

October 3, 2017

Head Lice Information

Dear Parent,

Welcome back to the 2017-2018 School year. We are off to a great start and looking forward to an exciting year of learning for our students.

As you may be aware head lice infestations occur occasionally in children. We have previously had episodes of unwarranted hysteria over cases of head lice. Head lice do not carry any disease and are more of a nuisance. It would be far worse (and concerning) to find a tic on your child than head lice. So last year by educating parents (via letter/eblast/packets) about the most accurate and scientific information we were able to avoid much of the angst from past related to head lice. **As well as protect the confidential health information of our affected students.**

Reports of head lice found early in the school year means that the student had probably contracted head lice in the summer as only the most advanced cases can easily be identified. Once found the student has probably had lice for approximately 2-4 weeks. We began school on September 6th so we are exactly 4 weeks into the new year. **I am asking that all parents please check the head of your students tonight.** Summer camps, sleep overs and any activities that can result in head to head contact is a potential for head lice transmission. This information is supported in the following information from the scientific/medical community. I have a list of resources on the school nurse page to help with identification and treatment.

I have put together information for parents to assist in managing head lice. As you know head lice is a **year round** issue. Checking at school is not recommended as it represents many hours of missed instructional time, if you have checked for head lice at home you know this is not a quick process. Confidentiality is difficult to maintain when mass screenings are done. If you read the following information you will see the best and most effective ways to check for head lice.

In addition, PLEASE REFER TO WHAT TO DO IF YOUR CHILD HAS HEAD LICE dated October 11th, 2016 ON THE SCHOOL NURSE PAGE (LEFT SIDE). This was strictly followed last year with great success.

Many school nurses, myself included have researched the most up-to-date, **evidence based and scientific** information related to head lice. I would like to share this important information from the **American Academy of Pediatrics**. The full article (which can be found on my website) is loaded with excellent, accurate information related to the topic of head lice so that you can accurately identify, treat and take steps to prevent transmission (as much as possible) of head lice in your students.

Parents are responsible for checking their students heads regularly. Just as with any condition that your child may encounter the identification and treatment is your responsibility. Lice are difficult to detect at school. Only the most advanced cases can be identified. When found at school the student has usually had the infestation for 3-4 weeks. Students with braids or hair that is tangled make difficult to do a thorough check. **Students are missing important instruction and academics may be adversely affected. Please refer to information below from the American Academy of Pediatrics about “Diagnosis” of head lice.**

Outside activities are the more likely source of head lice transmission. For example, if your child participates in theatre, sports, gymnastics or other group activities they should be checked once they get home. Summer camps are also a prime place where kids might get head lice. Any place where students might be sharing costumes, wigs, hats, helmets, pillows, blankets or various other items used by numerous people. Many studies have shown that school is not a high risk area for getting head lice. **Please refer to information below from the American Academy of Pediatrics about “Transmission” of head lice.**

Some other activities that put students at high risk for acquiring head lice are taking “selfies” and hugging each other during the day. Students should be taught to avoid any activities that result in head to head contact which could lead to transmission of head lice. **Please refer to the information below from the American Academy of Pediatrics about “Prevention” of head lice.**

You can check with your pediatrician about treatment options but generally a 20.00 kit and combing (with a “Nit Comb”) can rid your student of head lice. There are no studies that show natural options such as olive oil or mayonnaise to be effective. Any nits that are not removed after these treatments can hatch and the infestation will start over again. **Cetaphil (face wash) Treatment is one treatment that has been documented to be effective and has been recommended by some pediatricians.** The directions for this treatment can be found on the internet. Other recommendation such as washing bedding, vacuuming and bagging stuffed animals for a short period of time are also helpful.

I send letters and notifications pertaining to head lice to individual classes andor the entire school as outlined on my website. It is your responsibility to be sure that the school has an accurate email so that you receive notices. If you have trouble please contact Chris Soto for assistance.

Please read the following information from the scientific community (American Academy of Pediatrics) about head lice. For the full article copy and paste this link into your browser.

<http://pediatrics.aappublications.org/content/pediatrics/early/2015/04/21/peds.2015-0746.full.pdf>

TRANSMISSION Lice do not hop or jump; they can only crawl, and pets do not play a role in the transmission of human lice. However, there are reports that combing dry hair can build up enough static electricity to physically eject an adult louse from an infested scalp for a distance of 1 m.¹⁰ In most cases, transmission occurs by direct contact. Indirect spread through contact with personal belongings of an

infested individual (combs, brushes, hats) is much less likely to occur. Lice found on combs are likely to be injured or dead, and a louse is not likely to leave a healthy head unless there is a heavy infestation. In 1 study, live lice were found on only 4% of pillowcases used by infested volunteers. Thus, the major focus of control activities should be to reduce the number of lice on the head and to lessen the risks of head-to-head contact.

DIAGNOSIS Identification of eggs (nits), nymphs, or adult lice with the naked eye establishes the diagnosis. This can be difficult sometimes because lice avoid light and can crawl quickly. **Studies have revealed that diagnosis of infestation by using a louse comb is quicker and more efficient.** Some experts have suggested using a lubricant (water, oil, or conditioner) to “slow down” the movement of lice and eliminate the possibility of static electricity. Tiny eggs may be easier to spot at the nape of the neck or behind the ears, within 1 cm of the scalp. It is important not to confuse eggs or nits, which are firmly affixed to the hair shaft, with dandruff, hair casts, or other hair debris, which are not. It is also important not to confuse live eggs with dead or empty egg cases (nits). Many presumed “lice” and “nits” submitted by physicians, nurses, teachers, and parents to a laboratory for identification were found to be artifacts, such as dandruff, hair spray droplets, scabs, dirt, or other insects (eg, aphids blown by the wind and caught in the hair). In general, eggs found more than 1 cm from the scalp are unlikely to be viable, although some researchers in warmer climates have found viable eggs farther from the scalp.

PREVENTION It is unlikely that all head lice infestations can be prevented, because young children come into head-to-head contact with each other frequently. It is prudent for children to be taught not to share personal items, such as combs, brushes, and hats, but one should not refuse to wear protective headgear because of fear of head lice. In environments where children are together, infested children should be treated promptly to minimize spread to others. **Regular surveillance by parents is one way to detect and treat early infestations, thereby preventing the spread to others.**

I feel that education of parents, staff and students is an important piece of managing head lice. Through education we can avoid needless anxiety of all individuals affected. Please refer to my website for accurate scientific information and notices.

I appreciate your assistance in this matter. Please frequently check the School Nurse website where I will be adding more information pertaining to this topic.

Sincerely,

Mrs. Hanlon