



CLINICAL GUIDELINE

Phthirus pubis – pubic lice

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	4
Does this version include changes to clinical advice:	No
Date Approved:	27 th March 2026
Date of Next Review:	31 st March 2028
Lead Author:	Kay McAllister
Approval Group:	Sandyford Governance Group
Guideline ID number:	960

Important Note:

The online version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Phthirus pubis – pubic lice

What's New?

Supply issues of malathion and permethrin have resolved as of 2025

The crab louse (phthirus pubis) is transmitted by close body contact. Affects coarse hair of the pubic area, body and rarely the eyebrows and eyelashes. Incubation period is usually between 5 days and several weeks.

Signs and Symptoms

- Itch (worse at night)
- Red Papules
- Visible eggs or crab louse (tan/grey in colour) or faecal specks (black)
- Occasionally some individuals can have prolonged, asymptomatic infestation

Diagnosis

- Finding the adult lice and/or eggs seen in affected areas - a magnifying glass may help. Eggs adhere to the hair
- Blue macules (maculae caeruleae) may be visible at feeding sites
- Examination under light microscopy can confirm the exact morphology
- NB: May also affect eyelashes and eyebrows

Management

General Advice:

- Avoid close body contact until they and their partner(s) have completed treatment
- Give detailed explanation of the condition, and clear and accurate written information on applying the treatment. All surfaces of the body should be treated, including the scalp, neck, and face (paying particular attention to the eyebrows and other facial hair)
- Offer STI testing

First Line Treatment

As below:

- **Malathion 0.5% Aqueous Lotion** - apply over whole body allow to dry naturally and wash off 12 hours later. Give 100mL. Repeat after 7 days
- or **Permethrin 5% cream** Apply over whole body and wash off after at least 12 hours. Repeat at 7 days. Permethrin is not licensed for those under 18 years of age. Give 30g-60g.
- **Eyelashes:** Simple eye ointment BP or paraffin eye ointment can be applied to eyelash and eyelash root twice daily for 8-10 days, **this avoids any eye irritation that may occur if using an insecticide (not Vaseline as this can irritate the eyes).**
 - Alternatively for eyelashes permethrin 1% lotion applied to eyelashes with eyes closed during application, washed off after 10 minutes. **Not suitable for <18 or pregnancy/breastfeeding.**

- Consider advising shaving particularly hairy areas prior to treatment
- Lotions should be applied to all body hair, including the beard, moustache and axilla but excluding scalp (pubic lice do not attach to soft head hair)
- Following treatment if nits are still attached to the hair shaft then these can be removed by a fingernail or a fine tooth comb
- To kill any lice or nits remaining on clothing, towels, or bedding, machine-wash and machine-dry those items that the infested person used during the 2-3 days before treatment. Use hot water (at least 50°C) and the hot dryer cycle.
- Items that cannot be laundered can be dry-cleaned or stored in a sealed plastic bag for 2 weeks to kill the lice.
- Mattresses should be vacuumed.
- Avoid close body contact, sexual contact and sharing of clothes, bedding and personal hygiene products until they (and their partner[s]) have successfully completed treatment
- Consider the possibility of sexual abuse in children with pubic lice

Partner Notification

- Advise treatment of current sexual partners
- Partner notification of partners from the previous 3 months
- Screen for other STIs such as chlamydia, gonorrhoea, HIV and syphilis

Potential Adverse Effects of Topical Insecticides

- Skin irritation
- Discolouration of dyed or permed hair with some topical agents

Pregnancy

- Malathion is preferred but both agents are thought to be safe

Follow up

- Advise client to re-examine 1 week after final treatment
- Advise client that dead nits may remain adherent to hairs and can be removed with a special comb
- Treatment failures should be given the alternative from the above list, also ensure that application has been correct. Phenothrin is an alternative but the alcohol base may be irritant to the genital area

References

BASHH (2007) United Kingdom Natural Guideline on the management of Phthirus Pubis infestation.

BNF online [Accessed Dec 2025]

NICE CKS Public Lice <https://cks.nice.org.uk/topics/pubic-lice/> [Accessed December 2025]