



Dear Parent:

Head lice were found in your child's hair today. Head lice are mainly spread by direct contact with the hair of an infested person. The most common way to get head lice is by head-to-head contact with a person who already has head lice. Such contact can be common among children during play at school, home and elsewhere (e.g., sports activities, playgrounds, camp, and slumber parties). Head lice move by crawling; they cannot hop or fly. Anyone who comes in head-to-head contact with someone who already has head lice is at greatest risk. Spread by contact with clothing (such as hats, scarves, coats) or other personal items (such as combs, brushes, or towels) used by an infested person is uncommon. **Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.**

According to the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP), head lice should not be considered a medical or public health hazard as **head lice are not known to transmit any disease or cause medical harm.** The AAP states that most cases of head lice are acquired outside of the school. Head lice can be an annoyance because their presence may cause itching and loss of sleep. Because adult and nymph lice are very small, move quickly, and avoid light, they may be difficult to find. Use of a fine-toothed louse comb may facilitate identification of live lice. If crawling lice are not seen, finding nits attached firmly within $\frac{1}{4}$ inch of the base of hair shafts suggests, but does not confirm, the person is infested. Nits frequently are seen on hair behind the ears and near the back of the neck. Nits that are attached more than $\frac{1}{4}$ inch from the base of the hair shaft are almost always non-viable (hatched or dead). Head lice and nits can be visible with the naked eye, although use of a magnifying lens may be necessary to find crawling lice or to identify a developing nymph inside a viable nit. Nits are often confused with other particles found in hair such as dandruff, hair spray droplets, and dirt particles.

Head lice are treatable. Various shampoos (pediculicides) are available over the counter without a doctor's order. Your child's school nurse may also have free sample kits available in the school clinic at no cost. All household members and other close contacts should be checked; those persons with evidence of an active infestation should be treated. Some pediculicides (medicines that kill lice) have an ovicidal effect (kill eggs). For pediculicides that are not ovicidal, routine retreatment is recommended. For those that are ovicidal, retreatment is recommended only if live (crawling) lice are still present several days after treatment (see recommendation for each medication). To be most effective, retreatment should occur after all eggs have hatched but before new eggs are produced. Soak combs and brushes in hot water (at least 130°F) for 5-10 minutes. Hats, scarves, pillow cases, bedding, clothing, and towels worn or used by the infested person in the 2-day period just before treatment is started can be machine washed and dried using the hot water and hot air cycles because lice and eggs are killed by exposure for 5 minutes to temperatures greater than 130°F. Items that cannot be laundered may be dry-cleaned or sealed in a plastic bag for two weeks. Items such as hats, grooming aids, and towels that encountered the hair of an infested person should not be shared. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.

You can assist with controlling the spread of head lice by reminding your children about not sharing combs, brushes, hair barrettes, and clothing such as hats, and for children to avoid head-to-head contact. In addition, parents can assist in preventing the spread of head lice by checking their child's hair as part of a normal hygiene routine.

Please return the attached form to the school clinic upon return to school.

Return to School Form

This statement is to verify that I treated my child for head lice. I understand I must accompany my child to the clinic for readmission to school and he/she will be checked by clinic staff. Please bring the empty lice treatment bottle, empty lice treatment box, or receipt for the lice treatment with you to give to the school nurse.

Child's Name

Parent/Guardian Signature/Date