Addressing Questions About Head Lice Management in the Community

EDUCATIONAL OBJECTIVES

Upon completion of this program, participants should be better able to:

1. Identify myths and misunderstandings about head lice infestation and management present in the community;
2. Recognize differences among available approaches to head lice management including over the counter and prescription preparations;
3. Explain the dosage, administration and safety precautions of approved pediculicides;
4. Describe the issue of pediculicide resistance in the area and the role of pharmacists in keeping up-to-date with changing resistance patterns; and
5. Discuss counseling skills and tools that pharmacists may use with patients about head lice prevention, proliferation, and eradication.

Post-test/Rationale

1. A father comes to your pharmacy because he is concerned that a teammate on his daughter’s soccer team has head lice. He explains that his daughter was recently in the teammate’s home and he would like to know how head lice are spread from one child to another. Which of the following is the most common way a child can become infested with head lice from another child?

A. By head-to-head contact***
B. By sharing the infested child’s hat and coat
C. By sitting on the infested child’s sofa
D. By petting a dog belonging to the infested child

*Answer: A. Rationale: The most common way to spread head lice is by head-to-head contact. Sharing of personal belongings less commonly spreads lice and pets cannot spread head lice.

2. What is the maximum length of time a head louse can live away from the scalp of a person?

A. 7 days
B. 1 day***
C. 3 days
D. 5 days

*Answer: B. Rationale: Lice can live away from the scalp for less than 24 hours.

3. Which of the following treatment options is not a pesticide that causes neurotoxicity to the head louse?
A. Permethrin 1% cream rinse
B. Benzyl alcohol 5% lotion***
C. Malathion 0.5% lotion
D. Spinosad 0.9% suspension
Answer: B. Rationale: Benzyl alcohol is not a pesticide and it does not cause neurotoxicity. It causes lice death by asphyxiation.

4. Which treatment option for head lice requires application after the hair has been shampooed and dried only with a towel and the hair is still damp?

A. Benzyl alcohol 5% lotion
B. Ivermectin 0.5% lotion
C. Permethrin 1% cream rinse***
D. Pyrethrins 0.33% + piperonyl butoxide 4% shampoo

Answer: C. Rationale: Permethrin 1% must be applied to damp hair after being towel dried; the other 3 products must be applied to dry hair.

5. Which head lice treatment option has the longest application time of 8 to 12 hours?

A. Benzyl alcohol 5% lotion
B. Ivermectin 0.5% lotion
C. Malathion 0.5% lotion***
D. Spinosad 0.9% suspension

Answer: C. Rationale: All treatment options have an application time of 10 minutes, except malathion, which has an application time of 8 to 12 hours.

6. Which treatment option has documented widespread resistance in the United States?

A. Benzyl alcohol 5% lotion
B. Ivermectin 0.5% lotion
C. Permethrin 1% cream rinse***
D. Spinosad 0.9% suspension

Answer: C. Rationale: Resistance to the over-the-counter pyrethrins and permethrin has been widely documented by studies conducted by Yoon and Gellatly. However, these are still considered first-line options for treatment and are the only over-the-counter products available.

7. A mother was just notified by the school nurse that her son has head lice; she purchases permethrin 1% lotion. Which patient counseling points should the pharmacist discuss with the mother to decrease the possibility of reinfestation in the son?

A. Treat all members of the household
B. Apply petroleum jelly after the permethrin treatment
C. Repeat the treatment 7 to 10 days after the first application***
D. Keep the son home from school for at least 2 days after application

Answer: C. Rationale: Permethrin is not ovicidal and requires reapplication 7 to 10 days after the first treatment to kill any lice from eggs that hatched after the first application.

8. Which of the following statements accurately represents the updated 2015 recommendations of the American Academy of Pediatrics regarding children with head lice attending school?

A. Students with head lice and nits should remain home until treated properly
B. Students must be nit free before returning to school
C. Students should stay home for at least 2 days after treatment
D. Students should stay in school regardless of the presence of head lice or nits***

Answer: D. Rationale: In the 2015 update, the American Academy of Pediatrics strengthened its statement discouraging restrictions on students attending school because of head lice. The statement also addresses the violation of students’ civil liberties if schools force absenteeism. All students should stay in school regardless of the presence of head lice or nits.

9. Which of the following statements accurately represents the 2016 position of the National Association of School Nurses regarding students with head lice in school?

A. Students should continue the school day and all scheduled activities***
B. Parents should be notified immediately and students removed from the classroom
C. Students should be kept at home for at least 24 hours after treatment
D. All schools should enforce mass screening policies

Answer: A. Rationale: The 2016 position statement by the National Association of School Nurses encourages students to have no disruptions in their educations or activities due to head lice, and it advises notifying parents of the presence of head lice at the end of the day.

10. Which of the following is an accurate and reputable source that pharmacists can recommend for information regarding head lice?

A. Headlice.com
B. Google.com
C. CDC.gov***
D. No-lice.com

Answer C: Rationale: The website of the Centers for Disease Control and Prevention (www.CDC.gov) provides reliable health and safety information to parents and caregivers, as well as health care professionals.