## Cohn, Gary

From: Gary Goldbaum [ggoldbaum@shd.snohomish.wa.gov]

Sent: Monday, August 16, 2010 1:23 PM

To: Index63@aol.com; brossoitn@edmonds.wednet.edu; dan.chaplik@sultan.k12.wa.us; Cohn, Gary;

david\_burgess@lkstevens.wednet.edu; dhaddock@lwsd.wednet.edu; hooverk@monroe.wednet.edu;

jjenkins@esd189.org; johnsonl@dsd.k12.wa.us; kkoschak@gfalls.wednet.edu;

larsenml@mukilteo.wednet.edu; kristine\_mcduffy@asd.wednet.edu; bill.mester@sno.wednet.edu;

larry\_nyland@msvl.k12.wa.us; jshumate@stanwood.wednet.edu

Cc: Suzanne Pate; Amy Blanchard

Subject: Head lice

To my educator colleagues:

Recent guidance about head lice has changed. Specifically, <u>no child should be excluded from school due to head lice</u>. Please review your District's policies to assure that they reflect current science and practice. The latest guidance from the American Academy of Pediatrics (also supported by the Centers for Disease Control & Prevention) follows:

Head lice are often a fact of life for school-aged children. While inconvenient, head lice cause no medical harm and can be effectively treated. A revised clinical report from the American Academy of Pediatrics (AAP), "Head Lice," published in the August print issue of Pediatrics (published online July 26), clarifies and updates protocols for diagnosis and treatment, and provides guidance for the management of children with head lice in the school setting. Head lice are not a health hazard or a sign of poor hygiene and, in contrast to body lice, are not responsible for the spread of any disease. No healthy child should be excluded from or miss school because of head lice, and no-nit policies for return to school should be abandoned. Informed school nurses can help with diagnosis and suggestions about treatment. Because head lice are usually transmitted by head-to-head contact, parents should carefully check a child's head before and after attending a sleepover or camp where children share sleeping quarters. There are many ways to treat active infestations, but not all products and techniques have been evaluated for safety and effectiveness. One percent permethrin lotion is recommended as initial treatment for most head lice infestations with a second application 7-10 days after the first. Parents and caregivers should make sure that any treatment chosen is safe; preferred treatments would be those which are easy to use, reasonably priced, and proven to be non-toxic. All products must be used exactly according to manufacturer's instructions. Your pediatrician can help with diagnosis, treatment choices and management of difficult cases.

Thank you.

Gary Goldbaum, MD, MPH Health Officer & Director Snohomish Health District

3020 Rucker Avenue, Suite 306 Everett, WA 98201

Phone: 425-339-5210 FAX: 425-339-5216

E-mail: ggoldbaum@shd.snohomish.wa.gov