Dear Parent or Guardian,

A student in your child’s class had head lice. Please do not be alarmed, head lice can be a frustrating reality when children spend time together. Lice outbreaks are very common among school children. Head lice do not carry disease, and their presence does not represent a lack of cleanliness. We would like to give you information that will be helpful to you in keeping your child free of lice and help the school in eradicating the problem.

Please take these precautions:
1. Check your child’s hair for eggs (also called nits) today and keep checking every 2 days until there are no nits or lice found for 10 consecutive days.
2. Please let us know if you have found nits or lice on your child’s head.
3. If head lice are found, do not return your child to school until she or he has been treated and all lice have been removed.

Information about head lice:

How are they? Head lice are tiny insects that live on people’s scalp and hair. They are grayish-white with dark edges. While lice cannot fly and do not jump, they can move quickly. Discovery of head lice is generally made when lice eggs (called nits), which are fastened to the hair shaft, are clearly evident. Nits are teardrop in shape and also very tiny. They are “glued” to the hair and cannot be washed or brushed out like dandruff. Clusters of nits may be found in any section of the hair, but are more likely to be behind the ears and at the nape of the neck. Lice can survive 1-2 days away from the scalp. Until a person with head lice is treated, the lice can transmit them to other’s.

How should you check for head lice? You probably will not see the lice, only the nits. These are tiny, pearl-gray, oval-shaped specks attached to the hair near the scalp. Look carefully, using a magnifying class and plenty of natural light. Search for the nits at the back of the neck, behind the ears, and at the top of the head.

How does a person get head lice? Anyone who has close contact with an infested person or shares personal items can become infested. Lice are spread only by crawling from person to person directly or onto shared personnel items, such as combs, brushes, hair accessories, clothing, bedding, and towels.

What should you do if your child has head lice? If you child does have head lice, everyone in your family should be checked, and anyone with nits should definitely be treated.

To get rid of head lice:
1. Both over-the-counter and prescription products are available. For recommendations on products, you can contact your doctor or public health department for more information. Treatment for head lice is recommended for persons diagnosed with an active infestation.
2. After appropriate treatment, ALL nits must be removed. Because no product kills all the eggs, it is very important to remove ALL nits to prevent re-infestation. This is difficult and time consuming process because nits have such a firm grip on the hair. You can remove them with a special nit-removal comb (available at pharmacies).
3. Check for nits daily for the next 21 days.
4. Wash all clothes (including coats, hats, backpacks, etc.) bed linens and towels in hot water and dry on hot cycle for at least 20 minutes. Items that cannot be safely washed should be dry cleaned or placed in a sealed plastic bag for minimum of 2 weeks.
5. If after treatment, nits or lice are found again, you must continue to rewash and clean all items that have come into contact with the infested person.
6. Clean all combs and brushes in hot soapy water. Water should be at least 130 degrees, and it is advised to allow them to soak for 10 minutes.
7. Vacuum everywhere to insure that your home is free of lice. Vacuum carpets, pillows, mattresses, upholstered furniture, and anything that might hold lice. Do a thorough job and empty the vacuum canister promptly.

When can your child return to school? If your child is diagnosed with head lice, he or she can come back as soon as treatment has been done and all lice have been removed from your child’s hair. Please remember that you must keep checking your child’s hair for new nits every day for at least 3 weeks and then periodically after that. The CDC website is filled with helpful information on the treatment of head lice. If you have any questions concerning head lice, please call the Health Department, your child’s health care provider, or our school nurse.

Thank you,
Sitka School District
Treatment

General Guidelines

Treatment for head lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those persons with evidence of an active infestation should be treated. Some experts believe prophylactic treatment is prudent for persons who share the same bed with actively-infested individuals. All infested persons (household members and close contacts) and their bedmates should be treated at the same time.

Some pediculicides (medicines that kill lice) have an ovicidal effect (kill eggs). For pediculicides that are only weakly ovicidal or not ovicidal, routine retreatment is recommended. For those that are more strongly 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.

When treating head lice, supplemental measures can be combined with recommended medicine (pharmacologic treatment); however, such additional (non-pharmacologic) measures generally are not required to eliminate a head lice infestation. For example, 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 53.5°C (128.3°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 come in contact with the hair of an infested person should not be shared. Vacuuming furniture and floors can remove an infested person's hairs that might have viable nits attached.

*Treat the infested person(s):* Requires using an Over-the-counter (OTC) or prescription medication. Follow these treatment steps:

1. Before applying treatment, it may be helpful to remove clothing that can become wet or stained during treatment.
2. Apply lice medicine, also called pediculicide, according to the instructions contained in the box or printed on the label. If the infested person has very long hair (longer than shoulder length), it may be necessary to use a second bottle. Pay special attention to instructions on the label or in
the box regarding how long the medication should be left on the hair and how it should be washed out.

**WARNING:**

Do not use a combination shampoo/conditioner, or conditioner before using lice medicine. Do not re-wash the hair for 1–2 days after the lice medicine is removed.

- Have the infested person put on clean clothing after treatment.
- If any live lice are still found 8–12 hours after treatment, but are moving more slowly than before, do not retreat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.
- If, after 8–12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Do not retreat until speaking with your health care provider; a different pediculicide may be necessary. If your health care provider recommends a different pediculicide, carefully follow the treatment instructions contained in the box or printed on the label.
- Nit (head lice egg) combs, often found in lice medicine packages, should be used to comb nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective.
- After each treatment, checking the hair and combing with a nit comb to remove nits and lice every 2–3 days may decrease the chance of self-reinfestation. Continue to check for 2–3 weeks to be sure all lice and nits are gone. Nit removal is not needed when treating with spinosad topical suspension.
- Retreatment is meant to kill any surviving hatched lice before they produce new eggs. For some drugs, retreatment is recommended routinely about a week after the first treatment (7–9 days, depending on the drug) and for others only if crawling lice are seen during this period. Retreatment with lindane shampoo is not recommended.

**Supplemental Measures:** Head lice do not survive long if they fall off a person and cannot feed. You don't need to spend a lot of time or money on housecleaning activities. Follow these steps to help avoid re-infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

1. Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned

OR

sealed in a plastic bag and stored for 2 weeks.
2. Soak combs and brushes in hot water (at least 130°F) for 5–10 minutes.
3. Vacuum the floor and furniture, particularly where the infested person sat or lay. However, the risk of getting infested by a louse that has fallen onto a rug or carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp. Spending much time and money on housecleaning activities is not necessary to avoid reinfection by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
4. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.

Prevent Reinfestation:

More on: Prevention & Control
Permethrin may continue to kill newly hatched lice for several days after treatment. A second treatment often is necessary on day 9 to kill any newly hatched lice before they can produce new eggs. Permethrin is approved for use on children 2 months of age and older.

Prescription Medications

The following medications, in alphabetical order, approved by the U.S. Food and Drug Administration (FDA) for the treatment of head lice are available only by prescription. If crawling lice are still seen after a full course of treatment, contact your health care provider.

- Benzyl alcohol lotion, 5%;
  Brand name product: Ulesfia lotion*
  Benzyl alcohol is an aromatic alcohol. Benzyl alcohol lotion, 5% has been approved by the FDA for the treatment of head lice and is considered safe and effective when used as directed. It kills lice but it is not ovicidal. A second treatment is needed 7 days after the first treatment to kill any newly hatched lice before they can produce new eggs. Benzyl alcohol lotion is intended for use on persons who are 6 months of age and older and its safety in persons aged more 60 years has not been established. It can be irritating to the skin.

- Ivermectin lotion, 0.5%;
  Brand name product: Sklice*
  Ivermectin lotion, 0.5% was approved by the FDA in 2012 for treatment of head lice in persons 6 months of age and older. It is not ovicidal, but appears to prevent nymphs (newly hatched lice) from surviving. It is effective in most patients when given as a single application on dry hair without nit combing. It should not be used for retreatment without talking to a healthcare provider.

  Given as a tablet in mass drug administrations, oral ivermectin has been used extensively and safely for over two decades in many countries to treat filarial worm infections. Although not FDA-approved for the treatment of lice, ivermectin tablets given in a single oral dose of 200 micrograms/kg or 400 micrograms/kg repeated in 9-10 days has been shown effective against head lice. It should not be used in children weighing less than 15 kg or in pregnant women.

- Malathion lotion, 0.5%;
  Brand name product: Ovide*
Malathion is an organophosphate. The formulation of malathion approved in the United States for the treatment of head lice is a lotion that is safe and effective when used as directed. Malathion is pediculicidal (kills live lice) and partially ovicidal (kills some lice eggs). A second treatment is recommended if live lice still are present 7–9 days after treatment. Malathion is intended for use on persons 6 years of age and older. Malathion can be irritating to the skin. Malathion lotion is flammable; do not smoke or use electrical heat sources, including hair dryers, curlers, and curling or flat irons, when applying malathion lotion and while the hair is wet.

More on: Malathion

- Spinosad 0.9% topical suspension;
  Brand name product: Natroba*

  Spinosad is derived from soil bacteria. Spinosad topical suspension, 0.9%, was approved by the FDA in 2011. Since it kills live lice as well as unhatched eggs, retreatment is usually not needed. Nit combing is not required. Spinosad topical suspension is approved for the treatment of children 6 months of age and older. It is safe and effective when used as directed. Repeat treatment should be given only if live (crawling) lice are seen 7 days after the first treatment.

For second-line treatment only:

- Lindane shampoo 1%;
  Brand name products: None available

  Lindane is an organochloride. The American Academy of Pediatrics (AAP) no longer recommends it as a pediculocide. Although lindane shampoo 1% is approved by the FDA for the treatment of head lice, it is not recommended as a first-line treatment. Overuse, misuse, or accidentally swallowing lindane can be toxic to the brain and other parts of the nervous system; its use should be restricted to patients for whom prior treatments have failed or who cannot tolerate other medications that pose less risk. Lindane should not be used to treat premature infants, persons with HIV, a seizure disorder, women who are pregnant or breast-feeding, persons who have very irritated skin or sores where the lindane will be applied, infants, children, the elderly, and persons who weigh less than 110 pounds. Retreatment should be avoided.

When treating head lice
1. Do not use extra amounts of any lice medication unless instructed to do so by your physician and pharmacist. The drugs used to treat lice are insecticides and can be dangerous if they are misused or overused.

2. All the medications listed above should be kept out of the eyes. If they get onto the eyes, they should be immediately flushed away.

3. Do not treat an infested person more than 2–3 times with the same medication if it does not seem to be working. This may be caused by using the medicine incorrectly or by resistance to the medicine. Always seek the advice of your health care provider if this should happen. He/she may recommend an alternative medication.

4. Do not use different head lice drugs at the same time unless instructed to do so by your physician and pharmacist.

*Use of trade names is for identification purposes only and does not imply endorsement by the Public Health Service or by the U.S. Department of Health and Human Services.