

Health Services

Re: Head Lice Education

Dear Parent or Guardian:

Welcome back from vacation!

As you may know, head lice cases most commonly occur among children ages 3 to 11 when they have close contact with others. Some examples are: sleepovers, summer camp and other activities where children have close head to head contact. Many cases are noticed a week to three weeks after contact (this is the time frame for eggs to hatch). We are writing to you to help you learn how to identify lice and provide information on what you can do if you or your health care provider discover head lice on your child. Checking your child weekly for nits or live lice is the best way to contain this pest.

If your child is diagnosed with lice, please contact the school nurse so we can monitor the prevalence of cases; we will keep this information confidential. Prior to returning to class, have your child report to the school nurse so we can assess for the absence of live lice. If only nits are found, your child may remain in school.

How to check your child:

The most common areas to find eggs (nits) are at the crown of the head, behind the ears, and the nape of the neck. Live lice move quickly and do not like light. They are about the size of a sesame seed. Beginning at the crown of the head, and using a Q-Tip with the end cut off, separate the hair into segments. Pull the hair firmly so you can see the ends of the shaft next to the scalp; this also frequently traps live lice. You are looking for tiny eggs attached at the base of the shaft. (If you flick at an area and it falls off the shaft, it is not a nit. However, if it remains firmly attached and you need to pull it off, you should be suspicious). Continue to separate the hair into sections until you reach behind the ear. Repeat this procedure from the crown of the head to the other ear and from the crown to the nape of the neck.

What are head lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on blood. The eggs, also called nits, are tiny, tear-drop shaped eggs that attach to the hair shaft. Nits often appear yellowish or white and can look like dandruff but cannot be removed or brushed off. The nymph, or baby louse, is smaller and grows to adult size in one to two weeks. The adult louse is the size of a sesame seed and appears tan to grayish-white. An itchy and inflamed scalp is a common symptom of lice. Although not common, persistent scratching may lead to skin irritation and even infection.¹

Who is affected by head lice?

Head lice are not related to cleanliness.^{2,3} In fact, head lice often infest people with good hygiene and grooming habits.³ Cases can occur at home, school or in the community. Head lice are mostly spread by direct head-to-head contact—for example, during play at home or school, slumber parties, sports activities or camp. Less often, lice are spread via objects that have been in recent contact with a person with head lice, such as hats, scarves, hair ribbons, combs, brushes, stuffed animals or bedding.^{1,2}

What to do if you find nits or live lice?

If you think your child has head lice, it's important to talk to a healthcare provider to discuss the best treatment approach for your family. Resistance to some over-the-counter head lice treatments has been reported, but the prevalence of resistance is not known.^{4,5}

We want to provide you with the information you need to safeguard your children's health and pave the way for a healthy school year. Please contact your school nurse with any questions or concerns you might have.

Sincerely,

Your Nurses
Weston Public Schools Health Services

References

1. Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Frequently Asked Questions. http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. Accessed April 15, 2015.
2. Centers for Disease Control and Prevention (CDC). Head lice: epidemiology and risk factors. <http://www.cdc.gov/parasites/lice/head/epi.html>. Accessed April 15, 2015.
3. Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. *Pediatric Dermatology*, 4th ed. Mosby Elsevier; 2011:1525-1583.
4. Frankowski, B., & Bocchini, J. (2010). Clinical report – Head lice. *Pediatrics*, 126(2), 392-403.
5. Pontius, D. J. (2014). Demystifying pediculosis: School nurses taking the lead. *Pediatric Nursing*, 40(5), 226-235.