

SKIN AND SOFT TISSUE INFECTIONS

Head lice

([CKS Head lice](#))

Head lice is a condition that should be treated over the counter and is on the NHSE [list](#) of conditions for which OTC items should NOT routinely be prescribed in primary care.

Head lice (*Pediculus humanus capitis*) are parasitic insects that infest the hairs of the human head and feed on blood from the scalp. Head lice infestation is known as pediculosis capitis.

Organisms

- *Pediculosis capitis* (head lice) is one of the commonest conditions in childhood. Check all household contacts but only treat if live lice found.

Treatment

There are 3 main treatment options: mechanical removal, physical insecticides, and traditional insecticides.

Mechanical removal:

- **Regular “wet combing”** (two times a week) with a metal fine toothed comb after using hair conditioner mechanically removes lice. Continue until no full-grown lice are seen for three consecutive sessions. This ‘bug-busting’ method has been advocated as an alternative to insecticides.

Physical insecticides:

- **Dimethicone 4% lotion** (Hedrin® lotion) is a physical insecticide. It is rubbed into dry hair and scalp and left for a minimum of 8 hours (or overnight) before shampooing. A repeat application is necessary after 7 days.
- **Isopropyl myristate and cyclomethicone** (Full Marks® Solution) is also a physical insecticide that is another recommended option. Apply to dry hair, leave for 10 minutes. Comb through hair with comb provided to remove the remains of lice and eggs. Repeat 7 days later.

Traditional Insecticides:

- Permethrin - available formulations and licensed applications of current products make them unsuitable for the treatment of headlice, therefore Malathion is the only traditional insecticide currently recommended.
- **Malathion 0.5% aqueous solutions** (Derbac-M®) – apply to the dry hair and scalp. Allow to dry naturally and wash out after 12 hours. Repeat 7 days later.
- In cases of unsuccessful treatment, check the following have been done:
 - correct application technique and time, sufficient volume of product, and two treatments 7 days apart.
- If a course of treatment has failed, a different agent should be used for the next course. Potential sources of reinfestation (household and close contacts) should be identified by detection combing and treating simultaneously if found to be affected.

In pregnancy and breastfeeding, wet combing may be preferred as there are no chemicals involved. Dimeticone 4% has a well-established safety profile and is licensed for use in pregnancy and breastfeeding. If a traditional insecticide is necessary, Malathion 0.5% is unlicensed but considered safe in pregnancy and breastfeeding.

Patient Information Leaflets

- [Head Lice \(British Association of Dermatologists\)](#)
- [Head Lice and Nits \(NHS\)](#)
- [APC Self-care leaflets](#)

Version Control- Head Lice			
Version	Author(s)	Date	Changes
V2.1	Nichola Butcher, MO and Interface Pharmacist	16/03/23	Transferred onto standard template format. Statement about not to be prescribed in primary care added. Patient information leaflets added.