

# Nitbusters fight lousy hair days

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**Head lice are on the rise - and there's a defiant strain of supernit on the loose. All of which adds up to more frustration, writes Elisabeth Tarica.**

WHEN the last of her three children started high school, Margaret Pledger silently rejoiced that her years of battling dreaded head lice were finally over.

Any mother of school-age children would understand her relief. Few issues arouse such a range of hard emotions — from despair and dread to anger and embarrassment — as the blood-sucking parasites that are as much a part of school life as grazed knees and soggy sandwiches.

Reports of the unending struggle against lice are a staple of school newsletters and school-gate conversation. Then there's the cost of treatment, the hours of fine-combing and washing, and the thought that not every family is taking this battle as seriously as it should.

But Ms Pledger's glee was premature. "My son in year 9 started the school holidays with nits," says the vice-president of Parents Victoria. "I was not happy about it."

She goes on to express the frustration felt by so many: "It's annoying if you've just got lice eradicated from your own family and your child goes back to school and catches it again. I don't think there is anything particularly unusual about my children and yet we've had it on and off for years."

Experts say head lice are most common among children aged five to 12 — probably because they put their heads together more often — but, as Ms Pledger's experience shows, no one is immune.

Primary schools, in particular, seem to be fighting a losing battle with the dreaded *Pediculus humanus*. Even teachers are getting them.

"It is a very serious issue if we are talking about the students attending full-time and optimum learning conditions as schools just don't have the resources to cope," says Gabrielle Leigh, president of the Victorian Principals Association.

"Parents are really frustrated because sometimes they just can't get rid of them as they are a very resilient strain. Some (parents) aren't taking any action, so some schools are getting to the stage where they have to treat the children — and that's not good all around."

It is estimated that two in five children will have head lice at any one time in a primary school. But it is impossible to gauge the extent of the problem because schools do not have to report head lice to the Education Department. Figures on how many school days are missed because of infestations are not available.

Ms Leigh says anecdotal evidence suggests infestations are increasing. She would like to see the return of the council-run mass screenings that were axed in the 1990s.

Such programs helped to contain outbreaks because medical officers from local councils would visit schools, check children for lice and treat them on the spot.

The burden now falls on schools, which have to spend time and energy informing parents of treatment protocols.

"Now there are teachers aides, principals and assistant principals who have been trained to find head lice and they are not experts," she says. "They are employed to help with the learning and teaching — and look what's happening."

The most a school can do is bring in trained professionals to check for lice, tell parents of an outbreak and hope they take action. Although the Education Department has guidelines on managing head lice, each school is expected to establish its own policy.

Some schools will send children with active lice home, but educators say there is no evidence to support this as being effective. By exclusion, the child is being penalised and others with

lice may not have been detected.

The other vexed issue is signed consent. If parents refuse to have their child checked, there is nothing a school can do.

"Some students have the infestation but there's no right to examine them," Ms Leigh says. "It is beyond us because it really must be hard for the child when they are infested, and it does affect learning and their social capacity tremendously."

Some schools, such as Fairfield Primary School, are tackling the problem by training parents as volunteer lice busters. A team of up to six parents have been trained to conduct head checks when outbreaks occur.

"It is an ideal arrangement and it certainly has helped with the problem," says principal Judy Walsh. "When we have these inspections, there does seem to be a marked reduction in cases."

"Part of it is community awareness and encouraging all families to take that responsibility to maintain those regular checks."

Of course, the price of being lice-free is eternal vigilance. Students can walk back into the classroom after being treated, only to pick up a fresh batch.

Ms Pledger knows that frustration. She says most parents take immediate action when they find head lice — spending hours combing, washing and cleaning — but some parents don't want to know about it.

Then there's the social stigma, the embarrassment. Many children see getting head lice as an unavoidable part school life. Yet their parents, perhaps scarred by kerosene treatments or No. 1 haircuts, can often feel shame.

One of Australia's leading head lice specialists, Professor Rick Speare, of the school of public health and tropical medicine at James Cook University, says managing parent hysteria is half the problem.

"Head lice are not highly significant from a disease point of view, and yet there is a really strong emotional reaction to them," he says.

"Perhaps the major impact of head lice in our society is on mental health by causing social anxiety to parents."

He says girls, for unknown reasons, are more attractive to head lice. "It's not because they have longer hair," he says.

"We haven't been able to work out why, it is not associated with hair type it's just some sense of attractiveness. We assume that it's because girls have their heads together for longer periods of time and when you compare the percentage of girls infested with the percentage of boys, it can be up to four times higher."

Professor Speare and his team found most of the transition happened in classrooms when children worked closely in groups.

In one study, they checked floor carpet in 118 primary school classrooms while the students were absent and later checked children's heads.

The results were surprising. They found the classroom carpets had no lice even though there were about 14,000 lice on the heads of almost 2000 children.

He says head lice rarely fall from the head because they require blood to survive, feeding up to four times a day.

They will crawl or swing on hair shafts from one head to another. Once they are off the head they die from dehydration.

For this reason, the risk of transmission by sharing hats, clips or hairbrushes with someone who's infested is low, so there's no need to launder the whole house. To be safe, only the pillowcase requires specific laundering. Heat kills lice and their eggs so he recommends washing in hot water or drying on the hot setting in the clothes dryer.

Where do the lice come from?

"To get head lice into a community you need to have someone who is carrying head lice in the hair," Professor Speare says. "Head lice have been associated with humans for thousands of years — the earliest record is from tombs in Egypt going back 9000 years, and the head lice from those look very much the same as the head lice today."

Research also shows head lice are becoming more resistant to conventional chemical treatment, creating a form of supernit.

"We are seeing an increasing resistance in our society because people use a lot of insecticidal treatments and that is becoming a real problem," he says.

There is no treatment on the market that kills all lice and their eggs and, according to *Choice* magazine, there are no products available that can prevent head lice.

Choice spokeswoman Elise Davidson says herbal treatments are increasingly popular but, unlike insecticidal products, most have not been clinically tested or independently assessed for effectiveness or safety.

So what treatments are effective?

Often it's a matter of trying products with different active ingredients. To succeed, children need to be subjected to two treatments, seven days apart. Professor Speare says using a comb and conditioner, although time-consuming, is the best way to detect them.

Head lice move quickly and are hard to find, but lathering the hair in cheap conditioner stuns them for about 20 minutes. Then lice and their eggs, which are usually close to the scalp, behind the ears and on the back of the neck, can be combed out with a fine-tooth comb.

He recommends using this method each week. If live lice are found it should be repeated for the next 10 days to remove all eggs.

"You can certainly say with confidence that it is the best way to diagnose head lice. They don't move and you can get them off with a nit comb very easily." The Department of Human Services also recommends this technique.

But all this fine-combing won't work unless the problem is tackled as a community issue.

"It's often a waste of time treating the individual child; you have to treat the social group that the child moves in," Professor Speare says.

"The parents have to work together — work out who the other friends are, ring the parents and say, 'My child has head lice, let's all treat our children together'. When the parents have the social skills to do that, it changes things overnight."

Parents such as Margaret Pledger couldn't agree more.

"I have to say that head lice, like childbirth, is one of the best-kept secrets," she says.

"I didn't even know anything about it prior to having children ... but it is a fact of life and you need to be responsible about it, because you are not helping anybody by pretending it doesn't happen."