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Head Lice Information for Schools

Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice.

Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Both the American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:

- Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.

More on: [Head Lice Treatment](#)

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Head Lice Information for Parents

You should examine your child's head, especially behind the ears and at the nape of the neck, for crawling lice and nits if your child exhibits symptoms of a head lice infestation. If crawling lice or nits are found, all household members should be examined for crawling lice and nits every 2–3 days. Persons with live (crawling) lice or nits within ¼ inch or less of the scalp should be treated.

More on: [Head Lice Symptoms](#)

To eliminate head lice successfully, it is very important that all treatment instructions and steps be carefully followed and completed.

CDC does not make recommendations as to what specific product or products should be used to treat individuals. Both over-the-counter and prescription products are available. You may wish to contact your doctor, pharmacist, or health department for additional information about which product they recommend.

More on: [Head Lice Treatment](#)

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Epidemiology & Risk Factors

In the United States, infestation with head lice (*Pediculus humanus capitis*) is most common among preschool- and elementary school-age children and their household members and caretakers. Head lice are not known to transmit disease; however, secondary bacterial infection of the skin resulting from scratching can occur with any lice infestation.

Getting head lice is not related to cleanliness of the person or his or her environment.

Head lice are mainly spread by direct contact with the hair of an infested person. The most common way to get head lice is by head-to-head contact with a person who already has head lice. Such contact can be common among children during play at:

- school,
- home, and
- elsewhere (e.g., sports activities, playgrounds, camp, and slumber parties).

Uncommonly, transmission may occur by:

- wearing clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons worn by an infested person;
- using infested combs, brushes or towels; or
- lying on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with an infested person.

Reliable data on how many people get head lice each year in the United States are not available; however, an estimated 6 million to 12 million infestations occur each year in the United States among children 3 to 11 years

of age. Some studies suggest that girls get head lice more often than boys, probably due to more frequent head-to-head contact.

In the United States, infestation with head lice is much less common among African-Americans than among persons of other races. The head louse found most frequently in the United States may have claws that are better adapted for grasping the shape and width of some types of hair but not others.

Prevention & Control

Head lice are spread most commonly by direct head-to-head (hair-to-hair) contact. However, much less frequently they are spread by sharing clothing or belongings onto which lice have crawled or nits attached to shed hairs may have fallen. The risk of getting infested by a louse that has fallen onto a carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the scalp.

The following are steps that can be taken to help prevent and control the spread of head lice:

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
- Do not share combs, brushes, or towels. Disinfest combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for 5–10 minutes.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.
- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor and furniture, particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

To help control a head lice outbreak in a community, school, or camp, children can be taught to avoid activities that may spread head lice.

Disease

Head lice are not known to transmit any disease and therefore are not considered a health hazard.

Head lice infestations can be asymptomatic, particularly with a first infestation or when an infestation is light. Itching ("pruritus") is the most common symptom of head lice infestation and is caused by an allergic reaction to louse bites. It may take 4–6 weeks for itching to appear the first time a person has head lice.

Other symptoms may include:

- a tickling feeling or a sensation of something moving in the hair;
- irritability and sleeplessness; and

- sores on the head caused by scratching. These sores caused by scratching can sometimes become infected with bacteria normally found on a person's skin.

Resources for Health Professionals

- Both over-the-counter and prescription medications are available for treatment of head lice infestations.
- Treatment for head lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those persons with evidence of an active infestation should be treated. Some experts believe prophylactic treatment is prudent for persons who share the same bed with actively-infested individuals. All infested persons (household members and close contacts) and their bedmates should be treated at the same time.
- Retreatment of head lice usually is recommended because no approved pediculicide is completely ovicidal. To be most effective, retreatment should occur after all eggs have hatched but before new eggs are produced. The retreatment schedule can vary depending on the pediculicide used.
- Removal of all nits after successful treatment with a pediculicide is not necessary to prevent further spread. Removal of nits after treatment with a pediculicide may be done for aesthetic reasons, or to reduce diagnostic confusion and the chance of unnecessary retreatment. Because pediculicides are not 100% ovicidal (i.e. do not kill all the egg stages), some experts recommend the manual removal of nits that are attached within ¼ inch of the base of the hair shaft.
- Treatments for head lice are generally safe and effective when used correctly. Some treatments may cause an itching or a mild burning sensation caused by inflammation of the skin on the scalp. Most products used to treat head lice are pesticides that can be absorbed through the skin. Therefore, all medicines used for the treatment of lice should be used with care and only as directed.
- When treating head lice, supplemental measures can be combined with recommended medicine (pharmacologic treatment); however, such additional (non-pharmacologic) measures generally are not required to eliminate a head lice infestation. For example, hats, scarves, pillow cases, bedding, clothing, and towels worn or used by the infested person in the 2-day period just before treatment is started can be machine washed and dried using the hot water and hot air cycles because lice and eggs are killed by exposure for 5 minutes to temperatures greater than 53.5°C (128.3°F). Items that cannot be laundered may be dry-cleaned or sealed in a plastic bag for two weeks. Items such as hats, grooming aids, and towels that come in contact with the hair of an infested person should not be shared. Vacuuming furniture and floors can remove an infested person's hairs that might have viable nits attached.
- Ivermectin has been used successfully to treat lice; however, ivermectin currently has not been approved by the U.S. Food and Drug Administration (FDA) for treatment of lice.