

AIDS Precautionary Guidelines and Procedures for School Children

Pediculosis position statement submitted to the CDC – August 1985

1. Pediculus humanus capitis, the human head louse, has not been shown to be a natural vector of any blood borne disease, to the knowledge of our Scientific Advisory Board Members.

On the other hand, the body or clothing louse has been clearly linked to the transmission of epidemic typhus, trench fever, and relapsing fever.^{1,2}

2. Because of the historical importance of typhus, the body louse has been the focus of most of the research, while relatively little effort has been devoted to the subject of head lice as disease vectors.³

Therefore, while there is a theoretical possibility that head lice can transmit infectious agents present in the blood, the available evidence is that they do not.

3. We do know that head lice are human blood-obligate parasites, require blood meals several times per day and travel frequently from the head of one host to another. We also know that young children (ages 3-12) and their families are most vulnerable to head lice infestation.

We are also aware of new information to indicate that the traditional commercial lice remedies are less effective than the 100% lice and egg kill claimed by manufacturers, making control more complicated than many public health officials believe.⁴

4. IT WOULD THEREFORE BE PRUDENT (if only on the basis of our limited information), to include a reference to head lice in all AIDS Precautionary guidelines and procedures involving school children.

5. In light of the current belief of the CDC AIDS Activity Task Force that children diagnosed with AIDS or ARC should be permitted to remain in the public schools, we urge that the following be considered for inclusion in any forthcoming AIDS Precautionary Guidelines and Procedures for School Children:

Because head lice feed on human blood, and move freely from one person to another, it would be prudent to ensure that head lice are not present in a class or group attended by a child who has been identified as having AIDS, ARC, or who has a family member with AIDS.

In light of the widespread prevalence of head lice infestation among the nation's school children⁵, a careful examination to rule out the presence of head lice should be carried out for AIDS children, AIDS-risk children, their families, and their prospective classmates before such children enter the school setting.

REFERENCES

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3. Maunder, J.W.: The appreciation of lice, Proceedings of the Royal Institution of Great Britain. Volume 55, 1983, pages 21-24.
4. Meinking, T.L., Taplin, D., Kalter, D.C. et al: Comparative efficacy of treatments for pediculosis capitis infestations, (submitted for publication).
5. Data on file, National Pediculosis Association, 50 Kearney Road, Newton, MA 02161.