

PREVALENCE AND RISK FACTORS OF PEDICULOSIS IN PRIMARY SCHOOL CHILDREN IN VICTORIA.

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Information on the prevalence of pediculosis in Victoria (population 4.7 million) is limited to a survey conducted in two Melbourne metropolitan primary schools in 1985. The proportion of children with pediculosis in these two Melbourne schools was 8.2% (19/232). We conducted a cross sectional study between May and October 2001 to determine the point prevalence of pediculosis in primary schools in Victoria. We randomly selected government schools across Victoria. Depending on the school size, either the whole school was selected or classes were randomly selected. Parents/guardians were asked for consent to examine their child's scalp and hair for head lice. Experienced nurses conducted the screening using the hair conditioner and combing method. Active infection was defined as the presence of lice or viable louse eggs. We recorded the gender, class level and hair length of each child assessed.

Seventeen government primary schools participated, eight in metropolitan Melbourne and nine in rural Victoria. Of the 3328 children invited to participate, 1838 were screened (55%). The response rate within each school ranged from 34 to 84%. There were 945 girls and 893 boys screened from 136 classes. The median number of participating children per class was 13 (range 1-24). The median number of children with an active infection per class was one (range 0-10). Most classes (59%) had either no children or one child with an active infection; 12% of classes had two children affected; and 28% had three or more children affected. Overall, the proportion of children with an active head lice infection was 13% (241/1838). Of children screened, a higher proportion of girls (18%; 166/945) had a head lice infection compared with boys (8%; 75/893). There was no difference in the proportion of children with an active infection based on hair length (short, medium or long). Based on our study, it appears that the prevalence of head lice in Victorian primary school children is low; in the schools we screened, few children per class actually had an active infection and the level of interclass transmission was low. It is important to continually monitor changes in head lice prevalence and also to provide information to the community about reliable detection and treatment strategies for the effective management of head lice.