

Dear Parent or Guardian:

As your child's school nurse, I want to make you aware of a "pesky" situation that impacts schools around the country, often as the school year begins. Pediculosis, or head lice, is a condition that each year affects approximately 6 to 12 million children between the ages of 3 and 12 years of age, and about 1 in every 100 elementary school children. Head lice are parasites that are generally found on the scalp, around the ears, and at the back of the neck. The adult louse is about the size of a sesame seed, and can be the color of your child's hair. Eggs, or nits, are smaller and silver in color. They are oval in shape and cannot be easily removed from hair shaft.

Head lice are not a sign of poor hygiene and they do not transmit disease. Spread from one child to another can occur during direct head to head contact or by sharing of personal items such as combs, brushes, caps or helmets. Please tell your child not to share any of these items at school. Many teachers tell the students to put their hats and gloves in the sleeves of their coats for safe keeping.

The most common symptom of head lice is itching and head scratching, particularly at night. Red bite marks or sores may also be noticed on the scalp. If you suspect that your child has head lice and you cannot determine if it is head lice, contact your healthcare provider for further instructions. Safe and effective products to treat head lice are available over the counter. In certain circumstances a prescription medication may be indicated, but this can only be determined by your doctor. It is important to follow the directions carefully. In addition, use a fine-tooth comb or special nit comb to help remove the eggs (nits) from the hair. You can also check your child's scalp weekly to see if there are any new head lice. Parents should also wash in hot water or dry-clean all recently worn clothing, hats, used bedding, and towels. Personal care items such as combs, brushes and hair clips should also be washed in hot water. Toys, such as stuffed animals, can be put into a tightly closed plastic bag for 14 days or placed in a hot dryer for 30 minutes to kill the lice.

On the back of this page I have attached a chart with common myths and facts for your review. I hope you find it helpful as we work together during the school year. Please check your child at home every week for lice as this will help us in identifying and treating any cases during the school year. More information about lice and treatment can be found at:

<http://www.cdc.gov/parasites/lice/public/index.html>

My goal as school nurse is to provide you with the information you need to safeguard your child's health, and ensure that his or her education is not disrupted, but remains the most positive experience possible. I hope you find this information useful, and I send best wishes to your child for a rewarding school year.

Central Bucks School District
Certified School Nurses

Actual size of the three lice forms compared to a penny (Photo credit: CDC)

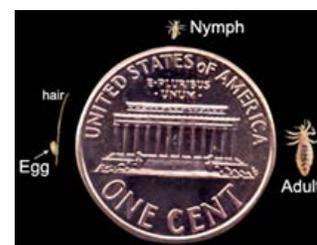


Table 1. Lice 101: Everything You Really Didn't Want to Know About Lice

Definitions	
Infestation = having an insect present, in this case, in your head	
Lice = more than one louse	
Louse = small insect that lives on the scalp	
Nits = eggs, dead or alive, of a louse	
Parasite = an organism that lives off another, in this case, lice surviving on the blood of humans	
Pediculosis = having an infestation of lice	
Myths	Truths
Lice are easy to get.	Lice are spread only by head-to-head contact. They are much harder to get than a cold, flu, ear infection, pink eye, strep throat, food poisoning, or impetigo.
You can get lice from your dog, guinea pig, or other animal.	Lice are species specific. You can get human lice only from another human. You cannot get another animal's lice.
Lice are often passed via hats and helmets.	Rare, but possible. Hairbrushes, pillows, and sheets are much more common modes of transmission.
School is a common place for lice transmission.	School is a VERY RARE source of transmission. Much more common are family members, overnight guests, and playmates who spent a large amount of time together.
Poor hygiene contributes to lice.	Hygiene makes absolutely no difference. Lice actually like clean hair more than dirty. You get lice by close personal contact with someone else who has lice, not by being dirty.
Lice can jump or fly from one person to another.	Lice can only crawl. They can neither fly nor jump. They must crawl from one person to another.
Any nits left in the hair can cause lice to come back.	Any nits farther away than one quarter inch to half an inch on the hair shaft are ALREADY HATCHED and pose no risk to others.
Eggs or nits can fall out of the hair, hatch, and cause lice in another person.	Nits are cemented to the hair and very hard to remove. They cannot fall off. Newly hatched larvae must find a head quickly or will die.
Lice can live a long time.	Lice live only 1 or 2 days off the head.
All members of the family should be treated if one person has lice.	Only the person with lice should be treated. Lice shampoos are INSECTICIDES and can be dangerous if used incorrectly or too frequently. Household members and close contacts should be checked, but only treat those who actually have lice. The house should NOT be sprayed with insecticide, nor should insecticide be used on clothing or other items.
Checking a classroom when one student has lice can prevent lice from spreading.	Classroom transmission is EXCEEDINGLY RARE and a waste of valuable teaching time. Checking family members and close playmates is much more appropriate.
Avoiding lice is important as they spread disease.	Lice do not spread any known disease. They are annoying and icky but cause no disease.

