in cases of shared beds and pillows at home. Most lice transmission occurs outside of schools, in households or in the community.

Excluding children from school until they are lice or nit free can have significant academic and emotional consequences. Pediatricians, therefore, may educate school communities that no-nit policies for return to school should be abandoned.

Key points

- No healthy child should be excluded from school because of head lice or nits.
- Pediatricians can be a resource for families, schools and other community agencies about head lice infestations and treatments.
- If pediculicide therapy is needed, 1% permethrin or pyrethrins are a reasonable first choice unless there is known resistance to these products in the community.
- Instructions on the proper use of products are important.
- If resistance to over-the-counter products has been proven in the community, consider treatment with a prescription medication **and** encourage the manual removal of lice/nits by methods such as wet-combing or an occlusive method (such as petroleum jelly or Cetaphil cleanser), with emphasis on careful technique, close surveillance and repeating per manufacturer's instructions.
- School personnel involved in detection of head lice infestation should be trained appropriately.



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Drs. Devore and Schutze are co-authors of the AAP clinical report. Dr. Devore is immediate past chair of the AAP Council on School Health Executive Committee, and Dr. Schutze is a member of the AAP Committee on Infectious Diseases.

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