BCCDC Non-certified Practice Decision Support Tool: Pediculosis Pubis (Public Lice)

Scope
RNs may diagnose and recommend over-the-counter (OTC) treatment for pediculosis pubis (pubic lice).

Etiology
An ectoparasitic infestation caused by *Phthitus pubis* affecting the genital area or areas with coarse hair.

Epidemiology
Epidemiological data for pediculosis pubis is limited in British Columbia. Co-infection with another STI can be common.

Risk Factors
- intimate or sexual contact
- non-sexual contact, including the sharing of personal articles (e.g., clothing, bedding) with a person who has pubic lice

Clinical Presentation
- itching, skin irritation and inflammation to pubic and perianal hair
- can occur in other areas with coarse hair (e.g., chest, armpit, eyelashes or facial hair)
- if infestation is extensive, mild fever and/or malaise

Physical Assessment
Assess for evidence of:
- adult lice or eggs (nits) in coarse hair areas; although may be difficult to identify unless they are filled with blood
  - nits: about 0.8 mm x 0.3 mm, oval in shape, opalescent in colour, and are cemented to the base of hair shafts (difficult to remove)
  - adult lice: about 1 mm in length, attached to base of hair, and appear as small brown/tan specks
• small blue spots less than 1.0 cm where lice have bitten
• crusts or rust-coloured flecks
• blood stains on underwear
• erythema and irritation if scratching
• inguinal lymphadenopathy

**Diagnostic and Screening Tests**

Diagnosis is usually clinical, based on history, and identification of adult lice and nits on physical exam. If unclear, visualize with a dermatoscope.

**Management**

**Diagnosis and Clinical Evaluation**

On clinical findings of pubic lice, offer treatment.

**Consultation and Referral**

Consult with or refer to a physician (MD) or nurse practitioner (NP) all individuals who:

• are pregnant or breast-/chest-feeding
• require an alternate treatment
• develop a secondary infection potentially requiring antibiotics
• have significant pruritus that cannot be managed by OTC treatments
• have symptoms that persist despite recommended follow-up and proper use of treatment
• have significant excoriation of skin
Treatment

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>First Choice</strong></td>
<td>• pay careful attention to treatment instructions. Many treatments are absorbed through the skin and can be toxic. Overuse can result in itchy skin.</td>
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<tr>
<td>permethrin 1% cream (e.g., Nix Creme Rinse)</td>
<td>• individual may choose to trim hair prior to treatment</td>
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<tr>
<td><strong>Second Choice</strong></td>
<td>• apply to all areas of suspected infestation, and other areas with thick body hair including the chest, buttocks, axillae, moustache and beard areas</td>
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<tr>
<td>pyrethrins 0.33% with piperonyl butoxide 3% (e.g., R&amp;C Shampoo/Conditioner)</td>
<td>• apply to cool, dry skin, and wash off after 10 minutes</td>
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<tr>
<td></td>
<td>• nits will still be attached to hair shafts after treatment. Use fingernails, fine-tooth comb or tweezers to remove nits and any remaining lice</td>
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<tr>
<td><strong>Alternate Treatment</strong></td>
<td>• consult with or refer to MD or NP if unable to take recommended treatments</td>
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Eyebrows/Eyelashes:

- if there are only a few nits and lice, remove with fingernails, tweezers or nit comb
- if there are many nits and lice, apply ophthalmic-grade petrolatum ointment (e.g., OTC Lacri-lube® or Duolube®) for 10 days or as per package insert
- use of regular petrolatum (e.g., Vaseline) is not recommended, as it can cause irritation

Monitoring and Follow-up

- **Repeat testing**: No
- **Test-of-cure (TOC)**: No
- **Follow-up**: offer follow-up assessment 9 to 10 days after treatment, as nits can hatch after 6 to 8 days. If the person is unable/unlikely to follow-up after 9 to 10 days, consider recommending re-treatment at initial visit

Partner Notification

Though not a reportable infection, pubic lice is highly contagious. To help prevent its spread and possible reinfection, notification of all household, sexual and other close contacts is highly recommended.
• Reportable: No
• Trace-back period: 1 month
• Recommended partner follow-up: simultaneous treatment for all sexual partners; non-sexual contacts only require follow-up if there are signs of infestation

Potential Complications
• secondary bacterial infection

Additional Education
• perform daily checks to physically remove any remaining nits and lice
• pruritus may persist for several days or weeks after treatment
• itching can be controlled by antihistamines, local anesthetic creams and topical steroid creams which can be purchased OTC
• to avoid re-infection:
  o refrain from sexual contact for at least 10 days until persistent infestation has been ruled-out
  o wash materials (e.g., clothes, bedding) used over the past 2 to 3 days in hot water (50° Celsius), placing in a hot dryer for 30 minutes or dry-cleaning them
    ▪ alternatively, place in a plastic bags for 2 weeks; mattresses and carpets can be vacuumed
  o fumigant sprays are not needed
• public lice cannot live off of their host for more than 1 to 2 days
• Standard Education for Sexually Transmitted & Blood-Borne Infection (STBBI)
References


