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 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
o blood stains on underwear
o erythema and irritation if scratching
o 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

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<tr>
<th>Treatment</th>
<th>Notes</th>
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<td><strong>First Choice</strong></td>
<td>• Pay careful attention to treatment instructions. Many are absorbed through the skin and can be toxic. Overuse can result in itchy skin.</td>
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<td>permethrin 1% Cream (e.g., Nix Creme Rinse)</td>
<td>• Client may choose to trim hair prior to treatment.</td>
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<td><strong>Second Choice</strong></td>
<td>• Apply to all areas of suspected infestation.</td>
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<td>pyrethrin-Piperonyl Butoxide 0.33% (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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<td>• Nits will still be attached to hair shafts after treatment. Use fingernails, fine-toothed comb or tweezers to remove nits and any remaining lice.</td>
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<td><strong>Alternate Treatment</strong></td>
<td>• Consult with or refer to MD or NP if client is 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 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.
o 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)
REFERENCES


