
PEDICULOSIS PUBIS (PUBIC LICE)

DEFINITION

An ectoparasitic infestation in the genital area which causes itching, erythema, skin irritation and inflammation.

POTENTIAL CAUSES

- Phthirus Pubis (crab louse)

PREDISPOSING RISK FACTORS

Intimate sexual and non-sexual contact including sharing of personal articles (e.g., clothing, bedding) with an infected person.

TYPICAL FINDINGS

Sexual Health History

- May report itching, skin irritation and inflammation, usually in the pubic hair, but may also be noted in the chest, armpit, eyelashes or facial hair.
- Intimate or sexual contact or shared personal articles (bedding, clothing) with someone diagnosed with Pediculosis Pubis.

Physical Assessment

Note: Full STI screening is recommended for men and women when they are initially assessed for Pubic Lice.

Females and Males:

- Evidence of adult insects or eggs (nits) in the hair
- May appear as:
 - Nits are approximately 0.8 mm in length and 0.3 mm in width, oval in shape and opalescent in color.
 - Nits are cemented to the hair shaft (not loose, difficult to remove)
 - Adult lice are about 1 mm in length and are attached to the base of the hair and may appear as small brown/tan specks.
 - Small blue spots, where louse has bitten

Diagnostic Tests:

- Based on history and index of suspicion.
- Careful examination for adult lice and eggs (nits).
- If necessary, submit nits or scabs in a container for microscopic examination.

CLINICAL EVALUATION

On clinical findings of Pediculous Pubis,

- Offer treatment to client.
- Refer to physician for treatment, as needed.

MANAGEMENT AND INTERVENTIONS

Goals of Treatment:

- Reduce transmission.
- Prevent secondary bacterial skin infections.

Non-Pharmacologic Intervention:

- Clothes, bedding and fomites (e.g. mattresses, pillows, bedding) that may have been contaminated by the client within the past 2 days should be washed in hot water (50° C) or dry cleaned. Alternatively, place in plastic bags for 1 week.
- Vacuum mattresses.

TREATMENT OF CHOICE

First Choice:

Permethrin 1%(e.g. Nix Crème Rinse) 50 ml applied to infested and adjacent hairy areas and washed after 10 minutes.

Second Choice:

Pyrethrin-Piperonyl Butoxide .33% (e.g. R&C Shampoo/Conditioner)

Note 1: Advise clients to follow directions in package insert in whatever product they choose to use.

Note 2: Re-treatment is usually not required after the use of Nix since it binds to the hair and remains effective for several weeks.

Note 3: Pediculosis of the eyelashes should be treated by the application of occlusive ophthalmic ointment (Lacri-Lube or Duolube; no prescription required) to the eyelid margins bid for 10 days.

Note 4: Nits can be picked off with tweezers or a fine toothed comb dipped in vinegar.

ALTERNATE TREATMENT

Refer to a physician/NP

TREATMENT IN PREGNANCY AND OF NURSING MOTHERS

Refer to a physician/NP

PARTNER COUNSELLING AND REFERRAL

- Sexual partner(s) within the last month should be treated.
- Partner notification done by client (client/self referral).

POTENTIAL COMPLICATIONS

Scratching can lead to a secondary bacterial skin infection.

CLIENT EDUCATION /DISCHARGE INFORMATION

Counsel client:

- that pruritus may persist for several days or weeks after treatment.
- that humans are the only hosts for pubic lice.
- that pubic lice cannot live off of their host for long periods (24 hours).
- that pubic lice can be transmitted by close contact including sexual.
- that clothes, bedding and fomites that may have been contaminated by the client within the past 2 days should be washed and hot water (50° C) or dry cleaned. Alternatively, place in plastic bags for 1 week. Vacuum mattresses.
- that attention must be paid to the instructions of the treatment preparation being used. Overuse of these preparations will result in itchy skin. Many of these preparations are absorbed through the skin and can be toxic.

CONSULTATION AND/OR REFERRAL

Pregnancy and Nursing Mothers

DOCUMENTATION

- Pediculosis pubis is not reportable.
- Documentation as per agency guidelines.

REFERENCES

- BC Centre of Disease Control (February 2007), *Provincial Health Nurses Pre-Determined STI Treatment Schedule*. Retrieved May 19, 2009 from <http://www.bccdc.org/downloads/pdf/epid/reports/PHN%20STI%20Standing%20Orders%20Review%20Feb%2007.pdf?PHPSESSID=164b757fb36bbfb555dbca535756c667>
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- Aoki, F. Y., Chernesky, M., Coultee, F., Delorme, L., Diaz-Mitoma, F., Ferenczy, A. et al. (2006). *Canadian Guidelines on Sexually Transmitted Infections*. (2006 ed.) Ottawa, ON: Public Health Agency of Canada.
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