belongings, especially clothing and bedding.

- Inspect children in a group setting regularly for head lice.
- Provide educational programs on the transmission, detection, and treatment of pediculosis.

Research Focus

Lice Treatments

A study by Lee, Rios, Aten, and colleagues (2004) showed that home remedies (such as, petroleum jelly, oils, vinegar, butter, alcohol, and mayonnaise) did little to kill louse eggs. Another study by Pearlman (2004) showed that a dry-on pediculicide lotion may effectively treat lice without the use of the current shampoos with neurotoxins, nit removal, or extensive housecleaning. The lotion was applied once a week for 3 weeks. After 8 hours, it dried on the scalp, and the child styled the hair and went to school as usual.

The psychological effects of lice infestations are stressful to children. They are influenced by the reactions of others, including their parents, school nurses, and officials. Some children feel ashamed or guilty. Parents are strongly cautioned against cutting a child's hair or, worse, shaving a child's head. Lice infest short hair as readily as long hair, and these actions only compound the child's distress and serve as a continual reminder to their peers, who are prone to taunt children who have a different appearance.

Prevention

The increasing incidence of pediculosis in schoolchildren is a serious concern for school nurses, parents, and community health agencies. However, school head lice screening programs have not proven to have a significant effect on the incidence of head lice in the school setting; parent education programs may be more helpful in the management of head lice. Children with head lice should be allowed to return to school after proper treatment. Both the American Academy of Pediatrics and the National Association of