

HEAD LICE - GOOD CLINICAL PRACTICE PROTOCOL for Primary Care Practitioners

Infection with head lice is common. They can be caught at any age but are most often seen on children between the ages of 5-13 years, the age when social skills are actively developing and the ages when most childhood infections occur.

The high cost of insecticidal lotions has resulted in more and more families turning to their Family Doctors for prescriptions. There is a constant need to avoid and monitor insecticide resistance. In order to avoid unnecessary treatment and make best use of surgery time, the following policy is recommended:

1. Time is set each day to see patients with head louse infections. A staff member with appropriate knowledge is assigned to deal with these patients. e.g. Practice Nurse.
2. Treatment will only be given after seeing the patient and only if they are found to have live lice on using a fine-toothed plastic detection comb. (The presence of nits (empty egg cases) or eggs is not evidence of a live infection).
3. A regime of treatment is required to ensure a cure, and should, where possible, be in line with local policy. Treatment to be prescribed for named individuals.

Any product may fail due to poor application, and most are not 100% ovicidal. The most effective regime is two applications 7 days apart. A minimum of 50ml lotion applied to the scalp is necessary for each treatment, and people with thick hair may require more than one bottle of lotion and up to three of creme rinse.

4. The most reliable formulations in UK are: Carylterm liquid, Carylterm lotion, both containing carbaryl but available only on prescription and Suleo-M lotion and Prioderm lotion, containing malathion. Other and less effective products must be avoided and generic prescribing is inappropriate.
5. Every patient should have a follow-up appointment with a member of the primary health care team in the week following the second application. If treatment appears to have failed the problem can be identified immediately and an alternative treatment prescribed.
6. Families should be encouraged to examine their hair routinely for head lice by using a plastic detection comb.
7. Resistance means that all development stages of the louse have a physiological tolerance of an insecticide. In a case of genuine resistance the population of lice will consist of all life cycles stages found together within 24 hours of treatment. Failure of a product to kill louse eggs does not mean that there is resistance. Equally a patient may be reinfected from others with whom they have contact, so if only baby lice (1st and 2nd instars) or only large lice (adults and 3rd instars nymphs) are found during the first 7 days after application of a product resistance may not have occurred. If resistance is suspected, i.e. lice at all stages of development are found after treatment with malathion and/or pyrethroids, use carbaryl based products.
8. All patients and their parents/guardians should be encouraged to engage in a contact tracing exercise. This should include all those people socially close enough to the family and with whom they could have had head to head contact. Wherever possible, this exercise should go back approximately one month.
9. Other products available on the market are: Lyclear Creme Rinse. Full Marks liquid, Full Marks lotion, Derbac-M liquid, Quellada-M liquid and Full Marks mousse, all obtainable "over the counter".

Revised January 1999 and incorporated into the PHMEG (Public Health Medicine Environmental Group) statement on head lice.