

Charter ...from Page 1A

are Flexible Service Models, Integrating STEM (Science, Technology, Engineering, and Math) Partnerships, Increasing Postsecondary Partnerships, and Providing Global Engagement Opportunities.”

If approved, parents and the community will be allowed just as much, if not more control of how their children are educated. Each school will have its own committee, providing parents and teachers another option to voice concerns and provide input regarding the education of Union County's youth.

“One major component of the Charter System is the formation of School Governance Teams (SGT),” Dr. Williams said. “Each school will have an independent SGT that will be comprised of seven members defined in the application. The idea behind the SGT is a more informed, hands-on knowledge of each school. We look forward to the parents and community becoming more engaged with what our schools are implementing. We also anticipate many great innovations and initiatives developed through the SGT.”

Now that the board has approved, seeking ap-



It's unanimous as the Union County Board of Education votes to apply for Charter School status from the Georgia Board of Education. Photo/Todd Forrest

proval, the State Department of Education will come to Union County and personally evaluate each school.

If all goes well, Union County Schools will begin putting the Charter in place over the summer, before the start of the 2014-15 school year.

“The next step in the

process is for the Department of Education to visit our school system and review the Charter application, meet with personnel involved, and provide guidance on successful implementation,” Dr. Williams said. “If approved by the State Board of Education, we will begin implementing our Charter on July 1st, 2014.

Then after five years, we will reassess our Charter and assess our needs. We can either continue to use the Charter system, go in a different direction, or adjust the needs of our individual students at that time.”

Union General reports scabies outbreak in Clay County, NC

North Georgia News News Special

Union General Hospital's Infection Prevention Department reports that several cases of scabies have been identified locally.

According to the Clay County Health Department, a scabies outbreak is occurring in Clay County, NC.

In an effort to decrease the spread of scabies, Union General Hospital provides the following information from the Centers for Disease Control (CDC):

What is scabies?

Scabies is an infestation of the skin by the human itch mite (*Sarcoptes scabiei* var. *hominis*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The most common symptoms of scabies are intense itching and a pimple-like skin rash.

Scabies is found worldwide and affects people of all races and social classes. Scabies can spread rapidly under crowded conditions where close body and skin contact is frequent. Institutions such as nursing homes, extended-care facilities, and prisons are often sites of scabies outbreaks. Child care facilities also are a common site of scabies infestations.

What is crusted (Norwegian) scabies?

Crusted scabies is a severe form of scabies that can occur in some persons who have a weak immune system, or are elderly, disabled, or debilitated. It is also called Norwegian scabies. Persons with crusted scabies have thick crusts of skin that contain large numbers of scabies mites and eggs. Persons with crusted scabies are very contagious to other persons and can spread the infestation easily both by direct skin-to-skin contact and by contamination of items such as their clothing, bedding, and furniture. Persons with crusted scabies may not show the usual signs and symptoms of scabies such as the characteristic rash or itching (pruritus). Persons with crusted scabies should receive quick and aggressive medical treatment for their infestation to prevent outbreaks

of scabies.

How soon after infestation do symptoms of scabies begin?

If a person has never had scabies before, symptoms may take as long as 4-6 weeks to begin. It is important to remember that an infested person can spread scabies during this time, even if he/she does not have symptoms yet.

In a person who has had scabies before, symptoms usually appear much sooner (1-4 days) after exposure.

What are the signs and symptoms of scabies infestation?

The most common signs and symptoms of scabies are intense itching, especially at night, and a pimple-like itchy rash. The itching and rash each may affect much of the body or be limited to common sites such as the wrist, elbow, armpit, webbing between the fingers, nipple, waist, belt-line, and buttocks. The rash also can include tiny blisters (vesicles) and scales. Scratching the rash can cause skin sores; sometimes these sores become infected by bacteria.

Tiny burrows sometimes are seen on the skin; these are caused by the female scabies mite tunneling just beneath the surface of the skin. These burrows appear as tiny raised and crooked (serpiginous) grayish-white or skin-colored lines on the skin surface. Because mites are often few in number (only 10-15 mites per person), these burrows may be difficult to find. They are found most often in the webbing between the fingers, in the skin folds on the wrist, elbow, or knee, and on the breast, or shoulder blades.

The head, face, neck, palms, and soles often are involved in infants and very young children, but usually not adults and older children.

Persons with crusted scabies may not show the usual signs and symptoms of scabies such as the characteristic rash or itching (pruritus).

How did I get scabies?

Scabies usually is spread by direct, prolonged, skin-to-skin contact with a person who has scabies. Contact generally must be prolonged; a quick

handshake or hug usually will not spread scabies. Scabies is spread easily to sexual partners and household members. Scabies in adults frequently is sexually acquired. Scabies sometimes is spread indirectly by sharing articles such as clothing, towels, or bedding used by an infested person; however, such indirect spread can occur much more easily when the infested person has crusted scabies.

How is scabies infestation diagnosed?

Diagnosis of a scabies infestation usually is made based on the customary appearance and distribution of the rash and the presence of burrows. Whenever possible, the diagnosis of scabies should be confirmed by identifying the mite, mite eggs, or mite fecal matter (scybala). This can be done by carefully removing a mite from the end of its burrow using the tip of a needle or by obtaining skin scraping to examine under a microscope for mites, eggs, or mite fecal matter. It is important to remember that a person can still be infested even if mites, eggs, or fecal matter cannot be found; typically fewer than 10-15 mites can be present on the entire body of an infested person who is otherwise healthy. However, persons with crusted scabies can be infested with thousands of mites and should be considered highly contagious.

How long can scabies mites live?

On a person, scabies mites can live for as long as 1-2 months. Off a person, scabies mites usually do not survive more than 48-72 hours. Scabies mites will die if exposed to a temperature of 50°C (122°F) for 10 minutes.

Can scabies be treated?

Yes. Products used to treat scabies are called scabicides because they kill scabies mites; some also kill eggs. Scabicides to treat human scabies are available only with a doctor's prescription; no "over-the-counter" (non-prescription) products have been tested and approved for humans.

Always follow carefully the instructions provided by the doctor and pharmacist, as well as those contained in the box or printed on the label. When treating adults and older children, scabicide cream or lotion is applied to all areas of the body from the neck down to the feet and toes; when treating infants and young children, the cream or lotion also is applied to the head and neck. The medication should be left on the body for the recommended time before it is washed off. Clean clothes should be worn after treatment.

In addition to the infested person, treatment also is recommended for household members and sexual contacts, particularly those who have had prolonged skin-to-skin contact with the infested person. All persons should be treated at the same time in order to prevent reinfestation. Retreatment may be necessary if itching continues more than 2-4 weeks after treatment or if new burrows or rash continue to appear.

Never use a scabicide intended for veterinary or agricultural use to treat humans.