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

PEDICULOSIS PUBIS (PUBIC LICE)

SCOPE

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

ETIOLOGY

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

EPIDEMIOLOGY

Risk Factors

- intimate or sexual contact most common
- non-sexual contact, including 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 (not loose, difficult to remove)
 - adult lice: about 1 mm in length, attached to base of hair, and may 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 clients who:

- are pregnant or breast-/chest-feeding
- require an alternate treatment
- have 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

Treatment	Notes
First Choice	<ul style="list-style-type: none"> • Pay careful attention to treatment instructions. Many are absorbed through the skin and can be toxic. Overuse can result in itchy skin. • Client may choose to trim hair prior to treatment.
permethrin 1% Cream (e.g., Nix Creme Rinse)	
Second Choice	<ul style="list-style-type: none"> • Apply to all areas of suspected infestation. • Apply to cool, dry skin, and wash off after 10 minutes. • Nits will still be attached to hair shafts after treatment. Use fingernails, fine-toothed comb or tweezers to remove nits and any remaining lice.
pyrethrin-Piperonyl Butoxide 0.33% (e.g., R&C Shampoo/Conditioner)	
Alternate Treatment	<ul style="list-style-type: none"> • Consult with or refer to MD or NP if client is unable to take recommended treatments.

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 Counselling and Referral

- **Reportable:** No
Partner notification is completed by client, providing assistance where needed. Reinforce the importance of partner follow-up, as re-infection can occur if all contacts are not assessed and treated where appropriate.
- **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 Client Education

Counsel client:

- to perform daily checks to physically remove any remaining nits and lice.
- that pruritus may persist for several days or weeks after treatment.
- that itching can be controlled by antihistamines, local anesthetic creams and topical steroid creams which can be purchased OTC.
- to avoid re-infection:
 - refrain from sexual contact for at least 10 days until persistent infestation has been ruled-out.
 - 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 plastic bags for 2 weeks. Mattresses and carpets can be vacuumed.

- fumigant sprays are not needed.
- that pubic lice cannot live off of their host for more than 1 to 2 days.
- [Standard Client Education for Sexually Transmitted Infections and Blood-Borne Infections \(STBBI\)](#)

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