District Policy

MANAGEMENT OF PEDICULOSIS

Section: Operations

Date created: 08/20/2023

The Board of Education recognizes the need to maintain a healthy learning environment for all children in the school district. One way to maintain this healthy learning environment is to manage pediculosis, a condition of a person having head lice. Head lice are very small insects that have claws that cling to hair and spend their entire life cycle on the heads of people. Head lice do not spread any diseases and having head lice is not prevented by personal or household cleanliness, use of shampoos, or length of hair. All social and economic groups can be affected by head lice. Because it is very difficult to totally prevent head lice infestations in schools where children come into close head-to-head contact with each other frequently, the Board of Education authorizes appropriate steps to manage pediculosis.

A student who is found to have active head lice will not be permitted to attend school until there are no active lice in the student's hair, proof of treatment has been provided to the nurse, and until all live and/or dead head lice are removed from the student's hair as confirmed by an examination by the school nurse.

The presence of nits (the eggs of lice) will prohibit a child from attending school until the parent has provided proof of treatment to the school nurse and there is no evidence of nits in the student's hair.]

The Board recognizes parents have the primary responsibility for the detection and treatment of head lice and school staff members will work in a cooperative and collaborative manner to assist all families in managing pediculosis. The school nurse will compile a Management of Pediculosis Information Packet. The Board of Education's Management of Pediculosis Information Packet and this Policy will be provided to parents of children identified with active head lice or nits and be made available to all parents upon request. The Information Packet will include information about identifying, treating, and managing pediculosis.

If the school nurse determines a student has active head lice or nits, the parent shall be notified by the school nurse as soon as reasonably possible. The parent will be provided a copy of the district's Management of Pediculosis Information Packet and this Policy. The school nurse will advise the parent that prompt treatment of active head lice and/or nits is in the best interest of their child and treatment shall be required before the student can return to school. The school nurse will determine

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Staphylococcal or streptococcal skin infections (not including MRSA & Impetigo)	Honey crusted draining lesions, skin lesions with a reddened base.	If lesions cannot be adequately covered. Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage[6]			
Streptococcal pharyngitis (strep throat)	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	Until at least 12-24 hrs. after antibiotic treatment has been initiated and child able to participate in activities AND Fever free for 24 hours without fever reducing medication.		Exclusion time may vary on a case-by-case basis after consultation with the local health department (i.e., during an outbreak).	
Tinea capitis (Ringworm of the scalp)	Hair loss in area of lesions.	Until after treatment has been started. Contact Sports[6]		Refer for treatment at the end of school day and exclude until treatment has been started.	
Tinea corporis (Ringworm of the body)	Circular well demarcated lesion that can involve the face, trunk, or limbs. Itching is common.	Until after treatment has been started. Contact Sports[6]		Refer for treatment at the end of school day and exclude until treatment has been started.	
Varicella (Chickenpox)	Slight fever with eruptions which become vesicular. Lesions occur in successive crops with several stages of maturity at the same time.	Until all lesions have dried and crusted usually 5 days after onset of rash.			Yes[5]
Vomiting	Children with vomiting from an infection often have diarrhea and sometimes fever.	If vomiting more than 2 times in the previous 24 hours and is not from a known non-communicable condition (e.g., gastroesophageal reflux).	Exclude from cooking, preparing and touching food until 24 hrs. after symptoms resolve.	See Norovirus	

to send the child home or have the child remain at school for the remainder of the school day based on the comfort of the child, the degree of the infestation, and the likelihood of the spread of head lice to other students. If the school nurse cannot contact the parent a letter from the school nurse informing the parent of the presence of active head lice or nits will be sent home with the student. In the event the parent cannot be reached on the day it is determined their child has active head lice or nits, the parent will be required to contact the school nurse the next school day to review the Board Policy, the Management of Pediculosis Information Packet, and treatment options.

The following action will be taken to prevent the spread of head lice in district schools:

1. Grades Kindergarten through Four – When a single case of active head lice has been identified by the school nurse, parents of all children in a class will be notified by the school nurse. The Principal will send home a copy of a Head Lice Alert Notice, the school district's Management of Pediculosis Information Packet, and this Policy to all parents of children in the class.

a. The information provided to parents will clearly notify parents that treatment should only be performed on their child if active head lice or nits are found in their child's scalp and treatment should not be applied as a preventative measure. This notification will inform parents they are expected to notify the school nurse if they find active head lice or nits in their child's scalp. The school nurse will perform a head check of any student if requested by the parent.

b. The school nurse will perform head checks of all students in a classroom where there are three or more active head lice cases or nits in the same classroom within a two week period.

2. Grades Five through Eight – When a single case of active head lice has been identified by the school nurse, parents of children in a class or on a team may be sent a Head Lice Alert Notice, the school district's Management of Pediculosis Information Packet, and this Policy at the discretion of the Principal or designee and the school nurse. Parents may request information regarding head lice from the school nurse. The school nurse will perform a head check of any student if requested by the parent.

3. Grades Nine through Twelve – When a single case of active head lice has been identified by the school nurse, parents of children in a class or on a team may be sent a Head Lice Alert Notice, the school district's Management of Pediculosis Information Packet, and this Policy at the discretion of the Principal or designee and the school nurse. Parents may request information regarding head lice from the school nurse. The school nurse will perform a head check of any student if requested by the parent.]

When a case of active head lice has been identified by the school nurse, the school nurse shall perform a head check of any of the infested student's siblings in the school. If a sibling(s) attends a different school in the district, the school nurse in the sibling's school will be notified and the school nurse may conduct a head check of the sibling(s). In addition, anytime the school nurse has identified active head lice, the school nurse may conduct a head check of other students in the school who are most likely to have had head-to-head contact with the infested child. All other students to be checked shall be identified by the school nurse in consultation with the school administration. Parental approval shall be obtained by the Principal or designee or school nurse.]

Each school in the district will make available to parents the district's Management of Pediculosis Policy.

All school staff members will maintain a sympathetic attitude and will not stigmatize and/or blame families who experience difficulty with control measures. All school staff members will act responsibly and respectfully when dealing with members of the school and broader community regarding issues of head lice.

Each school in the district will educate and encourage children and parents to learn about head lice in an attempt to remove any stigma or to prevent any harassment, intimidation, and bullying associated with this issue. Any instances of harassment, intimidation, and bullying shall be reported and investigated in accordance with the provisions of the district's Harassment, Intimidation, and Bullying Policy.

A student excluded from school for reasons outlined in this Policy shall be re-admitted only upon the examination and approval of the Principal or designee and the school nurse. The examination for re-admittance to school by the school nurse may be, but is not required to be, in the presence of the student's parent.

Cases of active head lice will be recorded by the school nurse in each school for the purpose of tracking incident rates and mandatory reporting of outbreaks will be done according to the New Jersey Department of Health criteria for reporting outbreaks.

Kawasaki Disease Fact Sheet

Kawasaki disease is a serious disease of children

No one knows what causes Kawasaki disease, but it is thought to start from an infection or from exposure to some toxin. There is no firm evidence that the disease can spread from one person to another.

Kawasaki disease affects mostly children

This disease primarily affects children under the age of 5. Most cases occur in 1 to 2 year old children. Asian children are more prone to get Kawasaki disease than non-Asian children. The disease is seen more often in the winter and spring seasons.

Symptoms to look for may include:

- High, spiking fevers
- Mood changes and irritability
- Red eyes, without pus-like discharge
- A red mouth and throat, and dry, cracked lips
- A red "strawberry" tongue
- A swollen lymph node ("gland") in the neck area
- A red rash
- Swollen hands and feet, and red palms and soles
- Peeling skin of the fingers, palms, and sometimes soles

Diagnosis can be difficult

There is no one test that can confirm this disease. A doctor makes the diagnosis from the symptoms and a few characteristic laboratory findings, such as high platelet counts (cells that help blood clot) in the blood.

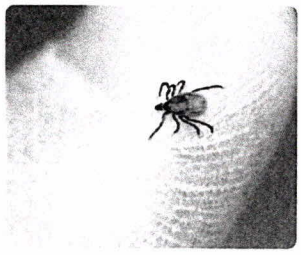
Kawasaki disease can be treated. See your doctor immediately if you think your child may have this disease

Kawasaki disease is treated in the hospital with medications that reduce inflammation. The treatment works best when it is started early, within 10 days of when the symptoms began.

Although most children recover completely, Kawasaki disease can cause complications

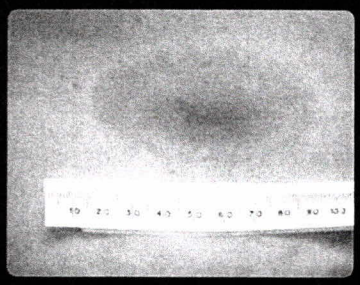
Twenty to 25% of children with this disease may develop swellings of the arteries in the heart if they are not treated. Early treatment can reduce the risk of heart complications. Other complications include arthritis, meningitis, and rarely death.

Looking for a bull's-eye rash? Look again – erythema migrans can take many forms.



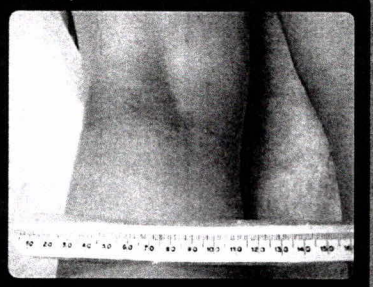
Most people do not see the tick that causes their Lyme disease. However, approximately 75% of patients with early Lyme disease will have the telltale skin lesion in the first 1-4 weeks of infection. The Lyme disease skin lesion is large, greater than 5 cm (2 inches), in size. It can be distinguished from an uninfected tick or bug bite because it lasts days or weeks and enlarges in size over time. When the skin lesion is present, it is a more accurate way to diagnose Lyme disease than by using the currently available blood tests.

Most clinicians recognize the classic target lesion or bull's-eye rash. However, most are not aware that the majority of Lyme disease skin lesions are uniformly red or reddish-blue. In late spring and early summer when early Lyme disease is most prevalent, any of the skin lesions shown here could be indicative of Lyme disease. Fever, chills, and muscular pain in the neck and extremities are common early Lyme disease symptoms. The presence of these symptoms with a rash should raise the suspicion of a Lyme disease diagnosis.



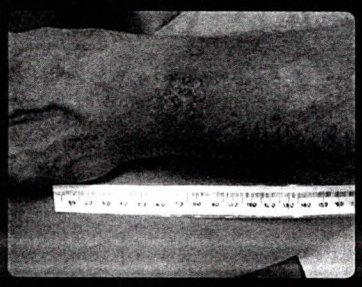
Central Clearing/ Target Lesions

The classic bull's-eye target lesion of Lyme disease occurs in the minority of patients. The majority of Lyme disease skin lesions lack the hallmark rings and central clearing. **Only about 20% of Lyme disease lesions have a bull's-eye appearance.**



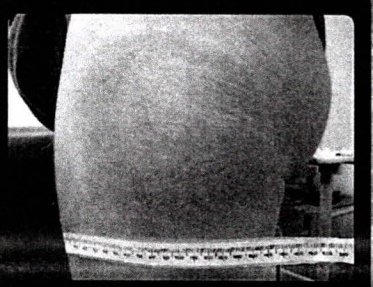
Uniformly Red Lesions

Most Lyme disease skin lesions are uniformly red without the rings or target appearance. They are distinguished from other skin rashes by their round or oval shape and sharply demarcated borders. Skin lesions often hide in difficult to see places such as behind the knee or in the groin or armpit.



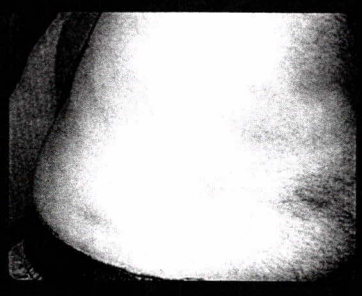
Blistering Lesions - It's not a spider bite.

1% of Lyme disease skin lesions have a central blistering or pustular appearance that is commonly mistaken for a spider bite. Why does this occur? It is likely a more severe inflammatory reaction to *Borrelia burgdorferi* that results in skin blistering.



Blue-Red Lesions

Some Lyme disease skin lesions have a blue-purple color and can be mistaken for a bruise. What distinguishes this from a bruise? The perfectly uniform circle and sharply demarcated border. They may be minimally pruritic or sensitive to touch but are not pruritic like poison ivy or extremely painful like shingles or cellulitis.



Disseminated Lesions

These are not multiple tick bites. The original skin infection of Lyme disease can spread through the bloodstream to other areas of the body, including the joints, nervous system and other areas of the skin. This results in multiple skin lesions that often have variable shapes and appear throughout different areas of the skin.

How to differentiate Lyme disease from other causes of fever and rash.

While viral illnesses and other bacterial infections can cause symptoms of fever, fatigue, and pain that mimic Lyme disease, they do not have large distinct round or oval rashes like Lyme disease. In addition, most viral illnesses have typical cold symptoms of runny nose or prominent cough which are not common in Lyme disease.

This project is a collaborative effort of the Maryland Department of Health and Mental Hygiene and the Lyme Disease Research Foundation of Maryland.

Maryland Department of Health and Mental Hygiene
Infectious Disease and Environmental Health Administration
Center for Zoonotic and Vector-borne Diseases

Martin O'Malley, *Governor*
Anthony G. Brown, *Lt. Governor*
Joshua M. Sharfstein, M.D., *Secretary, DHMH*

Lyme Disease Fact Sheet

Lyme disease

- Caused by *Borrelia burgdorferi,* a bacterium.
- Transmitted by the bite of an infected black-legged tick (*Ixodes scapularis)* or deer tick, which must be attached to the skin for at least 36 hours for transmission to occur.
- Not every tick bite causes Lyme disease.
- Concentrated in the Northeast and Upper Midwest United States (including Maryland).

Recognize the symptoms

- From 3–30 days after a tick bite, a gradually expanding rash (called *erythema migrans)* occurs at the site of the tick bite in 70-80% of infected people. The rash can expand over several days to up to 12 inches and may resemble a bull's eye (the rash is rarely itchy).
- Other symptoms may include fever, headache, and fatigue.
- If untreated, the disease may spread in a few days to weeks and may cause a loss of muscle tone on one or both sides of the face, severe headaches and neck stiffness, shooting pains that may interrupt sleep, heart palpitations and dizziness, and pain that shifts from joint to joint.
- After several months, 60% of untreated patients may develop severe joint pain and swelling, particularly in the knees. Up to 5% of untreated patients may experience neurological symptoms, including shooting pains, numbness or tingling in the hands or feet, and problems with concentration and short term memory.
- Contact your health care provider if you develop any of these symptoms after a tick bite or after being in tick habitat.
- Most cases of Lyme disease can be cured with antibiotics, especially when treatment is started early.

Keep ticks off

- Ticks are most active from late spring through early fall.
- Insect repellent containing 20–30% DEET is recommended to prevent tick bites.
- Repellents with up to 30% DEET can safely be used on children over 2 months of age.
- Treat clothes with permethrin (don't use permethrin directly on skin).
- Long pants and long sleeves help keep ticks off of skin, and tucking pant legs into socks and shirts into pants keeps ticks on outside of clothing.
- Light colored clothing lets you spot ticks more easily.
- Talk to your veterinarian about tick control products for your pets.
- When enjoying the outdoors, avoid wooded or brushy areas with tall grass and leaf litter and walk in the center of trails.
- Check yourself, your kids and your pets daily for ticks when spending time in tick habitat.
- Bathe or shower as soon as possible (within 2 hours) after coming indoors to wash off ticks.

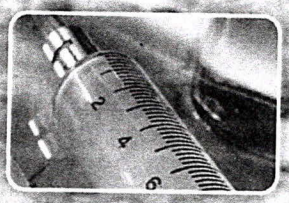
To remove ticks

- Use fine-tipped tweezers.
- Grab the tick close to the skin; do not twist or jerk the tick.
- Gently pull straight up until all parts of the tick are removed.
- Wash your hands with soap and water or an alcohol-based rub.
- Clean the site of the tick bite with soap and water or an antiseptic.
- Do not use petroleum jelly, a hot match, nail polish, or other products to remove ticks.

For more information, visit:

- https://phpa.health.maryland.gov/OIDEOR/CZVBD/Pages/lyme-disease.aspx
- https://www.cdc.gov/lyme/index.html

RABIES



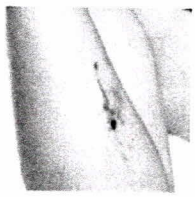
What is rabies PEP?

Rabies PEP includes:

- Wound cleaning
- Rabies immune globulin (RIG)*
- A series of rabies vaccinations

* For persons who have **not** previously been vaccinated against rabies

When is it indicated?



PEP should be given to anyone with suspected exposure to the rabies virus. Exposure usually occurs via bites from wildlife such as bats and raccoons, but dogs, cats, and other mammals can also transmit the virus. Your local health department can help in assessing exposure risk.

How should rabies PEP biologics be administered?

Not previously vaccinated	RIG (20 IU/kg)	Infiltrate wounds with full dose, if possible. Inject remaining volume IM in a site distant from vaccine.
	Vaccine (1 mL)	Inject IM, in **deltoid**, on days 0, 3, 7, and 14*.

* Immunocompromised persons should receive five doses of vaccine (1 dose of vaccine on days 0, 3, 7, 14, and 28).

Previously vaccinated	RIG (20 IU/kg)	Do **not** administer.
	Vaccine (1 mL)	Inject IM in **deltoid** on days 0 and 3.

Important Do's and Don'ts!

DO

- ✔ Infiltrate all wounds with RIG, unless patient was previously vaccinated.
- ✔ Inject vaccine in deltoid or thigh (in children).
- ✔ Give tetanus booster, if appropriate.
- ✔ Report animal bites to local police, animal control or health department.

DON'T

- ✘ Give RIG to a previous recipient of PEP or pre-exposure vaccination.
- ✘ Inject RIG and vaccine at the same site.
- ✘ Give more than the recommended dose of RIG.
- ✘ Inject vaccine in the gluteus.
- ✘ Give RIG in the same syringe as vaccine.

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Impetigo Fact Sheet

Impetigo is a common skin infection in young children

It is caused by streptococcal or staphylococcal bacteria. Although common in children, impetigo can occur in people of any age.

A rash appears 4 to 10 days after exposure

The rash looks red and round, and may be oozing. It can occur as small blisters containing pus-like material that may break and form a flat, honey-colored crust. The rash is most commonly seen on the face and diaper area, but can occur any place on the skin. The rash is often itchy.

Impetigo is spread through direct contact with infected skin

Less commonly it can be spread through touching articles (such as clothing, bedding, towels, etc.) contaminated by contact with the rash.

Treatment is available

Topical treatments and/or antibiotics are available to treat impetigo. See your doctor. Untreated streptococcal impetigo may result in a complication called nephritis. Nephritis is a serious and possibly deadly kidney disease, which may be prevented by antibiotics.

A person with impetigo should:

- Wash the rash with soap and water and cover it loosely with gauze, a bandage, or clothing.
- Wash hands thoroughly, especially after touching an infected area of the body.
- Use separate towels and washcloths from other people.
- Avoid contact with newborn babies.
- Be excluded from school or child care until 24 hours after the start of treatment, or otherwise cleared by health care provider.
- Be excluded from food handling until 24 hours after the start of treatment, or otherwise cleared by health care provider.

E. coli O157:H7 (STEC) Fact Sheet

E. coli O157:H7 and other strains of _E. coli_ that produce Shiga toxins are collectively known as Shiga toxin-producing _E. coli_ (STEC).

Most strains of *E. coli* are harmless and live in the intestines of healthy animals and humans. STEC are strains of *E. coli* that produce a toxin and can cause severe illness.

People usually become infected with _E. coli_ O157:H7 (STEC) by eating contaminated food

The organism can live in the intestines of healthy cattle. Eating meat (especially ground beef) that is rare or undercooked is the most common way of becoming infected. Drinking unpasteurized milk or juices, and drinking or swimming in sewage-contaminated water can also cause infection. The bacteria are present in an infected person's feces (stool) and may be spread from person to person.

E. coli O157:H7 (STEC) can cause severe bloody diarrhea and abdominal cramps

Sometimes infection causes nonbloody diarrhea or no symptoms. Symptoms begin 3 to 4 days, but can range from 1 to 10 days, after exposure. Hemolytic uremic syndrome (HUS) is a serious complication that occurs in some infected people, particularly children under 5 and the elderly. In this syndrome, red blood cells are destroyed and kidney failure occurs.

Infection can be diagnosed by detecting the bacterium in the stool

Your health care provider can request a special culture for *E. coli* O157:H7 (STEC) from a laboratory.

See your doctor if you think you may have this infection

- Most people recover without specific treatment in 5 to 10 days. Fluid and electrolyte replacement is important when diarrhea is watery or there are signs of dehydration. Antidiarrheal agents should be avoided. Antibiotics may actually worsen the disease.
- HUS is a life-threatening condition that is usually treated in an intensive care unit.
- If foodhandlers, health care and child care workers, children in child care, or anyone in the family of such people have an *E. coli* O157:H7 (STEC) infection, they should contact their local health department to get specific recommendations.

Infection with _E. coli_ O157:H7 (STEC) can be prevented by:

- Eating only thoroughly cooked meats and poultry (using a meat thermometer is the only way to ensure that food is thoroughly cooked).
- Consuming only pasteurized milk and dairy products, and juices.
- Eliminating cross-contamination from raw foods to cooked ones by thoroughly washing cutting boards and utensils, and by discarding used meat packages.
- Avoiding sewage-contaminated water.
- Washing all fruits and vegetables before eating.
- Washing your hands thoroughly with soap before and after handling foods, before eating, and after using the toilet or changing diapers.

Scabies-Itch Mite Rash

Is this your child's symptom?

- A very itchy rash caused by the scabies mite
- A mite is a tiny, invisible bug that burrows under the skin
- A doctor has told you your child has scabies or
- Your child has had close contact with another person who has it

Symptoms of Scabies

- Widespread little red, bumpy rash that mainly involves the skin folds.
- Intense itching is the main symptom. If it doesn't itch, it's not scabies.
- **Appearance.** The small red bumps are often in short straight or wavy lines. These are the burrows/tunnels of the mite. The bump or water blister is where the mite entered the skin.
- **Location.** Classic scabies is found in skin creases such as finger webs. Hands and wrists are the most common sites. Armpits, groin, scrotum, buttocks, navel, waist, and ankles can be involved.
- The face and neck are usually spared. In infants, the rash can involve the face and scalp.
- The rash usually looks the same on both sides of the body.

Cause of Scabies

- Scabies mite
- Scabies comes from skin-to-skin contact with someone who has scabies.
- After contact, a person will come down with scabies rash in 4 to 6 weeks.
- Itching is the first symptom.
- The rash and itching are the body's allergic reaction to mites in the skin.
- Can occur in anyone and does not mean poor hygiene.
- Scabies mites do not carry any disease.

Prevention of Spread to Others

- Scabies is very contagious and prevention is difficult.
- It's best to treat everyone who has had close contact.

When to Call for Scabies-Itch Mite Rash

Call Doctor or Seek Care Now	*Contact Doctor Within 24 Hours*	*Self Care at Home*
• Spreading red area or streak with fever • Your child looks or acts very sick	• Spreading red area or streak, but no fever • You think your child needs to be seen *Contact Doctor During Office Hours* • Your child had close contact with someone with scabies and not treated • Yellow soft scab that drains pus or gets bigger, not better with antibiotic ointment • Severe itching not better after 48 hours of steroid cream and allergy medicine • Rash goes away with treatment and then returns • After 4 weeks, itch is still present • You have other questions or concerns	• Scabies infection

Care Advice for Scabies

1. **What You Should Know About Scabies:**
   - Scabies are easy to treat. Itching is the problem.
   - The itching normally lasts for 2 weeks after the scabies mites are killed.
   - Treatment with the anti-scabies cream does not help the itch.
   - The itching is an allergic reaction. The body reacts to the dead mites and eggs in the skin. It continues until all the skin containing the dead mites is shed. This usually takes 2 weeks.
   - Continuing to have the itch does not mean that the treatment didn't work. It also doesn't mean that it needs to be repeated.
   - Here is some care advice that should help.
2. **Treating Close Contacts:**
   - Scabies is easily spread to others. The symptoms don't start for an average of 30 days.
   - Therefore, everyone living in the house should be treated before they develop a rash.
   - Close contacts only need to be treated once with the scabies cream.
3. **Anti-Scabies Medicine (Prescription):**
   - Scabies is treated with a prescription cream. (Currently, the most common product is Elimite).
   - If applied correctly, it's almost 100% effective at curing scabies.
   - Apply the cream from the chin to the toes. Cover every square inch of the body. Don't forget the navel, between the toes, under the fingernails and all the creases.
   - Areas that don't seem infected still need to be covered with the cream.
   - Caution: Infants less than 1 year old also need the cream applied to the head. Put it on the scalp, forehead, temples, ears and neck. Avoid putting it around the eyes and mouth.
   - Bedtime is usually the best time to apply it.
   - Eight to 12 hours later give your child a bath with warm water. This will remove the cream.
   - One treatment is usually effective. For severe rashes, repeat the treatment 1 week later.
   - Approved for as young as 2 months old.
4. **Steroid Cream for Itching:**
   - For relief of itching, apply 1% hydrocortisone cream (such as Cortaid). No prescription is needed.

- Do this 3 times per day to the most itchy spots.

5. **Allergy Medicine for Itching:**
   - If itching becomes severe, give an allergy medicine, such as Benadryl.
   - No prescription is needed. Age limit: 1 and older.
   - If needed longer than a few days, switch to a long-acting antihistamine, such as Zyrtec. Age limit: 2 and older.
6. **Cool Baths for Itching:**
   - For flare-ups of itching, give your child a cool or lukewarm bath. Bathe for 10 minutes.
   - Can add baking soda 2 ounces (60 mL) per tub.
   - Avoid all soaps. Reason: Soaps make the itching worse.
7. **Cut Nails for Itching:**
   - Discourage scratching.
   - Cut the fingernails short. Reason: Prevents a skin infection from bacteria.
8. **Cleaning the House:**
   - Live scabies mites are in clothing your child has worn in the last 3 days.
   - Machine wash all your child's sheets, pillowcases, underwear, pajamas, and other recently worn clothing. Use hot water. High dryer temps also kill mites.
   - Put items that can't be washed (such as blankets) into plastic bags. You need to keep them in the bags for 4 days to kill the mites. Scabies cannot live off the human skin for more than 3 days.
9. **What to Expect:**
   - One treatment with a prescription anti-scabies cream usually helps. This usually kills all the scabies mites and eggs. Make sure you leave it on for 8-12 hours.
   - The rash will heal up and go away in 2 weeks. There shouldn't be any new rash after treatment.
   - The itching may last up to 4 weeks. Reason: It's an allergic reaction to the dead scabies.
10. **Return to School:**
    - Your child can return 24 hours after one treatment with the anti-scabies cream.
11. **Call Your Doctor If:**
    - Rash looks infected (draining pus, scabs become larger)
    - Itching becomes worse or lasts over 4 weeks
    - You think your child needs to be seen
    - Your child becomes worse

And remember, contact your doctor if your child develops any of the 'Call Your Doctor' symptoms.

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What's New?

Scabies-Itch Mite Rash

Is this your child's symptom?

- A very itchy rash caused by the scabies mite
- A mite is a tiny, invisible bug that burrows under the skin
- A doctor has told you your child has scabies or
- Your child has had close contact with another person who has it

Symptoms of Scabies

- Widespread little red, bumpy rash that mainly involves the skin folds.
- Intense itching is the main symptom. If it doesn't itch, it's not scabies.
- **Appearance.** The small red bumps are often in short straight or wavy lines. These are the burrows/tunnels of the mite. The bump or water blister is where the mite entered the skin.
- **Location.** Classic scabies is found in skin creases such as finger webs. Hands and wrists are the most common sites. Armpits, groin, scrotum, buttocks, navel, waist, and ankles can be involved.
- The face and neck are usually spared. In infants, the rash can involve the face and scalp.
- The rash usually looks the same on both sides of the body.

Cause of Scabies

- Scabies mite
- Scabies comes from skin-to-skin contact with someone who has scabies.
- After contact, a person will come down with scabies rash in 4 to 6 weeks.
- Itching is the first symptom.
- The rash and itching are the body's allergic reaction to mites in the skin.
- Can occur in anyone and does not mean poor hygiene.
- Scabies mites do not carry any disease.

Prevention of Spread to Others

- Scabies is very contagious and prevention is difficult.
- It's best to treat everyone who has had close contact.

When to Call for Scabies-Itch Mite Rash

Call Doctor or Seek Care Now	*Contact Doctor Within 24 Hours*	*Self Care at Home*
• Spreading red area or streak with fever • Your child looks or acts very sick	• Spreading red area or streak, but no fever • You think your child needs to be seen *Contact Doctor During Office Hours* • Your child had close contact with someone with scabies and not treated • Yellow soft scab that drains pus or gets bigger, not better with antibiotic ointment • Severe itching not better after 48 hours of steroid cream and allergy medicine • Rash goes away with treatment and then returns • After 4 weeks, itch is still present • You have other questions or concerns	• Scabies infection

Care Advice for Scabies

1. **What You Should Know About Scabies:**
   - Scabies are easy to treat. Itching is the problem.
   - The itching normally lasts for 2 weeks after the scabies mites are killed.
   - Treatment with the anti-scabies cream does not help the itch.
   - The itching is an allergic reaction. The body reacts to the dead mites and eggs in the skin. It continues until all the skin containing the dead mites is shed. This usually takes 2 weeks.
   - Continuing to have the itch does not mean that the treatment didn't work. It also doesn't mean that it needs to be repeated.
   - Here is some care advice that should help.
2. **Treating Close Contacts:**
   - Scabies is easily spread to others. The symptoms don't start for an average of 30 days.
   - Therefore, everyone living in the house should be treated before they develop a rash.
   - Close contacts only need to be treated once with the scabies cream.
3. **Anti-Scabies Medicine (Prescription):**
   - Scabies is treated with a prescription cream. (Currently, the most common product is Elimite).
   - If applied correctly, it's almost 100% effective at curing scabies.
   - Apply the cream from the chin to the toes. Cover every square inch of the body. Don't forget the navel, between the toes, under the fingernails and all the creases.
   - Areas that don't seem infected still need to be covered with the cream.
   - Caution: Infants less than 1 year old also need the cream applied to the head. Put it on the scalp, forehead, temples, ears and neck. Avoid putting it around the eyes and mouth.
   - Bedtime is usually the best time to apply it.
   - Eight to 12 hours later give your child a bath with warm water. This will remove the cream.
   - One treatment is usually effective. For severe rashes, repeat the treatment 1 week later.
   - Approved for as young as 2 months old.
4. **Steroid Cream for Itching:**
   - For relief of itching, apply 1% hydrocortisone cream (such as Cortaid). No prescription is needed.

- Do this 3 times per day to the most itchy spots.

5. **Allergy Medicine for Itching:**
   - If itching becomes severe, give an allergy medicine, such as Benadryl.
   - No prescription is needed. Age limit: 1 and older.
   - If needed longer than a few days, switch to a long-acting antihistamine, such as Zyrtec. Age limit: 2 and older.
6. **Cool Baths for Itching:**
   - For flare-ups of itching, give your child a cool or lukewarm bath. Bathe for 10 minutes.
   - Can add baking soda 2 ounces (60 mL) per tub.
   - Avoid all soaps. Reason: Soaps make the itching worse.
7. **Cut Nails for Itching:**
   - Discourage scratching.
   - Cut the fingernails short. Reason: Prevents a skin infection from bacteria.
8. **Cleaning the House:**
   - Live scabies mites are in clothing your child has worn in the last 3 days.
   - Machine wash all your child's sheets, pillowcases, underwear, pajamas, and other recently worn clothing. Use hot water. High dryer temps also kill mites.
   - Put items that can't be washed (such as blankets) into plastic bags. You need to keep them in the bags for 4 days to kill the mites. Scabies cannot live off the human skin for more than 3 days.
9. **What to Expect:**
   - One treatment with a prescription anti-scabies cream usually helps. This usually kills all the scabies mites and eggs. Make sure you leave it on for 8-12 hours.
   - The rash will heal up and go away in 2 weeks. There shouldn't be any new rash after treatment.
   - The itching may last up to 4 weeks. Reason: It's an allergic reaction to the dead scabies.
10. **Return to School:**
    - Your child can return 24 hours after one treatment with the anti-scabies cream.
11. **Call Your Doctor If:**
    - Rash looks infected (draining pus, scabs become larger)
    - Itching becomes worse or lasts over 4 weeks
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