VISION

A **Christ-centered school community** growing in the **love** and **friendship** of **Jesus Christ** in His **Church** and striving for **peace** in the **social** and **ecological order.**

MISSION

We, in Basic Education, commit ourselves – **to Transformative Education as a Christ-centered school community dedicated to the integral formation** of persons empowered to promote **justice, peace, care for creation and solidarity.**

Serve joyfully with boundless love.
School Thrust 2019-2020

July 24, 2019

Dear Parents, Guardians, School Personnel and Students,

We have started the medical examination of the students and documented cases of pediculosis capitis or head lice. Referral letters were given to these students to address the problem. We would like to once again disseminate information regarding this concern for your guidance.

PEDICULOSIS CAPITIS/HEAD LICE

Pediculosis capitis, or more commonly known as **head lice** are seen most frequently in early school-age children. Lice are wingless insects 2 to 4 mm in length that cannot fly or jump. The louse resides on the hair or clothing and intermittently feeds on the host by piercing the skin. The bite causes small urticarial papules and itching. Head lice live close to the skin and may live for 30 days, depositing 100 to 400 eggs as **nits** on hair shafts, usually within 6 mm of the scalp.

Head lice infestations are unrelated to hygiene and are not more common among children with long hair or with dirty hair. Transmission usually occurs by direct contact with the head of another infested individual. Indirect spread through contact with contaminated personal belongings, such as hairbrushes, combs, or caps, is much less frequent.

Itching, if present, is the primary symptom. Pediculosis capitis usually causes pruritus or itchiness behind the ears or on the nape of the neck or a crawling sensation in the scalp. It is not associated with transmission of other infections.

Please see next page.

REPLY SLIP

Class Number

☐ We have read and noted the contents of the Clinic Advisory on Pediculosis capitis/ Head lice.

Student's Name	Grade & Section	Parent's Signature

Diagnosis is confirmed by visualizing a live louse. Frequently, nits which represent the outer casing of the louse eggs, are seen. Nits located on the hair shaft near the scalp suggest active infestation and those farther from the scalp indicate previous infestation. Because non-viable nits can remain stuck in the hair for weeks to months after an infestation has resolved, many children with nits may not have active lice infestation.

For the treatment, please consult your physician or dermatologist. Be wary of the different anti-head lice shampoos available in the market which may not be advised by your physician. Please address this problem immediately to prevent further infestation within the family and in classrooms. Because 20% to 30% of eggs may survive one treatment, a second treatment should be applied in 7 to 10 days.

Everyone in the family should be checked for head lice and treated accordingly. Bed linens, towels, pajamas, and clothes worn for the previous 2 days prior to treatment should be machine-washed in hot water or machine-dried using high heat. Items that are not washable may be dry-cleaned or placed in a sealed plastic bag for 2 weeks. Brushes and combs should be soaked in dish detergent or alcohol for 1 hour. Rugs, furniture, mattresses, and car seats should be vacuumed thoroughly.

The finding of active lice infestation indicates their presence for 1 month or more. Manual removal of nits after treatment is not necessary to prevent spread. There is no evidence that *no nit* or *nit-free* policies reduce transmission of head lice. There is also no evidence that group screening is effective. (Source: Nelson Essentials of Pediatrics)

Data show that head lice can survive under water for several hours but are unlikely to be spread by the water in a swimming pool. Head lice have been seen to hold tightly to human hair and not let go when submerged under water. Nits are cemented to hair shafts and are unlikely to be transferred successfully to other people. (Source: CDC – Centers for Disease Control and Prevention Website)

Thank you very much for your attention. We hope that we have enlightened you with this advisory.

Sincerely yours,

Dr. Melanie B. Carpizo
School Physician

Dr. Florence Irena Atutubo Baylas
School Physician

Noted by:

Mrs. Maria Luz P. San Andres
Director for Student Affairs and Services