

BCCDC Non-certified Practice Decision Support Tool:

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

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

Treatment	Notes
First Choice permethrin 1% cream (e.g., Nix Creme Rinse)	<ul style="list-style-type: none"> pay careful attention to treatment instructions. Many treatments are absorbed through the skin and can be toxic. Overuse can result in itchy skin.
Second Choice pyrethrins 0.33% with piperonyl butoxide 3% (e.g., R&C Shampoo/Conditioner)	<ul style="list-style-type: none"> individual may choose to trim hair prior to treatment apply to all areas of suspected infestation, and other areas with thick body hair including the chest, buttocks, axillae, moustache and beard areas apply to cool, dry skin, and wash off after 10 minutes nits will still be attached to hair shafts after treatment. Use fingernails, fine-tooth comb or tweezers to remove nits and any remaining lice
Alternate Treatment	<ul style="list-style-type: none"> consult with or refer to MD or NP if 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 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:
 - 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 a plastic bags for 2 weeks; mattresses and carpets can be vacuumed
 - 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

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