[Nurse name] [School address] [Phone]



Re: Head Lice Education [Current date]

Dear [parent or guardian name]:

As you may know, head lice cases are common among school-aged children. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11.1 I am writing to you to help you learn what you can do if lice hit your home.

What are head lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on blood. The eggs, also called nits, are tiny, tear-drop shaped eggs that attach to the hair shaft. Nits often appear yellowish or white and can look like dandruff but cannot be removed or brushed off. The nymph, or baby louse, is smaller and grow to adult size in 1 to 2 weeks. The adult louse is about the size of a sesame seed and is tan to grayish-white. An itchy scalp is a common symptom of lice. Although not common, persistent scratching may lead to skin irritation and even infection.¹

Who is affected by head lice?

Head lice are not related to cleanliness.^{2,3} In fact, head lice often infest people with good hygiene and grooming habits.³ Infestations can occur at home, school, or in the community. Head lice are mostly spread by direct head-to-head contact—for example, during play at home or school, slumber parties, sports activities, or camp. Less often, lice are spread via objects that have been in recent contact with a person with head lice, such as hats, scarves, hair ribbons, combs, brushes, stuffed animals, or bedding.^{1,2}

What to do if an infestation occurs?

If you think your child has head lice, it's important to talk to your family healthcare provider right away to discuss the best treatment approach. There is no clear evidence that home remedies such as homeopathic shampoos or mayonnaise work, and they may just end up prolonging the problem.¹ Others have depended on over-the-counter medications, but recent data shows that some head lice may be resistant to the main ingredient of these medicines. A 2016 study showed that 48 states now have lice that are genetically predisposed to resistance to commonly used treatments.⁴ Treatment failure may also be caused by incorrect use of the product, misdiagnosis of the original condition, or re-infestation.⁵ Your healthcare provider can tell you about prescription treatment options available that are safe and do not require nit combing.

Many families will experience a head lice infestation at some point during their child's school years. If your child is diagnosed with head lice, know you are not alone. As your school nurse, I want to provide you with the information you need to address any head lice issue that may occur, and encourage you to talk with your healthcare provider to resolve the problem as quickly and effectively as possible. If you have any questions, please don't hesitate to reach out to me directly at the number above—my main focus is your child's health!

Sincerely, [Name]

References

1. Centers for Disease Control and Prevention. Frequently asked questions (FAQs). http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. Accessed November 3, 2016. 2. Centers for Disease Control and Prevention. Epidemiology & risk factors. http://www.cdc.gov/parasites/lice/head/epi.html. Accessed November 3, 2016. 3. Meinking TL, Mertz-Rivera K, Villar ME, Bell M. Assessment of the safety and efficacy of three concentrations of topical ivermectin lotion as a treatment for head lice infestation. *Int J Dermatol.* 2013;52(1):106-112. 4. Gellatly KJ, Krim S, Palenchar DJ, et al. Expansion of the knockdown resistance frequency map for human head lice (phthiraptera: pediculidae) in the United States using quantitative sequencing. *J Med Entomol.* 2016:1-7. 5. Burkhart CG. Relationship of treatment-resistant head lice to the safety and efficacy of pediculicides. *Mayo Clin Proc.* 2004;79(5):661-666.



