

Table 1. Lice 101: Everything You Really Didn't Want to Know About Lice!

Definitions	
Infestation = having an insect present, in this case, in your head	
Lice = more than one <i>louse</i>	
Louse = small insect that lives on the scalp	
Nits = eggs, dead or alive, of a louse	
Parasite = an organism that lives off another, in this case, lice surviving on the blood of humans	
Pediculosis = having an infestation of lice	
Myths	Truths
Lice are easy to get.	Lice are spread only by head-to-head contact. They are much harder to get than a cold, flu, ear infection, pink eye, strep throat, food poisoning, or impetigo.
You can get lice from your dog, guinea pig, or other animal.	Lice are species specific. You can get human lice only from another human. You cannot get another animal's lice.
Lice are often passed via hats and helmets.	Rare, but possible. Hairbrushes, pillows, and sheets are much more common modes of transmission.
School is a common place for lice transmission.	School is a VERY RARE source of transmission. Much more common are family members, overnight guests, and playmates who spent a large amount of time together.
Poor hygiene contributes to lice.	Hygiene makes absolutely no difference. Lice actually like clean hair more than dirty. You get lice by close personal contact with someone else who has lice, not by being dirty.
Lice can jump or fly from one person to another.	Lice can only crawl. They can neither fly nor jump. They must crawl from one person to another.
Any nits left in the hair can cause lice to come back.	Any nits farther away than one quarter inch to half an inch on the hair shaft are ALREADY HATCHED and pose no risk to others.
Eggs or nits can fall out of the hair, hatch, and cause lice in another person.	Nits are cemented to the hair and very hard to remove. They cannot fall off. Newly hatched larvae must find a head quickly or will die.
Lice can live a long time.	Lice live only 1 to 2 days off the head.
All members of a family should be treated if one person has lice.	Only the person with lice should be treated. Lice shampoos are INSECTICIDES and can be dangerous if used incorrectly or too frequently. Household members and close contacts should be checked, but only treat those who actually have lice. The house should NOT be sprayed with insecticide, nor should insecticide be used on clothing or other items.
Checking a classroom when one student has lice can prevent lice from spreading.	Classroom transmission is EXCEEDINGLY RARE and a waste of valuable teaching time. Checking family members and close playmates is much more appropriate.
Avoiding lice is important as they spread disease.	Lice do not spread any known disease. They are annoying and icky but cause no disease.

Source: Pershing County School District (http://www.pershing.k12.nv.us/Parents/health_issues/lice101.html)

What Does the Evidence Say?

The newly revised NASN (2011) position statement on pediculosis states,

It is the position of the National Association of School Nurses that the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice, and in-school transmission is considered to be rare.

Further, when transmission occurs, it is generally found among younger-age children with increased head-to-head contact (Frankowski & Bocchini, 2010). International head lice guidelines for effective control of head lice reinforced that “no-nit” school policies were unjust and should be discontinued as they were based on misinformation rather than objective science (Mumcuoglu et al., 2007). The Centers for Disease Control and Prevention (CDC; 2010) cites the following reasons to discontinue “no-nit” policies in school:

- Many nits are more than a quarter of an inch from the scalp. Such nits are usually not viable and 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 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.

Pollack, Kiszewski, and Spielman (2000) report that the misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel, and epidemiological evidence does not support immediate school exclusion for nits or even live lice. Additionally, classroomwide screening programs have had little effect on the incidence of head lice in schools and are not cost-effective (Frankowski & Bocchini, 2010).