

A 'lousy' situation

THE STIGMA OF LICE CAN BE JUST AS IRRITATING AS THE INFECTION

By SHARON MACGREGOR

Parents with children in nursery or elementary school face a myriad of health worries and probably receive many letters of notice regarding contagious ailments that have been diagnosed in their child's environment. Head lice (or pediculosis, as it is referred to medically) remains on the most feared list, not because of the physical symptoms the child experiences, but rather the work involved to be lice and nit free and the stigma that remains attached to this ailment.

This stigma is negative enough that it can be at the root of the continued exposure and consequent passing of the lice among children. In fact, Dawn, a Registered Nurse and mother of three girls in Ulster County, would only agree to share her experience from over a year ago, if the identity of her children would be totally protected due to the possible backlash they could still experience if exposed.

"Due to the stigma attached, families are horrified to find out their child has lice and will keep it quiet while other children have been in close contact with their child," says Barbara Ercoline, R.N., a school nurse at Pine Bush Elementary School.

It's one thing when you receive a note from the school that a case of lice was found in your child's class; it is somehow compounded when you are a teacher in the

school district and realize your son has lice. Aileen Greer, a teacher in the Pine Bush School District, received such a letter, which included some basic information about lice and instructions to call the nurse if it was suspected that her child had head lice.

"I didn't think much about it since I have a boy and felt it was unlikely he would get it," says Greer. "About two weeks later I was combing his hair for school and saw what looked like a piece of long grain wild rice on the top of his head which came out easily in the comb. When I checked the back of his head, above his neck, I

saw much smaller dark specks that were hard to remove. I called the school nurse to tell her and she thanked me and said she would recheck his entire class."

"There are many misconceptions about lice," Ercoline explains. "It can be seen year round, it knows no boundaries, can be seen in cold weather and one case may be found in any elementary school building at any given time. While it is more probably transferred among young girls with long hair due to their likelihood to play in close contact, it is also found in boys."

Equally ironic as a school-teacher's child having lice is that of the hairdresser's daughter and son. "My sister called and said her daughter had lice," says Tina Savold of New Hampton. "No note came home [from the school]."

After receiving her sister's telephone call, Savold checked her children and found they both had lice. One child was attending the elementary school and the other the intermediate school.

However, they both rode the same school bus. In more than 20 years in the salon, Tina had not seen a single case of lice until the summer of 2007.

"My daughter was getting ready for school and complaining about her neck being itchy. I looked at it and noticed red bumps on her neck. I didn't think about lice because she is very prone to bug bites and had been outside for many hours the night before, so I gave her Benadryl and took her to school," explains Dawn of Ulster County. "I happened to be with her



(Continued on Page 20)

LICE

(Continued from Page 18)

since they were going on a field trip. About three hours later I realized she was still very uncomfortable, then saw her pick a small black bug off her head. I almost died. When we got to our destination I checked her head and my worst fear was confirmed. I brought her back to school immediately and told the nurse. We checked my youngest daughter and found one small louse in her hair but nothing else."

Once your child is confirmed to have lice, treatment begins. To treat the child, the Centers for Disease Control (CDC) website (cdc.gov) states, "The most important step in treating a head lice

How to prevent a live infestation

Lice are most commonly spread directly by head-to-head contact and much less frequently by lice that have crawled onto clothing or belongings. Avoid head-to-head contact common during play at school and at home). Do not share clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons. Do not share infested combs, brushes, or towels. Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.

Source: Centers for Disease Control

infestation is to treat the person and other family members with head lice with medication to kill the lice."

Aileen Greer, Tina Savold and Dawn all went immediately to the drug store and purchased head lice products or kits (which include a treatment shampoo, gel to aid in combing, a plastic comb and spray for furniture or non-washable household items) and read the directions for the products they purchased. Aileen said her next steps were to, "treat the child's head. It is important to apply the shampoo without water, as water dilutes the chemicals. My son kept his eyes closed the entire time of the application, plus the ten minutes for it to sit, then rinse with water. Then I combed the hair with the plastic comb and gel, but it was very hard to get the lice out. I spent an hour and a half on the

treatment the first time. Then I washed everything in the washer - his bedding, clothing, car seat pieces, hats and coats. I sprayed the car, vacuumed his mattress, the car, the carpet, and the couches. I put pillows in the dryer on high heat for 30 minutes and put all stuffed animals in a plastic bag for the following weeks."

The CDC advises that retreatment is only necessary if "after 8-12 hours of treatment, no dead lice are found and lice seem as active as before." However, it adds that your health care provider should be seen if this is the case. You may need a different medication.

It's not uncommon for lice to be resistant. "Nit picking or manual combing for removal is very effective [in addition to treatments]," says nurse Barbara Ercoline. She advises parents who may hesitate to purchase products for treatment due to financial hardship to check with their school nurse to see if the health office can offer assistance. Keeping a child home without treatment will not address the problem and most school districts enforce a "No Nit" policy, which means a child cannot attend school if nits are present.

Treating the household and vehicle (including car seat) after a lice diagnosis is required, but the method used is at your discretion. Some prefer to use the over-the-counter spray, but remember it is a chemical pesticide. Others opt for an aggressive cleaning that includes vacuuming, high heat treatment of pillows and storage in plastic of stuffed animals.

According to the CDC, "Head lice do not survive long if they fall off a person and cannot feed. Machine-wash all washable clothing and bed linens that the infested person wore or used during the two days before treatment. Use the

(Continued on Page 22)



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LICE

(Continued from Page 21)

hot water (130°F) cycle. Dry laundry using high heat for at least 20 minutes. Store all clothing, stuffed animals, comforters, etc., that cannot be washed or dry-cleaned into a plastic bag; seal for two weeks. Vacuum the floor and furniture. The risk of getting re-infested from a louse that has fallen onto a carpet or sofa is very small."

Once the child and home have been treated, many parents want to know what they can do to prevent this from ever happening again. Tina Savold recommends school districts include notifying all children on a bus route that an infestation has occurred in a classroom, as children often sit very close in a bus seat.

How safe is that lice treatment?

Find out what the Centers for Disease Control says about using these topical insecticides. Visit hvparent.com.

Ercoline refers parents to their local health food store to seek out natural remedies and oils for prevention and perhaps suggestions for treating a dry-itchy scalp that may be the result of treatment. Ercoline also recommends addressing the stigma associated with lice in order for parents to feel more comfortable saying, "My child has lice." This step alone will help reduce the number of children who come in direct contact with a diagnosed case.

"I explained to my children that lice are easy to catch, just like a cold," says Aileen Greer. "To prevent further lice infestation, I have been using a tea tree oil shampoo."

Once your child has had head lice, a parent is always cautious. Dawn continues to randomly check her daughters though they have been "clean" for over a year. Tina Savold not only continues to check her children, but if she feels the slightest bit itchy herself will ask someone to look at her scalp. Aileen also continues to check her son and though her younger son did not have lice, his scalp will be under constant scrutiny. In speaking with all of the women directly affected, we all laughed about the psychological itching, but are still waiting for it to stop.

Sharon MacGregor is a mother of two teens and a freelance columnist.

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