United Kingdom National Guideline on the Management of *Phthirus pubis* infestation (2007)

Clinical Effectiveness Group (British Association of Sexual Health and HIV)

Introduction and methodology

Scope and purpose

Phthirus pubis infestation is an uncomfortable condition that may indicate the presence of other sexually transmitted infections. This guideline reviews treatment options for *P. pubis*

It is aimed primarily at people aged 16 or older presenting to health care professionals working in departments offering level 3 care in STI management in England and Wales, tier 5 in Scotland (1,2). However the recommendations are appropriate in all health care settings.

Stakeholder involvement

This guideline has been produced by medical specialists from relevant disciplines. Successive drafts have been reviewed by the clinical effectiveness group of BASHH. It was posted for comment for 3 months on the BASHH website.

Rigour of development

A Medline search was undertaken using search terms pediculosis pubis and randomised controlled trial (RCT). The Cochrane database was also searched under pediculosis pubis. One evidence-based review has been published since the previous guideline was written (3). Only one RCT since 1980 was identified (4), comparing permethrin with lindane (which is no longer available in the UK).

What is new in the guideline

- No new evidence
- Change in treatment of infestation of the eyelashes to conform with other guidelines
- Audit standards added

Aetiology

- The crab louse *Phthirus pubis* is transmitted by close body contact
- The incubation period is usually between 5 days and several weeks, although occasional individuals appear to have more prolonged, asymptomatic infestation

Clinical features

Symptoms and signs

- Adult lice infest coarse hairs of the pubic area, body hair and, rarely, eyebrows and eyelashes
- Eggs (nits) are laid which adhere to the hairs
- There may be either no symptoms or there may be itch due to hypersensitivity to feeding lice
- Blue macules (*maculae caeruleae*) may be visible at feeding sites

Diagnosis

- This is based on finding adult lice and/or eggs
- Examination under light microscopy can confirm the morphology if necessary

Management

General advice

- Patients should be advised to avoid close body contact until they and their partner(s) have completed treatment and follow-up
- Patients should be given a detailed explanation of their condition, and clear and accurate written information on applying the treatment

Further investigation

- A full screen for other STIs should be undertaken, although few data are available to determine the likelihood of additional diagnoses in a UK population (5,6)

Treatment

A number of treatments are available (1). The recommendation of some agents is based on successful results when treating head lice; there is no evidence to give an efficacy rate for public lice.

Head lice develop resistance to pediculicides, and local rotation of treatments to combat this may restrict availability of treatments for pubic lice. However, since 1996, there have not been any studies in the English language that have documented significant treatment failure in the management of pubic lice.

Lotions are likely to be more effective than shampoos, and should be applied to all body hair including the beard and moustache if necessary

A second application after 3-7 days is advised

Recommended regimens

- Malathion 0.5%. Apply to dry hair and wash out after at least 2, and preferably, 12 hours ie overnight (level of evidence 4, grade of recommendation C)

- Permethrin 1% cream rinse. Apply to damp hair and wash out after 10 minutes (level of evidence 2, grade of recommendation B)

- Phenothrin 0.2%. Apply to dry hair and wash out after 2 hours (level of evidence 4, grade of recommendation C)

- Carbaryl 0.5 and 1% (unlicensed indication). Apply to dry hair and wash out 12 hours later (level of evidence 4, grade of recommendation C)

Infestation of eyelashes can be treated with permethrin 1% lotion, keeping the eyes closed during the 10 minute application (level of evidence 4, grade of recommendation C).

Alternatively, an inert ophthalmic ointment with a white or yellow paraffin base such as simple eye ointment BP may be applied to the eyelashes twice daily for 8-10 days (level of evidence 4, grade of recommendation C). This works by suffocating lice and avoids any risk of eye irritation by topical insecticide.

Allergy

- Treatments to which there is known hypersensitivity should be avoided

Pregnancy and breastfeeding

- Permethrin is safe during pregnancy and breastfeeding

Sexual partners

- Current sexual partners should be examined and treated
- Contact tracing of partners from the previous 3 months should be undertaken

Follow-up

- Patients should be re-examined for absence of lice after 1 week
- Treatment failures should be given an alternative from the above list
- It should be explained to patients that dead nits may remain adherent to hairs. This does not imply treatment failure and the nits can be removed with a comb designed specifically for that purpose.

Auditable outcomes

Percentage of patients with pubic lice offered STI screen	:	Target 100%
Percentage of patients offered written information	:	Target 100%

Conflict of interest

None

The recommendations in this guideline may not be appropriate for use in all clinical situations. Decisions to follow these recommendations must be based on the professional judgement of the clinician and consideration of individual patient circumstances.

All possible care has been undertaken to ensure the publication of the correct dosage of medication and route of administration. However, it remains the responsibility of the prescribing physician to ensure the accuracy and appropriateness of the medication they prescribe.

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