

# *Grand Island High School*

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Sandra Anzalone  
*Principal*

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*Assistant Principal*

July 29, 2009

Dear Parent,

On July 29, 2009 a possible case of head lice was reported for a student that was present in one of the following areas: driver education classroom, driver education car or weight room. As per regulation, we have disinfected each of these areas thoroughly.

We ask that you check your child as per the information provided. This information is also available on our high school website under HEALTH INFORMATION.

In addition, our school nurse has already checked students in school today and she will be available at 7:00 am and 10:00 am on Thursday, July 30, 2009 to check each student who reports to driver education class.

Should you have any questions or concerns, please feel free to call the health office or me at 773-8820.

Sincerely,

Sandra Anzalone  
Principal

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**Bureau of Communicable Disease Control**

**Pediculosis**  
**(head lice, body lice, pubic lice, cooties, crab)**

**What is pediculosis?**

Pediculosis is an infestation of the hairy parts of the body or clothing with the eggs, larvae or adults of lice. The crawling stages of this insect feed on human blood which can result in severe itching. Head lice are usually located on the scalp, crab lice in the pubic area and body lice along seams of clothing which travel to the skin to feed.

**Who gets pediculosis?**

Anyone may become louse infested under suitable conditions of exposure. Pediculosis is easily transmitted from person to person during direct contact. Head lice infestations are frequently found in school settings or institutions. Crab lice infestations can be found among sexually active individuals. Body lice infestation can be found in people living in crowded, unsanitary conditions where clothing is infrequently changed or laundered.

**How is pediculosis spread?**

For both head lice and body lice, transmission can occur during direct contact with an infested individual. Sharing of clothing and combs or brushes may also result in transmission of these insects. While other means are possible, crab lice are most often transmitted through sexual contact.

**What are the symptoms of pediculosis?**

Usually, the first indication of an infestation is the itching or scratching in the area of the body where the lice feed. Scratching at the back of the head or around the ears should lead to an examination for head louse eggs (nits) on the hair. Itching around the genital area should lead to an examination for crab lice or their eggs. Scratching can be sufficiently intense to result in secondary bacterial infection in these areas.

**How soon do symptoms appear?**

It may take as long as two to three weeks or longer for a person to notice the intense itching associated with this infestation.

**For how long is a person able to spread pediculosis?**

Pediculosis can be spread as long as lice or eggs remain alive on the infested person or clothing.

**What is the treatment for pediculosis?**

Medicated shampoos or cream rinses containing lindane or pyrethrins are used to kill lice. Products containing pyrethrins are available over the counter, but those containing lindane are available only through a physician's prescription. Lindane is not recommended for infants, young children and pregnant or lactating women. Retreatment after seven to 10 days is recommended to assure that no eggs have survived. Nit combs are available to help remove nits from hair. Dose and duration of shampoo treatment should be followed according to label instructions.

**What can be done to prevent the spread of pediculosis?**

Physical contact with infested individuals and their belongings, especially clothing, headgear and bedding should be avoided. Health education on the life history of lice, proper treatment and the importance of laundering clothing and bedding in hot water (130°F for 20 minutes) or dry cleaning to destroy lice and eggs is extremely valuable. In addition, regular direct inspection of children for head lice, and when indicated, of body and clothing, particularly of children in schools, institutions, nursing homes and summer camps, is important.

## COMMON ERRORS AND BELIEFS THAT CONTRIBUTE TO REINFESTATION, TREATMENT FAILURE AND RESISTANT LICE

### PRODUCT DIRECTIONS NOT FOLLOWED

- \*not left on the head long enough to be effective
- \*child normally independent in hygiene is allowed to self treat in the shower
- \*product intended to be put on dry hair is put on wet hair/thereby diluted
- \* CLEAR, a nit-loosening product needs to be applied after pyrethrin treatments (RID et al) but before permethrin products (NIX)

### MISCONCEPTIONS ABOUT PRODUCT LEADS TO CONFUSION & FEAR

- \*lice should be dead after treatment (it may take hours for them to die)
- \*the product kills lice & eggs(no product is 100% effective yet!)
- \*if I just treat the child and spray everything I own I don't have to pick nits

### NIT REMOVAL CAN'T BE ALL THAT IMPORTANT

- \*if one viable nit survives and hatches in 7-10 days the whole cycle begins again (parents don't believe this, but think you haven't done a good enough job at school - don't feel responsible for reinfestation if you've done your part)
- \*nit combs don't work (they do, but not all are right for all hair...separate hair into small sections and they will work just fine most of the time. If not, a metal comb may do the trick, but manual removal, "nit picking" works the best in tough cases)
- \*my child won't sit still long enough (encourage frequent breaks from nit removal, both parent & child need them; find something fun to keep them occupied such as a movie on videotape or a hand controlled game, even a tape recorder with the earphones upside down)

### THEY GOT THESE AT SCHOOL - IT'S YOUR PROBLEM

- \*lice are not tattooed with their place or origin, but schools ARE a frequent location where infestation occurs because children play and work in close proximity. Help parents remember where else their child has been...where heads and/or coats have been piled together (playgrounds, movie theaters, scouts, church school, someone else's car, store where hats are tried on, friends house to play dress up, ball fields, library computer lab, etc.)
- \*we are all in this together, but the parent MUST provide for the child's treatment and must keep them out of school until treatment is successful.

### I SHOULD BE EMBARRASSED

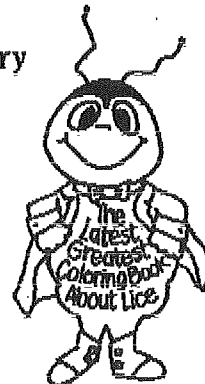
- \*the more proactive you have been the less likely parents and/or students will feel this way (usually parents are more upset than kids)
- \*don't give out names of kids with lice, but be prepared that kids and adults will know and will talk, help them feel okay about that
- \*if you are upset about this problem, get help yourself...nervous, scared or confused nurses cannot help frightened parents

# 10 Steps

to staying ahead of

# Lice

- 1.** Watch for signs of head lice, such as frequent head-scratching. Anyone can get lice . . . from another person or from sharing hats, brushes, combs, etc.
- 2.** Check all family members for lice and nits (lice eggs) at least once a week. (It helps to use natural light and a magnifying glass.)
- 3.** Treat only those family members who do have lice. Buy a lice product at your drug store, the pharmacy section of your foodstore or call your doctor for a prescription.
- 4.** Follow package directions carefully! Use the product over the sink (not in the tub or shower). Keep the eyes covered with a washcloth.
- 5.** Call your doctor first if you are pregnant, nursing or allergic to weeds, plants, etc. Never use a lice product on your baby!
- 6.** Remove all nits (which will stay on the hair after treatment). This is essential! You can do this with a special lice comb, scissors or your fingernails.
- 7.** Wash sheets and recently worn clothing in hot water and dry in a hot dryer. Combs and brushes may be soaked in hot (not boiling) water for 10 minutes.
- 8.** Vacuuming is the safest and best way to control lice on mattresses, rugs, furniture and stuffed animals.
- 9.** Continue to check heads every day for 2-3 weeks to make sure head lice are gone. Regular checking is the best prevention.
- 10.** When you find a case of lice, tell others! Call your child's school or daycare. Notify neighborhood parents.



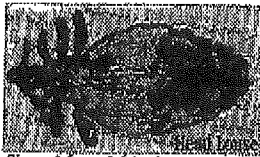
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The National Pediculosis Association, P.O. Box 149, Newton, MA 02461  
(617) 444-NITS

## KNOWING THE ENEMY

People associate winter with the end of insect problems. But that is not the case with head lice, which thrive during winter.

### What to Look For



Size: .06 to .16 inches

- ▶ If the head itches, check hair for lice and eggs.
- ▶ Eggs are often found behind the ears and on the neck.

### How Lice are Spread

- ▶ In borrowed hair brushes, hats, towels

### Diseases

- ▶ Lice may transmit epidemic relapsing fever, typhus.

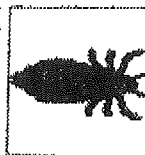
Source: *Lippfermann's Encyclopedia*

### Two Types Live on Humans



Body Lice

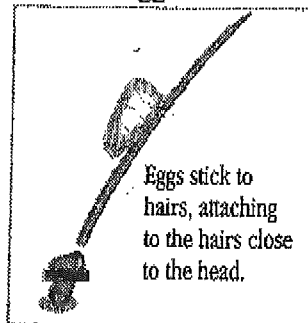
*Pediculus humanus corporis*  
live in cloth.



Head Lice

*Pediculus humanus capitalis*  
live in hair.

### Eggs



Eggs stick to hairs, attaching to the hairs close to the head.

- ▶ The adult louse lives on blood. Its saliva prevents blood from coagulating.
- ▶ Female produces 50-150 eggs in a lifetime.
- ▶ Being very heat-sensitive, lice leave a host's temperature rises.

### Louse Life Cycle

