South Australian Perinatal Practice Guidelines

Pediculosis (head lice)

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Pediculosis (head lice)

- Infestation with lice is referred to as pediculosis
- Head lice do not transmit any disease and may infest the hair, eyebrows and eyelashes
- Lice are tiny ectoparasitic insects, about 2 mm to 3 mm long and coloured reddish brown to whitish brown
- > The lice is wingless, has a flat body and six legs with claws

Infection precautions

- Spread is by direct head to head contact (e.g. with the hair of an infested person or, more rarely, with fomites e.g. combs, brushes, hats and scarves)
- Head lice do not live in bedding, furniture or clothes
- Lice that live on animals will not live on humans
- > Additional precautions

Clinical features

- Itching, usually generally behind the ears and at the back of the neck
- Eggs (nits) are tiny specks that are firmly glued to the hair close to the scalp

Diagnosis

- Lice may be seen on the scalp if the hair is rapidly parted
- > Nits and lice can be examined under the microscope
- >

Incubation period

> The adult louse is capable of laying eggs (nits) after 10 days

Infectious period

- > As long as the eggs, or lice remain alive
- Lice do not survive more than two days away from a human host, but eggs may survive longer

Treatment

- > Head lice are best removed with a very fine comb (apply conditioner to dry hair before combing)
- Treat all family members
- Wash clothes, bed linen and towels in hot water
- Permethrin or pyrethrin containing products e.g. Lyban®, Pyrifoam® and Banlice® are recommended as safe preparations in pregnancy. Administer according to product instructions

Reference



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SA Maternal & Neonatal Clinical Network
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Rubeiz N. Pediculosis. eMedicine [article online] 2002 January [cited 2002 Jun 2]; [6 screens]. Available from: URL http://www.emedicine.com/emerg/topic409.htm

Other useful web site:

http://www.health.sa.gov.au/PEHS/Youve-got-what/ygw-head-lice.pdf

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