



National Association of School Nurses

POSITION STATEMENT

Pediculosis in the School Community

HISTORY:

A prehistoric survival, head lice (*pediculosis capitus*) are small parasitic insects that live on the scalp and neck hairs of their human hosts. They have had no basic changes in their morphology during the last 2,000 years (Pe'er & BenEzra, 1998). While much despised, lice are not known to be vectors for illnesses. Complications of infestations are rare and involve secondary bacterial skin infection. Pruritis is the most common symptom (Vessey, 2000).

DESCRIPTION OF ISSUE:

Families and school staff expend innumerable hours and resources attempting to eradicate lice infestations, expending equal efforts on parasites and their nits. Reliable data describing the usual incidence of infestation in the general public, in the average school community, and during particular seasons of the year is lacking. Williams and colleagues (2001) report an estimated 6 to 12 million infestations annually.

Annually, millions of dollars are spent on pediculicides, lice combs, physician visits, and parental time away from work. Reports of drug resistance for the treatment of an infestation are increasing. In an effort to find an easy, effective, and safe treatment, a variety of alternative therapies (e.g., oil-based and grease-based products, animal shampoos, and insecticides) have been tried. These alternative treatments may have some merit. However, there is little scientific evidence regarding their effectiveness, and all have a cost (Vessey, 2000).

Anxiety on the communicable level of head lice often occurs in communities hit by the disease. Embarrassment and social stigma frequently accompany identification of infestation. Schools may be blamed as the source of contraction for students. Historically, in an effort to decrease head lice infestations, many U.S. schools adopted "no nit" policies. Subsequently, schools report extended student absences related to chronic infestation in certain students. Study of attendance records found 12 to 24 million school days are lost annually in the U.S. due to exclusion of students for nits (Price, Burkhart, Burkhart, Burkhart, & Islam, 1999). Exclusion from school for any reason has been correlated with truancy (Scott, Gilmer, Johannessen, 2004), as well as with poor academic performance.

Presence of nits does not indicate active infestation and no evidence is found that presence of nits correlates with any disease process (Scott, Gilmer, Johannessen, 2004). Other studies show that lice are not highly transferable in the school setting (Hootman, 2002) and no outbreaks of lice resulted when allowing children with nits to remain in class (Scott, Gilmer, & Johannessen, 2004).

RATIONALE:

The school nurse is the most knowledgeable professional in the school community and so ideally suited to provide education and anticipatory guidance to the school community regarding "best practices" of pediculosis management. The school nurse's goals are to contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absence.

There is no scientific consensus on the best way to control head lice infestation in school children. No pediculicide is 100% ovicidal, and resistance has been reported with lindane, pyrethrins, and permethrin (Frankowski & Weiner, 2002). Head lice screening programs have not had a significant effect on the incidence of head lice in the school setting over time and have not proven to be cost effective (American Academy of Pediatrics, 2003).

CONCLUSION:

It is the position of the National Association of School Nurses that the management of pediculosis should not disrupt the education process. Children found with live head lice should be referred to parents for treatment. Data does not support school exclusion for nits. Because no disease process is associated with head lice, schools are not advised to exclude students when nits remain after appropriate lice treatment, **although further monitoring for signs of re-infestation is appropriate.** The school nurse, as student advocate and nursing expert, should be included in school district-community planning, implementation, and evaluation of vector control programs for the school setting. The school nurse retains an important role in educating **all constituencies** about pediculosis and dispelling myths and stigmas regarding lice infestation.

References/Resources:

- American Academy of Family Physicians. (2003). *Head lice treatment guidelines. Wet combing for head lice: Feasibility in mass screening, treatment preference and outcome.* Retrieved April 27, 2004 from www.findarticles.com/cf_dls/m3225/6_67/98626762/p1/article.jhtml
- American Academy of Pediatrics. (2003). Report of the Committee on Infectious Diseases. *Red Book*, 26th ed., pp. 463-466. Elk Grove, IL: Author.
- Chin, J. (2000). An official report of the American Public Health Association. *Control of Communicable Disease Manual*. 17th ed. pp. 372-374. Washington, DC: American Public Health Association.
- Frankowski, B.L., & Weiner, L.B. (2002). Head lice. *Pediatrics*. 110(3) 638-43.
- Harris J, Crawshaw, J.G., & Millership S. (2003). Incidence and prevalence of head lice in a district health authority area. *Communicable Disease and Public Health*. 6(3), 246-9.
- Hootman, J. (2002). Quality improvement projects related to pediculosis management. *Journal of School Nursing*. 18(2). 80-91.
- Pe'er, J., & BenEzra, D. (1998). *Corneal damage following the use of the pediculocide A-200 pyrinate.* Archives of Ophthalmology. 106. 16-17.
- Price, J., Burkhart, H., Burkhart, C., Burkhart, N., & Islam, C. (1999). School nurses' perceptions and experiences with head lice. *Journal of School Health*. 69. 163-68.
- Scott, P., Gilner, M., & Johannessen, W. (2004). The nit rating scale. *Journal of School Health*. 74(2). 108-110.
- Vessey, J. (2000). *Current concepts in pediculosis management.* Scarborough, ME and Castle Rock, CO. National Association of School Nurses.
- Williams, L., Reichert, A., MacKenzie, W., Hightower, A., & Blake, P. (2001). Lice, nits, and school policy. *Pediatrics*. 107(5). 1011-1015.

Nit Free Policies in the Management of Pediculosis:

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