

INFECTION CONTROL IN THE SCHOOL

Schools, by their very nature, can be considered natural incubators for many viral and bacterial infections. Young school-age children are still developing their immune systems, and are more vulnerable to common infections. Children's natural affinity for each other and school activities promoting the values of sharing, cooperation and collaboration can also add to the potential spread of infections among students and staff.

Hand washing is the single most important activity to decrease the spread of infections of all kinds. Studies have shown that school attendance, and therefore school success, can be positively affected by diligent attention to hand washing. The three necessary requirements for an effective program are:

- Accessible hand washing facility (preferably with warm water, soap and paper towels).
- Students and staff taking/being allowed the time to wash their hands several times during the day (especially before lunch and snacks, after outside activities, after bathroom breaks).
- Discussion in class of proper methods of hand washing—using friction, washing all hand surfaces and nails, rinsing and drying well.

Communication with parents is also very important. When there are outbreaks of illnesses in classes or groups, letters should be sent home. ***Please contact your cluster/school nurse and Student Health Services for instructions and guidance.*** Parents should, of course, be notified when a child becomes ill at school, and assisted with referrals if health care is not readily available to the family. Teachers and clinic personnel should be alert to patterns of illness that may emerge. Clinic personnel can help by giving reminders in staff meetings, doing bulletin boards to teach children, and being a good role model for children and other staff.

One of the goals of student health services is to assist the child in maintaining a level of health that enables him to learn. Attention to infection control by all school employees will help us to reach that goal for all students.

State of Georgia
Official List of Notifiable Diseases

State law OCGA 31-12-2: The department is empowered to declare certain diseases and injuries to be diseases requiring notice and to require the reporting thereof to the county board of health and the department in a manner and at such times as may be prescribed. The department shall require that such data be supplied as are deemed necessary and appropriate for the prevention of certain diseases and accidents as are determined by the department. All such reports and data shall be deemed confidential and shall not be open to inspection by the public; provided, however, the department may release such reports and data in statistical form or for valid research purposes.

Outbreaks/clusters of diseases (infectious and non-infectious) should be reported immediately by telephone (e.g. conjunctivitis, diarrheal disease, food poisoning, influenza, staphylococcal and streptococcal diseases). Please call Student Health Services for assistance with reporting to the Health Department.

I. Diseases to be reported to Health Department:

AIDS	Lyme Disease
Anthrax	Lymphogranuloma Venereum
Aseptic Meningitis	Malaria
Botulism	Measles (Rubeola)
Brucellosis	Meningitis (specify agent)
Campylobacteriosis	Meningococcal disease, invasive
Chancroid	Mumps
Chlamydia Trachomatous genital infection	Pertussis
Cholera	Poliomyelitis
Cryptosporidiosis	Psittacosis
Diphtheria	Rabies (human and animal)
E. Coli O 157; HUS, invasive	Rocky Mountain Spotted Fever
Encephalitis	Rubella (including congenital)
Giardiasis	Salmonellosis
Gonorrhea	Shigellosis
Hemophilus influenza disease, invasive	Streptococcal disease, invasive Group A
Hantavirus	Streptococcus pneumoniae, DRSP
Hepatitis A, B,C	Syphilis
Lead, blood level >10ug/dl	Tetanus
Legionellosis	Toxic Shock Syndrome
Leptospirosis	Tuberculosis
Listeriosis, invasive	Typhoid

Note: Spinal cord disabilities and traumatic brain injuries are required to be reported directly to The Division of Rehabilitation Services. Appropriate definitions and additional reporting information can be obtained by calling the Central Registry Office at 1-800-282-8461.

MENINGITIS

General Information

There are two types of meningitis: viral and bacterial. The treatment and follow-up for the different types vary, and it is important to verify the type of meningitis you are dealing with when a child in the school has been diagnosed. Laboratory confirmation is necessary for this to be done. Since this is a reportable disease, the lab or physician who is managing the medical treatment of the child should report the case to the Health Department.

Viral Meningitis is a viral infection causing inflammation of the membranes surrounding the brain and spinal cord. It is more common than bacterial meningitis, is rarely serious, and can be caused by many different viruses. Seventy percent of the infections occur in children under the age of 5. Symptoms are fever, headache, neck stiffness, nausea and vomiting, and possibly a generalized rash. Recovery is usually complete. Seasonal outbreaks, especially in winter months, are not unusual. Treatment of contacts is not necessary for this type of meningitis. The child can usually return to school as soon as the symptoms are gone. Most forms are not contagious.

Bacterial Meningitis is a serious infection of the membranes surrounding the brain and spinal cord, and has a reported incidence of about 17,500 cases per year in the U.S. It can be caused by several different bacteria, such as Haemophilus Influenza, Pneumococcus, Staphylococcus and Meningococcus. Symptoms are usually the same as for viral meningitis, but the child with bacterial meningitis can progress rapidly, and become extremely ill, with life-threatening symptoms, in a matter of hours. A pinpoint red or purple rash, called petechiae, is common. Sensitivity to light and changes of the child's mental status are also often seen. Immediate medical attention and treatment is necessary to prevent permanent damage. Most forms are not contagious or very minimally contagious.

Meningococcal Meningitis is one of the most serious types, and is caused by a bacterium called neisseria meningitides. Most cases occur in children from infancy to adolescence. The infection usually occurs in winter and spring. The incidence of this type is one out of 100,000 people. The symptoms are as listed above. This type of meningitis is usually transferred by direct and close contact with respiratory droplets from the nose and mouth of the infected person. Close contacts, in the same household, day care center, or classroom should be watched for early signs of the disease, as soon as the first case is diagnosed. It is recommended that immediate family members begin drug treatment for prevention as soon as the diagnosis is made. Other contacts should be evaluated by their physician for possible treatment if symptoms of illness occur. The child with meningitis may return to school when the physician has released the child from care.

Haemophilus Influenza meningitis is caused by the organism Haemophilus influenza (not to be confused with the disease influenza, a respiratory illness caused by a virus). Incidence is highest in the preschool population. The widespread use of the Hib series of immunizations has resulted in a marked decrease in the incidence of this type of meningitis. This type has the same general symptoms. Immediate family members are usually treated with prophylactic drugs as well.

Since it is impossible for you to diagnose this disease in the school setting, a child with high fever, and any one of the following should be sent for treatment immediately, either with parents or by ambulance: neck stiffness, headache, a purple rash or marked lethargy.

HEAD LICE INFORMATION

Biology

The head louse is an insect parasite that is found on the scalp, preferring the nape of the neck, and the area behind the ears. The insect is 1-2 mm long (about the size of a sesame seed), and varies in color. They are usually clear when hatched, and then develop a reddish-brown color after feeding. They do not have wings, and cannot fly or jump; but can crawl very quickly. They receive nourishment by sucking blood from the scalp. They do not thrive on pets, and need human blood in order to survive. There is little information on the natural lifespan of the louse, but in laboratory conditions, they can live for about a month. Lice cannot survive more than 24 hours off of the human host, however. The female louse will deposit around three to four eggs, called nits, per day. Louse eggs are large, gray or yellow-white, ovals and are firmly attached to the hair shaft at an angle and close to the scalp. Eggs hatch in about a week, and mature in eight to nine days. Nits must be laid by live lice; they are not “catching”. Itching, the main symptom of lice infestation is caused by the lice sucking blood. Secondary infections can occur with scratching.

Head lice can be acquired by close contact with an infested person, using infested objects such as coats and brushes, by lying on infested carpets or beds, or by resting the head against upholstered furniture used by an infested person. Fallen hairs with nits attached may also contaminate the environment. One person will usually only harbor 10-20 head lice.

Diagnosis

It is important to preserve the dignity and privacy of students when screening for head lice. Diagnosis of head lice infestation (pediculosis) is made by direct inspection of the hair and scalp for the presence of crawling lice and nits. They will most commonly be found at the nape of the neck and behind the ears. Good lighting and a hand magnifier may be helpful. When there are only a few live lice, they may be hard to observe. Diagnosis can be made by finding recently laid nits. These are usually firmly attached within $\frac{1}{4}$ inch from the scalp. Nit cases which are translucent and generally found farther out on the hair shaft, indicate inactive infestation (empty egg cases which indicate nits which have already hatched or been treated). Dandruff, droplets of hair spray, and other scalp debris can sometimes be mistaken for nits. None of these are usually attached to the hair shaft as firmly as nits. An experienced examiner is needed to confirm a diagnosis.

Examiners should be careful to prevent transmission to themselves or to other persons being examined. Disposable gloves should be worn, and wooden applicator sticks should be used to separate the hair, and should be disposed of after each examination.

Recommended Treatment

Adequate control of head lice depends on:

- Education for school personnel and families
- Careful inspection of students
- Exclusion of affected students from school until treated
- Measures to prevent transmission from one child to another

Effective treatment can be difficult; and takes perseverance on the part of the parent/guardian and excellent communication and screening on the part of the school. Families should receive education about the condition of head lice; methods of treatment; referral to health care provider; how to identify

head lice among family members; and how to clean bedding, personal articles, clothing and the home. Keep in mind that the family's understanding and ability to comply will be affected by factors such as emotional state, literacy level, culture, language/ communication skills, previous experience, poor vision of the caregiver, and condition of housing. Control of head lice infestation is a community problem that requires the involvement of schools, health care providers (including pharmacists), families and local public health authorities.

When an active case of head lice is found, the student should remain in the clinic or office until a family member picks them up. The student's classmates, friends and siblings should be examined as soon as possible. If a substantial number of cases are found, screening the entire school population should be considered. Routine screenings may be done at the beginning of the school year, and after extended holidays, such as winter and spring breaks. Notification of families prior to screenings provides an opportunity for education.

Treatment of head lice must include simultaneous attention to the student and his environment. All persons in the household and other close contacts of the student should be examined. Contacts should be treated only if evidence of lice or nits is found.

Manual lice and nit removal is a necessary part of treatment, whether chemical or "natural" remedies are used in conjunction. Some experts now believe that lice can be eradicated with very careful lice and nit removal and environmental measures.

- Wear disposable gloves.
- Use a very bright light or sunlight to inspect the hair. The process takes a while, so having the child and the examiner seated is best.
- If the examiner is farsighted or has poor vision, a magnifying glass may be necessary.
- Remove tangles from the hair with a comb or brush.
- Divide the hair into sections, examining each section individually and then fastening it away from the rest of the hair.
- Take a one-inch section of hair and use a lice comb to comb each hair section carefully. Not all lice combs work equally well; sometimes a comb with stainless steel teeth placed very close together works best.
- The comb should be dipped into water after each section is combed. A toothbrush or dental floss may be used to clean the comb as well.
- Continue combing each section of hair until all is thoroughly combed and checked.
- The parent should then continue to check each day, as long as re-infestation is possible.

Chemical/pesticide shampoos and cream rinses can also be used with some cautions.

- Refer the child and family to their health care provider for instructions for treatment. If the student has no health care provider, he may be referred to the Health Department for treatment. Several medicated shampoo and cream rinse preparations are available without a prescription. All of these products are toxic medications that need to be used with care, and only when necessary. Lice treatment should be done by an adult, not the child. Educate families to seek the advice and counsel of the pharmacist, and read all insert materials before using these products. Some people with Chrysanthemum or ragweed allergies may be sensitive to these products.
- Before using the treatment, you should shampoo the hair vigorously with regular shampoo to soften and loosen the nits in the hair. This should be followed by a thorough combing of the hair with the special fine-tooth comb found in the treatment package. This can weaken and damage the nit capsules and help the medicated shampoo to work. Use the shampoo or rinse as directed by health care provider, pharmacist, or as outlined on the product information. The Nix

Creme Rinse should be put on towel-dried hair. Do not get it into the child's eyes—cover the child's eyes with a towel and instruct child to keep eyes tightly closed. Any product that does get into the eyes should be rinsed immediately with large amounts of tap water. Keep these products out of reach of young children. Use the products over the sink, not in the tub or shower to avoid skin exposure to the rest of the body. Medicated shampoos and cream rinses should never be left on the head more than 10 minutes before rinsing off. Wash hands well after using these products.

- After using the product as directed and rinsing, it is necessary that nits be removed by combing the hair with a special fine-tooth comb. Using a vinegar rinse after shampooing (except with Nix creme rinse) may make it easier to remove nits. No known preparation kills all of the nits, and these must be manually removed. This process is easier with a very bright light, and sometimes a magnifying glass is helpful. Have the child put on clean clothing immediately after the treatment.
- A student should not miss more than one to two days from school because of head lice. On days two to six after initial treatment, wash the hair with regular shampoo and comb out any nits that are there.
- Re-treatment after 7-10 days may be necessary to eradicate any lice that may have hatched from nits that were not killed or removed. Never retreat before seven days. Follow the health care provider's recommendations.
- The medicated shampoos and rinses are not preventative and should never be used unless live lice or nits are present.
- Some people have had success using oil, such as mineral or olive oil to cover the hair, wrapping the head with a towel (not a shower cap), and leaving it on overnight. The oil is then washed out with regular shampoo. Manual removal of lice and/or nits is still necessary after this treatment.

Environmental Measures

- Machine washing in hot water, and/or drying on the hot cycle of the dryer can disinfect many personal articles, such as bed linens, clothing and headgear. Eggs can be killed in 10-15 minutes at 120° F., and live lice at slightly lower temperatures. Allow time between loads of laundry for the water to regain its maximum water temperature. If only the dryer is available, dry articles for at least 20 minutes at the high heat setting. Articles that are not washable may be effectively disinfected in the dryer if the heat will not harm them.
- Dry cleaning or storing items in a tightly sealed plastic bag for 10-14 days is also effective.
- Vacuum mattresses, pillows, upholstered furniture, car seats and carpeting. Discard contents of vacuum bag immediately in plastic trash bags.
- Combs and brushes should be soaked in alcohol or Lysol for one hour.
- To control the spread of head lice, infested persons should not share items which come into contact with the head, neck or shoulders (e.g. combs, brushes, hats, scarves, coats, towels, stuffed animals child sleeps with). Hand washing and cleaning under fingernails is also important since nits could get under the nails when scratching, and easily be spread to others.
- Animals in the home do not carry lice.
- Do not use dog shampoo, kerosene or other products such as these. They do not kill lice and can be dangerous.
- Treatment should focus on the infested person and his/her personal articles. The U.S. Public Health Service does not recommend fumigation or use of insecticides in the home, school and on school buses.

Cautions from the National Pediculosis Association:

- Don't use shower caps and never leave the product on longer than directed.
- Don't use a prescription product containing the pesticide LINDANE.
- Don't use a chemical treatment on or near the eyes.
- Don't use a chemical head lice treatment on a baby.
- Don't use lice sprays.
- Don't treat individuals who are not infested.
- Don't use chemical treatments to prevent head lice.

Students returning to school after treatment should be examined by the clinic personnel, principal, or designee before they return to class, and weekly for three weeks. Evidence of re-infestation should be a time to review with the parents the measures to be taken at home, including environmental measures.

HEAD LICE INFORMATION FOR PARENTS

Head lice are small, dark brown, wingless insects (about the size of a sesame seed) that need human warmth and blood meals in order to survive. The lice lay their eggs (nits) near the scalp, firmly attached to the hair shaft. Nits are light colored, and oval shaped. Nits are seen more often than lice, and a bright light helps in seeing them. Dandruff, droplets of hair spray, and other scalp debris can sometimes be mistaken for nits. None of these are usually attached to the hair shaft as firmly as nits. Nits and lice are found most commonly around the nape of the neck and around the ears. Itching is a major symptom of lice infestation. The live lice do not jump or fly, but are easily transmitted when heads are close together (such as when children sleep together or play in close proximity to each other). Sharing things like brushes or combs, hats, scarves can also lead to the spread of lice. They do not thrive on pets.

Recommended Treatment

When an active head lice and nits are found, the student must be taken out of school, and may not return until treated. Treatment of head lice must include attention to your child and his surroundings. All persons in the household and other close contacts of the student should be checked. Contacts should be treated only if lice or nits are found.

Lice and nit removal by hand is a necessary part of treatment, whether chemical or “natural” remedies are used in conjunction. Some experts now believe that lice can be eradicated with very careful lice and nit removal and environmental measures.

- Wear disposable gloves.
- Use a very bright light or sunlight to inspect the hair. The process takes a while, so having the child and the parent seated is best.
- If the examiner is farsighted or has poor vision, a magnifying glass may be necessary.
- Remove tangles from the hair with a comb or brush.
- Divide the hair into sections, examining each section individually and then fastening it away from the rest of the hair.
- Take a one-inch section of hair and use a lice comb to comb each hair section carefully. Not all lice combs work equally well; sometimes a comb with stainless steel teeth placed very close together works best. (Licemeister is one brand.)
- The comb should be dipped into water after each section is combed. A toothbrush or dental floss may be used to clean the comb as well.
- Continue combing each section of hair until all is thoroughly combed and checked.
- The parent should then continue to check each day, as long as re-infestation is possible.

Chemical/ pesticide shampoos and cream rinses can also be used with some cautions.

- Consult with your child’s health care provider for instructions for treatment. If you have no health care provider, you may contact the Health Department or your pharmacist for treatment recommendations. Several medicated shampoo and cream rinse preparations are available without a prescription. All of these products are toxic medications that need to be used with care, and only when necessary. Lice treatment should be done by an adult, not the child. Read the information that comes with these products carefully before using them, and follow all instructions.
- Before using the treatment, you should shampoo the hair vigorously with regular shampoo to soften and loosen the nits in the hair. This should be followed by a thorough combing of the hair with the special fine-tooth comb found in the treatment package. This can weaken

and damage the nit capsules and help the medicated shampoo to work. Use the pesticide shampoos or rinse on towel-dried hair, as directed by health care provider, pharmacist, or as outlined on the product information. Do not get the product into the child's eyes—cover the eyes with a towel and instruct child to keep eyes tightly closed. Any product that does get into the eyes should be rinsed immediately with large amounts of tap water. Keep these products out of reach of young children. Use the products over the sink, not in the tub or shower to avoid skin exposure to the rest of the body. Medicated shampoos and cream rinses should never be left on the head more than 10 minutes before rinsing off. Wash your hands well after using these products.

- After using the product as directed and rinsing, it is necessary that nits be removed by combing the hair with a special fine-tooth comb. Using a vinegar rinse after shampooing (except with Nix creme rinse) may make it easier to remove nits. No known preparation kills all of the nits, and these must be manually removed. This process is easier with a very bright light, and sometimes a magnifying glass is helpful. Have the child put on clean clothing immediately after the treatment.
- A student should not miss more than 1-2 days from school because of head lice. On days 2-6 after initial treatment, wash the hair with regular shampoo and comb out any nits that are there.
- Re-treatment after 7-10 days may be necessary to eradicate any lice that may have hatched from nits that were not killed or removed. Never retreat before 7 days. Follow your health care provider's recommendations.
- The medicated shampoos and rinses are not preventative and should never be used unless live lice or nits are present.
- Some people have had success using oil, such as mineral or olive oil to cover the hair, wrapping the head with a towel (not a shower cap), and leaving it on overnight. The oil is then washed out with regular shampoo. Manual removal of lice and/ or nits is still necessary after this treatment.

Necessary Household Measures

- Machine washing in hot water, and/or drying on the hot cycle of the dryer can disinfect many personal articles, such as bed linens, clothing and hats. Allow time between loads of laundry for the water to regain its maximum water temperature. If only the dryer is available, dry articles for at least 20 minutes at the high heat setting. Articles that are not washable may be effectively disinfected in the dryer if the heat will not harm them.
- Dry cleaning or storing items in a tightly sealed plastic bag for 10-14 days is also effective.
- Vacuum mattresses, pillows, upholstered furniture, car seats and carpeting. Discard contents of vacuum bag immediately in plastic trash bags.
- Combs and brushes should be soaked in alcohol or Lysol for one hour.
- To control the spread of head lice, infested persons should not share items which come into contact with the head, neck or shoulders (e.g. combs, brushes, hats, scarves, coats, towels, stuffed animals child sleeps with). Hand washing and cleaning under fingernails is also important since nits could get under the nails when scratching, and easily be spread to others.
- Animals in the home do not carry lice.
- Do not use dog shampoo, kerosene, or other products such as these. They do not kill lice and can be dangerous.
- Treatment should focus on the infested person and his/her personal articles. The U.S. Public Health Service does not recommend fumigation or use of insecticides in the home, school and on school buses.

Cautions from the National Pediculosis Association:

- Don't use shower caps and never leave the product on longer than directed.
- Don't use a prescription product containing the pesticide LINDANE.
- Don't use a chemical treatment on or near the eyes.
- Don't use a chemical head lice treatment on a baby.
- Don't use lice sprays.
- Don't treat individuals who are not infested.
- Don't use chemical treatments to prevent head lice.

Date: _____

Dear Parent or Guardian,

Your child is believed to have head lice. When there is evidence of head lice, either live adult lice or nits (recently laid lice eggs) have been seen. Lice outbreaks are very common among school children. Head lice do not carry any disease, and their presence does not indicate a lack of cleanliness. However, head lice are easily spread among children, and need to be treated at once in order to prevent further spread in the school.

We have enclosed an information sheet for families that you should read carefully. The letter describes treatment guidelines and general information about head lice. We also recommend you consult your child's health care provider, your pharmacist, or the Health Department for the most up-to-date information and recommendations on treatment for your child.

Because of the risk of spreading the infestation to other students, your child must be kept at home until he or she is treated. School clinic or office personnel will check your child upon return to school, to make sure lice and nits have been removed. If you have any questions, please call the school and speak to someone in the office or clinic.

Signature of Principal

Date

Dear Parent or Guardian,

I am writing to let you know that a few cases of head lice have been identified in our school. Lice outbreaks are very common among school children. Head lice do not carry any disease, and their presence does not indicate a lack of cleanliness. We would like to give you some information that will be helpful to you in keeping your child free of lice and help the school in eradicating the problem.

The school is presently taking every measure to effectively control the spread of the infestation, including random head checks and implementation of the school system's comprehensive procedures for responding to head lice outbreaks.

Some things you may do to help are:

1. Examine your child periodically for lice or nits, using a bright light or sunlight. Lice are crawling insects, about the size of a sesame seed, usually found at the nape of the neck and behind the ears. They do not jump or fly, but can move very quickly. Nits are the eggs, which are laid close to the scalp and attached firmly to the hair shaft. They are usually light colored and cannot be easily brushed or flicked out. You will often find nits, and not live lice. Often children will complain of itching.
2. If lice or nits are found:
 - Notify the school.
 - Do not let your child attend school until treatment is completed.
 - Consult with your child's health care provider, health center, or pharmacist for treatment instructions.
 - An information sheet is enclosed with this letter also. Read it carefully.
3. If head lice or nits are not found:
 - Do not begin any special treatment. Using chemical lice treatments has not been proven to be preventative, and is not recommended.
 - Instruct your child not to share personal items such as combs, brushes, scarves, hats or coats with other children. Lice are spread by contact; they do not jump from one person to the next.

I hope this information will be helpful in keeping your child free of this problem. If you have further questions concerning head lice, please call the Health Department or your child's health care provider.

Signature of Principal

SCABIES

General Information

Scabies is a highly communicable skin disease caused by a tiny parasite called a mite. The mite penetrates the skin, causing a rash and intense itching, especially at night. Transfer occurs by direct skin-to-skin contact. The longer and more frequent the contact, the more likely the transfer. The mite feeds on skin cells, and can only move by crawling. Symptoms may not appear for two to six weeks after contact, so the mites may be widespread before they are recognized. The mite does not carry disease, but secondary infection may occur from scratching. Scabies occurs worldwide and affects all socioeconomic groups.

The scabies rash may occur as small red spots, occurring most commonly on the hands and wrists. The elbows, underarms, waist, thighs, abdomen, genitalia, and buttocks can also be affected. A teacher would most likely observe that the child is scratching frequently. The rash could then be seen, often with burrows seen under the skin.

Treatment

Treatment is relatively simple, safe and effective. Referral to the student's health care provider is necessary for the prescription. The prescription lotion is then applied at night over the entire body, from the chin down. After 8-12 hours, the preparation is washed off the skin. All family members may need treatment. Some medications require a re-treatment in one week. Follow recommendations of the health care provider and pharmacist carefully. Twenty-four hours after the treatment, all clothing and bedding used and worn within the last three to four days should be laundered or dry-cleaned. Spraying of the home or school is not necessary. Freshly laundered clothing and bedding should be used after each application of medication.

Control Measures in School

When a teacher suspects the presence of scabies, the child should be sent to the clinic or office.

Clinic/office personnel would:

- Confirm the presence of a skin rash, taking care to maintain the child's dignity and privacy.
- Notify parents and send student home with recommendations for treatment, and general information letter.
- Check siblings who attend the school, and any other children with symptoms of itching.
- Confirm that treatment has been initiated when child returns to school. If re-treatment is ordered, make a note to confirm this at the appropriate time.
- If treatment has not been initiated, call parents and send the child home again with a second letter.
- Notify the school social worker if a child misses more than two to three days of school.

Date _____

Dear Parent:

Based on observation in the class and clinic, your child _____ was found to have symptoms characteristic of scabies. This is not a diagnosis, and you should follow up with your child's health care provider or the health department.

Scabies is a skin condition caused by a tiny mite that burrows under the skin and causes intense itching, especially at night. The areas most commonly affected are the hands and wrists, but other areas may be affected as well. Other family members should be checked as well if there is any rash or itching present.

Scabies is not serious and is easily treated. However it is contagious and easily spread through bodily contact. For this reason, your child needs to be examined so that treatment can be started as soon as possible. It is usually treated with a prescription lotion. After the treatment, your child's clothing and bedding used in the last 3-4 days should be washed and dried or dry-cleaned. Follow your health care provider's instructions carefully.

Before your child returns to school, you will need a note from your child's health care provider (either that no treatment is necessary, or that treatment has been started). If you have further questions concerning the detection and treatment of scabies, please contact your child's health care provider or the health department.

Thank you for your cooperation in this matter.

Signature of Principal