



DEPARTMENT OF DEFENSE
ARMED FORCES PEST MANAGEMENT BOARD
FOREST GLEN SECTION, WRAMC
WASHINGTON, D.C. 20307-5001

September 17, 1992

Ms. Deborah Altschuler, President
National Pediculosis Association
P.O. Box 149
Newton, MA 02161

Dear Ms. Altschuler:

The AFPMB has completed its review of the volume of reprints you provided for us on lice and disease. Thank you for putting the package together for us.

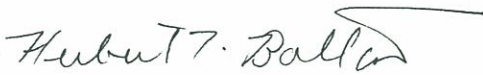
Three reviewers from our Medical Entomology Committee reviewed and independently submitted their analyses of the reprints. The results of the review were presented to the Medical Entomology Committee, and subsequently submitted to the AFPMB Council at our July meeting. The Medical Entomology Committee concluded that, based on the literature reviewed, the head louse can potentially serve as a secondary vector of normal louse-borne diseases, particularly epidemic typhus and louse-borne fever. However, the primary vector of both these diseases, based on epidemiological evidence, is the body louse.

Please note that neither of these diseases are considered to be of military operational importance. However, they are of interest in selected situations -- refugee situations, prisoner of war camps, and in developing countries. These conclusions only address vector-borne disease status, and not pediculosis in its own right. Pediculosis per se is not considered military significant because it does not have the potential to be a war-stopper.

The AFPMB made two recommendations. One was to send a summary of the reviews to our pest management professionals. A brief article was also written for our Technical Information Bulletin. I have attached a copy of that article. We also expect to send the summary to military training centers for possible use in classroom instruction for the medical specialities. The second major recommendation was to submit a copy of the volume of reprints you provided along with our review to the Armed Forces Pest Epidemiology Board (AFEB). We will ask that they do a similar review. I assume that you support this recommendation and do not mind sharing another copy of your literature volume with the AFEB.

We greatly appreciate you bringing this subject to our attention. Thank you again for the service you have provided to the medical entomology community.

Attachment


HERBERT T. BOLTON
CAPT, MSC, USN
Executive Director

REFERENCES

1. Sholdt, L.L., Holloway, M.L. and Fronk, W.D.: The epidemiology of human pediculosis in Ethiopia, Navy Disease Vector Ecology and Control Center, Jacksonville, Florida, June, 1979; page 2.
2. Ahmed, M.A.M., Wahab, S.M. Abdel, Malik, M.O. Abdel et al: Louse-borne relapsing fever in the Sudan, A historical review and a clinico-pathological study, Trop, Geogr. Med. June 1980; pages 106-111.
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, P.O. Box 149, Newton, MA 02161.

FILE

NPA

NATIONAL PEDICULOSIS ASSOCIATION
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November 20, 1992

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Dear John:

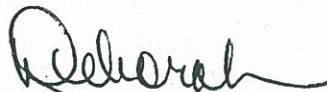
As you know, I have spent the last several years researching the medical literature regarding the incrimination of the head louse as a potential vector of louse-borne disease as it pertains to typhus. On December 2, 1991, the Armed Forces Pest Management Board requested an opportunity to review the volume of reprints I collected as part of this research project.

Enclosed you will find a copy of their review report in a letter dated September 17, 1992. The volume has since been presented to the AFEB for a similar analysis.

In 1985 the NPA submitted a position statement in regard to the AIDS Activity Task Force and guidelines and procedures for school children. You will note that the first statement and the one listed under point #5 are in contradiction with this more thorough evaluation.

If only for the record, I would appreciate it if you could amend the position statement (a copy enclosed) with this letter and the enclosed report from the AFEB. Should you also be interested in reviewing the tome of articles, I would be pleased to provide one to you.

Sincerely yours,


Deborah Z. Altschuler
President

DZA:lm
Enclosure



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HERBERT T. BOLTON
CAPT, MSC, USN
Executive Director

including Buxton, Gaon, Snyder, Nicolle, Nuttall, Murray and Torrey, and, of course, Zinsser.

While the body louse (*Pediculus humanus humanus*) has always been recognized as the primary vector of louse-borne diseases, particularly epidemic typhus, many of the great louse and typhus researchers indicated that the head louse (*Pediculus humanus capitis*) was a competent vector, even though it was considered only a secondary vector. Epidemiological evidence weighs heavily in favor of the body louse as the primary vector, since no typhus epidemic has been definitively established in its absence, although epidemics have occurred in the absence of the head louse. Interestingly enough, textbooks in recent decades have gradually relegated head lice to non-vector status with regard to louse-borne disease. After reviewing the literature, the Medical Entomology Subcommittee concluded that although the head louse was not a direct threat to U.S. military personnel, it is a potential secondary vector and could be important in conditions in which head lice predominate. Such conditions include refugee camps, prisoner of war detention centers, and war-torn nations. Accordingly, the Subcommittee recommended that infectious disease publications of the U.S. military pest management community, when appropriate, acknowledge the probable secondary vector role of the head louse in louse-borne diseases. Furthermore, The Armed Forces Epidemiology Board will be asked to review the conclusions of the Subcommittee, with a view to making sure that the medical training doctrine of the U.S. military is accurate and current. — DPMIAC, JUL 92.

Rats, Lice, and History Revisited - For the past several months, a Subcommittee of the AFPMB's Medical Entomology Committee has been reviewing a weighty collection of literature on lice and louse-borne diseases compiled by the National Pediculosis Association. The literature was a comprehensive collection that spanned all the great names in louse-borne disease research from 1990 to the present,

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NATIONAL PEDICULOSIS ASSOCIATION

Newton, MA 02161 (617) 449-NITS

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August 7, 1985

James W. Curran, M.D.
Centers for Infectious Disease
Building 6, Room 292
1600 Clifton Road
Atlanta, Georgia 30333

Dear Dr. Curran:

In regard to the AIDS Activity Task Force and its current effort on behalf of the development of guidelines and procedures for school children, the National Pediculosis Association would like to submit the enclosed position statement for your consideration.

Sincerely,



Deborah Z. Altschuler
Executive Director

DZA:eh
Enclosure

cc: Harold W. Jaffe, M.D.

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AIDS PRECAUTIONARY GUIDELINES AND PROCEDURES FOR
SCHOOL CHILDREN - PEDICULOSIS POSITION STATEMENT

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:

Head lice have not to date been implicated in the transmission of blood-borne diseases. Nevertheless 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 children, ⁵ 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.