As school is about to begin, this is a reminder that head lice is a community problem brought into the schools unintentionally by unsuspecting children. The peak time that children become infested with head lice is in the summer, because of sleep-away camps, slumber parties, and vacationing. However, because head lice are so small, and because symptoms of itching may not develop for weeks or even months after infestation, parents and children alike often do not even know there is a problem unless the parent inspects a child’s head closely and often.

Before school starts, please begin looking carefully through your child’s scalp at least once a day for the week before school begins. If you see any stage of the head louse, your child needs to be treated and the nits removed before school starts.

Head lice are a nuisance, but they are treatable and are not life threatening. Your own physician is an excellent resource for you before you begin treatment and if you have any questions. Once school begins, your school nurse can help you with specific issues related to your child’s attendance in school.

The District has established protocols in place which follow guidance issued by the Centers for Disease Control, the American Academy of Pediatrics (AAP), the New York State Department of Health. In addition to the school nurse, the Principal of your child’s school is very familiar with our procedures and would be happy to respond to any concerns you may have. Please note that we work directly with the family to determine whether the child will remain in school for the remainder of the day upon discovery of head lice or be dismissed to his/her parent for immediate remedy. This decision is based upon multiple factors and is made in a professional and sensitive manner. In some cases, a child may be returned to school the same day following appropriate treatment. In general, we make an effort that a child is not missing school because of head lice.

We look forward to the start of the new school year and our continued partnership in supporting the good health of all students. The surveillance by a parent at home has been found to be the single most important way to prevent the spread of head lice in the school environment. Attached below are additional resources you may find helpful from the US Centers for Disease Control. Thank you, in advance, for your cooperation.

Dr. Cynthia Devore, School Physician
Center for Disease Control (CDC) Head Lice Frequently Asked Questions

What do head lice look like?

Head lice have three forms: the egg (also called a nit), the nymph, and the adult.

Egg/Nit: Nits are lice eggs laid by the adult female head louse at the base of the hair shaft nearest the scalp. Nits are firmly attached to the hair shaft and are oval-shaped and very small (about the size of a knot in thread) and hard to see. Nits often appear yellow or white although live nits sometimes appear to be the same color as the hair of the infested person. Nits are often confused with dandruff, scabs, or hair spray droplets. Head lice nits usually take about 8–9 days to hatch. Eggs that are likely to hatch are usually located no more than ¼ inch from the base of the hair shaft. Nits located further than ¼ inch from the base of hair shaft may very well be already hatched, non-viable nits, or empty nits or casings. This is difficult to distinguish with the naked eye.

Nymph: A nymph is an immature louse that hatches from the nit. A nymph looks like an adult head louse, but is smaller. To live, a nymph must feed on blood. Nymphs mature into adults about 9–12 days after hatching from the nit.
**Adult:** The fully grown and developed adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white in color. Adult head lice may look darker in persons with dark hair than in persons with light hair. To survive, adult head lice must feed on blood. An adult head louse can live about 30 days on a person's head but will die within one or two days if it falls off a person. Adult female head lice are usually larger than males and can lay about six eggs each day.

![Adult louse](image)

**Where are head lice most commonly found?**

Head lice and head lice nits are found almost exclusively on the scalp, particularly around and behind the ears and near the neckline at the back of the head. Head lice or head lice nits sometimes are found on the eyelashes or eyebrows but this is uncommon. Head lice hold tightly to hair with hook-like claws at the end of each of their six legs. Head lice nits are cemented firmly to the hair shaft and can be difficult to remove even after the nymphs hatch and empty casings remain.

**What are the signs and symptoms of head lice infestation?**

- Tickling feeling of something moving in the hair.
- Itching, caused by an allergic reaction to the bites of the head louse.
- Irritability and difficulty sleeping; head lice are most active in the dark.
- Sores on the head caused by scratching. These sores can sometimes become infected with bacteria found on the person's skin.

**How is head lice infestation diagnosed?**

The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. Use of a magnifying lens and a fine-toothed comb may be helpful to find live lice. If crawling lice are not seen, finding nits firmly attached within a ¼ inch of base of the hair shafts strongly suggests, but does not confirm, that a person is infested and should be treated. Nits that are attached more than ¼ inch from the base of the hair shaft are almost always dead or already hatched. Nits are often confused with other things found in the hair such as dandruff, hair spray droplets, and dirt particles. If no live nymphs or adult lice are seen, and the only nits found are more than ¼-inch from the scalp, the infestation is probably old and no longer active and does not need to be treated.

If you are not sure if a person has head lice, the diagnosis should be made by their health care provider, local health department, or other person trained to identify live head lice.

*Information adapted from http://www.cdc.gov/parasites/lice/head/*