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School Nurse Update

#7 11/19/19

IN THIS ISSUE

Greetings!

Last week I participated in the Department of Public Instruction's Superintendent's Leadership Conference by presenting to Pupil Services and Special Education Directors regarding **meeting student health needs while on field trips**. I, and the school nurses on the field trip toolkit's advisory committee, will be presenting a similar presentation at the Wisconsin Association of School Nurses annual conference. Planning continues for this very important professional development activity for school nurses. See SAVE THE DATE.

The Department of Health Services (DHS) has revised the Tuberculosis (TB) Risk Assessment Screening Questionnaire (F-02314) and thus the **WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION FOR WISCONSIN PUBLIC SCHOOL EMPLOYEES (F-02314A) dated 10/2019**. The direct link to the new form (F-02314A) is: <https://www.dhs.wisconsin.gov/forms/f02314a.pdf>. The TB risk assessment was updated to align with national recommendations. See the attached flyer for a more thorough explanation for the changes.

The **RECORD OF SCHOOL EMPLOYEE EXAMINATION** form has not been changed (F-02284). School districts will continue to use this form dated 02/2018. Both forms are housed on the Department of Health Services website: <https://www.dhs.wisconsin.gov/tb/forms.htm>.

In reading a post from a school nurse wanting more information on how to help a student with an eating disorder I came across the **National Eating Disorders website**. I note they have educational information on **11 different eating disorders**! In this Update is the website and a link to a video which, although not diagnostic, outlines the basic warning signs and symptoms.

In this Update I share **how one school nurse team is helping to address high risk student behavior**. Please feel free to share with me your own stories of great things you are doing in your schools/district. I would love to make this a regular feature!

Safe travels over the upcoming Thanksgiving Holiday.

New TB Risk Questionnaire Form

Joint Letter to Administrators on E-cigarettes

Weight Loss Surgery for Teens

Online Diabetes Technology Education

Meanness or Bullying?

PRACTICE POINTS - 504 Resource to Prevent Overidentification

SAVE THE DATE

Wisconsin Association of School Nurses Annual Conference - Chula Vista Wisconsin Dells April 20-22, 2020.

National Association of School Nurses Annual Conference - Las Vegas, NV June 29 - July 3, 2020



Buenos días a todos,

DPI now has the online learning modules Mandatory Reporting of Child Abuse and Neglect – Training for All School Employees, and Mandatory Reporting of Child Abuse and Neglect – Supplemental Information available with Spanish audio and text. The Wisconsin Child Sex Trafficking Indicator and Response Guide is also now available in Spanish. Please find these new resources on the DPI webpage: <https://dpi.wi.gov/sspw/pupil-services/school-social-work/contents/child-abuse/child-abuse-and-neglect>.



Featured Article of the Month: Is Weight-Loss Surgery an Option for Preteens & Teens?

For severely obese children, traditional dieting may not be enough. The AAP recently released [a policy statement](#) that recommends greater access to surgical treatments for severe obesity in children. This article guides parents in deciding whether or not metabolic or bariatric surgery is right for their child and recommends a team approach to that decision. Parents will also learn where and when the surgery should take place. The article includes meaningful comments from parents and teens on their experience with bariatric surgery. Read the full article in [English](#) and [Spanish](#).

DPI News

Recently a joint letter and resource list from Governor Tony Evers, DHS Secretary-Designee Andrea Palm, and State Superintendent Carolyn Stanford Taylor was sent to District Administrators. The letter provides actions that schools and districts can take and a list of resources to address the issue of e-cigarette use by youth.

A copy of the letter is attached to this Update.

Youth Risk Behavior Survey (YRBS)

Results from the 2019 YRBS are now available at the school, district, and county levels. Schools and districts can securely access their reports through ASM Secure Home SAFE. Instructions are available under the “School and District-Level Results” section of the [Conducting A YRBS website](#). Where available, county-level results are publicly available and can be accessed under “County and Regional Reports” on the same website.

State-level results need to be certified at the federal level before they are made available. State-level results are expected in late 2019 or early 2020.

To stay up-to-date on YRBS information, subscribe to the YRBS listserv by sending an email to subscribe-wi_yrbs_2019_general@lists.dpi.wi.gov with the word “Subscribe” in the heading.

View a particularly fun video on the brain and resilience that was shared by a DPI colleague. <https://www.youtube.com/watch?v=HJvDrT6N-mw&feature=youtu.be>



The [Weekly Respiratory Report](#) for the week ending November 9, 2019 is now available.

Immunization Action Coalition

CDC releases 10 updated Vaccine Information Statements

On October 30, CDC released new interim Vaccine Information Statements (VISs) for Hib, HPV, PCV13, polio, and rotavirus vaccines. CDC also released final VISs for cholera, PPSV23, typhoid, and zoster (both live and recombinant) vaccines.

Access these VISs on their respective IAC web pages by clicking on the links below.

- [Cholera](#)
- [Haemophilus influenzae type b \(Hib\)](#)
- [HPV \(Human Papillomavirus\)](#)
- [Pneumococcal Conjugate Vaccine \(PCV13\)](#)
- [Pneumococcal Polysaccharide Vaccine \(PPSV23\)](#)
- [Polio](#)
- [Rotavirus](#)
- [Typhoid](#)
- [Live Zoster \(Shingles\)](#)
- [Recombinant Zoster \(Shingles\)](#)

For both interim and final VISs, CDC encourages providers to begin using them immediately, but stocks of the previous editions may be used until exhausted.

IAC will provide its regular seven translations for PPSV23 and both zoster VISs; this process takes about a month. Other organizations and state health departments may provide additional languages. Translation of the interim VISs won't occur until after the final VIS versions are released (in approximately 6 months). **The availability of VIS translations will always be announced in IAC Express.**

Translations of previous VIS versions may be used until new translations become available. CDC states that the corresponding up-to-date English-language VIS must also be supplied when providing an out-of-date translation.

[Toolkit to Raise Awareness About Measles:](#) The [National Foundation for Infectious Diseases \(NFID\)](#) has launched a campaign to raise awareness about the risks associated with measles and the importance of prevention through vaccination. The campaign includes a toolkit with animated videos and infographics that can be shared via social media.

News from the National Association of School Nurses...**November Podcast Available Now: Addressing Illness-Related Chronic Absences**

A review of the attendance history of 117 9th- and 10th-graders who missed at least 10 percent of days in school showed that 66 percent of the absences were due to illness. School attendance is a known predictor of academic achievement.

[LISTEN TO PODCAST](#)

Related Resources:

- NASN resources for diabetes in children. [Learn more.](#)

DANA connects school nurses with the devices, expertise and innovations shaping the future of diabetes care. DANA is a website resource that allows school nurses working with students with diabetes to access best-in-class information about diabetes technology. [Learn more.](#)

From the American Academy of Pediatrics (AAP) Council on School Health (COSH)**How to Stop Bullying in Schools: What Works, What Doesn't**

"One-off programs -- such as guest speakers and school assemblies -- are ineffective at addressing the complexities of bullying, says Dorothy Espelage of the University of North Carolina. Some schools are making progress through research-backed programs, including a California middle school that adopted anti-bullying classes and established a framework for bullies, victims and bystanders." (ASCD SmartBrief) [Read More](#)

Meanness or Bullying? How to Make Sure Every School Staff Member Understands the Difference

"Conflict between students is inevitable, but it's not always easy for teachers to identify when kids are crossing the line. Is it just meanness or rudeness? Or is it bullying? Certainly, we need to teach students to be kind to each other, no matter the situation. But it's still important for everyone at your school to have a clear understanding of the difference between meanness and bullying. This knowledge helps staff members stop bullying in its tracks and guides students to find appropriate solutions to conflict." (American School Health Association) [Read More](#)

New Online Diabetes Technology Education

Originally presented at the NASN 2019 Annual Conference, What's New in Diabetes Technology and How to Manage Care in Schools is now available. This educational activity provides an overview of new diabetes technology, components for successful management and coordination of care in schools, and addresses barriers to using the new technology. Upon successful completion of this offering, you will receive 1.25 CNE contact hours. This is complimentary for NASN members (\$20.00 for nonmembers). [Learn more.](#)

Whole School, Whole Community, Whole Child Model

The Society for Public Health Education (SOPHE) has released [fact sheets](#) on the Whole School, Whole Community, Whole Child (WSCC) model. Three fact sheets focus on strengthening relationships of school health leaders, community partners, and youth to build an equity framework that supports students.

- [Creating School and Community Partnerships](#)
- [From Commitment to Action: Creating Healthy and Equitable Schools Working with Students: Using Youth Voice to Promote Healthy Schools](#)

Spotlighting Wisconsin School Nurses

Rhineland school nurse Kerri Schmidt shared that she and fellow school nurse Valerie Leighton recently attended [CDC's "Street Smart"](#) facilitator training along with their high school health teacher. This training has prepared them to teach this curriculum to high school students with fidelity. Kerri notes that "it is really a program that nurses have the 'skill set' to facilitate as it is Reproductive Health and safety, HIV and STD's, condom (model condom use) use for internal and external condoms, decision making, coping skills, Safe sex, how do drugs and alcohol affect your ability to practice safe sex...and more using the social learning theory."

Street Smart draws on social learning theory, which describes the relationship between behavior change and a person's beliefs that he or she can change a behavior and that changing that behavior will produce a specific result. It links thoughts, feelings, and attitudes to behavior change. Beliefs about perceptions of self-efficacy and the consequences of behavior are key determinants of effective behavior change. Although Street Smart is designed for runaway and homeless youth, the program designers state it can be easily adapted for youth at very high risk in other settings. This is another way school nurses in Wisconsin are demonstrating their value and ability to proactively address physical and emotional health.



FDA OKs Mepolizumab (Nucala) for Younger Children With Severe Asthma

The US Food and Drug Administration (FDA) has expanded the indication for [mepolizumab](#) (Nucala, GlaxoSmithKline) to children as young as 6 years old with severe eosinophilic [asthma](#). "Severe eosinophilic asthma in children is a complicated condition that can be extremely challenging to treat," Daniel Jackson, MD, Department of Pediatrics, University of Wisconsin – Madison, said in the release. In June, the FDA approved two new methods for administering mepolizumab—an autoinjector, and a prefilled safety syringe, which patients or caregivers can use to administer the drug at home once every 4 weeks, as [reported](#) by *Medscape Medical News*. [Read more...](#)

Expanding Substance Use Prevention and Early Intervention in Schools: A Toolkit

A [new toolkit](#) from Community Catalyst offers resources that advocates need when engaging directly with schools and education officials, including information about [screening](#) and [brief intervention](#), a [fact sheet](#) and [one-pagers](#) to help advocates make the case for substance use prevention, and a [step-by-step guide](#) for building support. With encouragement from advocates, schools can integrate substance use prevention and community supports into [Every Student Succeeds Act](#) (ESSA) activities, support these activities with ESSA funding, and ensure that youth struggling with substance misuse get the services and support they need to thrive in school and beyond.



Website: <https://www.nationaleatingdisorders.org>

Video: www.youtube.com/watch?v=nJMtReAg1DI

Children's Hospital of Wisconsin offers *The Act Now! Bullying Prevention Staff Training*. This opportunity includes a grant for staff training.



Bullying affects thousands of students each day. More than one out of five students reports being bullied, and students experiencing bullying are at greater risk for poor school adjustment, sleep difficulties, anxiety and depression. **Schools able to make the greatest impact reducing bullying ensure that staff and students alike are trained on strategies to address bullying behaviors.**

\$1,500 Staff Training Grants

All Wisconsin schools (grades K-8) can apply now through December 15. A total of 25 grants are available. Recipients will be notified in early January.

Training grants are available to Wisconsin schools (grades K-8) for Act Now! Bullying Prevention Staff Training in an effort to support schools in creating a bully-free culture. These staff training opportunities are made possible by a grant from the Wisconsin Department of Public Instruction in partnership with Children's Wisconsin. Apply [HERE](#) for grant.

The Act Now! K-8 e-learning program was developed by Children's Wisconsin in collaboration with the Wisconsin Department of Public Instruction and is available through Children's e-learning on HealthyKidsLearnMore.com. The program aligns with Wisconsin Standards for Health Education and National Health Education Standards, and efforts have been made to connect program elements to the Wisconsin Model Academic Standards for School Counseling. A PBIS Tier II/III targeted behavioral intervention program and an interactive parent education website also are available. The staff training program portion is recommended for optimal success in reducing bullying.

Using online lessons and offline classroom activities, Act Now! addresses all types of bullying, including cyberbullying and sexual harassment at the middle school level. The program empowers bystanders to stand up to bullying and improve the climate of their school.

PRACTICE POINTS



As readers may know, the Department of Public Instruction does not enforce Section 504 of the Rehabilitation Act. That said, I often receive questions from school nurses and school districts regarding 504 evaluations and plans. There are a number of questions Section 504 teams must ask and consider to determine whether a student is eligible for services. Does the student have an impairment that substantially limits one or more major life activities? Should the student be classified under the Individuals with Disabilities Education Act or Section 504? Can the student's needs be met without a formal Section 504 plan?

While I am happy to discuss such matters with school nurses and help problem solve, school districts are encouraged to seek the advice of their own legal counsel in answering these questions. One resource I recently discovered is the book, *Who's Eligible for Section 504? A Quick Reference Guide for Proper Placement Second Edition?* The book is edited by Rachel Broderick and published by LRP Publications.

https://www.shoplrp.com/product_p/300649.htm

One of the issues addressed in this book is the overidentification of students with 504 plans. Section 504 is intended to “level the playing field” by allowing a student with a disability an equal opportunity to access educational benefits in the classroom (and extra-curricular activities). Section 504 is not designed to improve average grades, raise high stake test scores, or reduce homework responsibilities. Carefully and strategically asking and answering the question what is the student’s disability that qualifies them for eligibility can help with overidentification and “demonstrate to parents that the law isn’t designed to provide emotional support to students without disabilities” (p.17).

School Nurse Webpage: <https://dpi.wi.gov/sapw/pupil-services/school-nurse>

To join the School Nurse Email List and receive school nursing updates and information send an email to join-schoolnurse@lists.dpi.wi.gov





Tony Evers

Office of the Governor | State of Wisconsin

November 4, 2019

Dear School Administrators,

The use of e-cigarettes by youth has skyrocketed to epidemic proportions both in Wisconsin and nationally. Twenty percent of Wisconsin high school students report currently using e-cigarettes, up from around 8% in the 2014 Youth Tobacco Survey. Youth are attracted to these products' flavors – 89% of Wisconsin high school students say they wouldn't try an unflavored tobacco product.

One product increasingly popular with teens is an e-cigarette that resembles a flash drive. They are easy to conceal and contain as much nicotine as an entire pack of cigarettes. They emit limited odor, and their aerosol quickly dissipates. These features make the products easier for kids to use in school.

Nearly all e-cigarettes contain nicotine, which is particularly harmful to adolescent brains because they are still developing, and nicotine affects the parts of the brain that control learning, memory, and attention. E-cigarette use by young people also increases the likelihood of conventional cigarette use and addiction to other substances.

Wisconsin is also one of several states in recent months to see a rash of vaping-related lung disease cases, with most of the cases involving youth and young adults. The Wisconsin Department of Health Services is investigating the issue, but it's all the more reason to take teen e-cigarette use seriously.

Below are actions schools and school districts can take to proactively address this issue:

- Due to recent cases of vaping-related lung disease, if a student has unexplained breathing issues, we urge you to talk to their parents about this issue and encourage them to see a doctor.
- Visit tobaccoischanging.com for more information about new tobacco products and their risks. Share these resources with parents and school staff. The site also includes contact information for local tobacco prevention and control coalitions who can provide support for educational presentations.
- Review and strengthen current tobacco-free school policies to comprehensively address e-cigarettes, their components and other emerging products. See the accompanying list of resources.
- Update curriculum to be inclusive of e-cigarettes and other tobacco products. Examples are included in the accompanying resource list.

Thank you for your help in keeping Wisconsin's young people tobacco-free. Together we can help reverse this trend of youth addiction.

Sincerely,


Governor Tony Evers


Andrea Palm


Carolyn Stanford Taylor



Tony Evers

Office of the Governor | State of Wisconsin

Comprehensive Approach to E-Cigarette Epidemic

Use relevant, youth friendly lesson plans that address the harms of nicotine and e-cigarette use.

- [E-Cigarettes and Vape Pens Tobacco Prevention Toolkit](#) (Stanford Medicine) - *for grades 9-12*
- [E-Cigarette & JUUL Prevention Program](#) (CATCH – Coordinated Approach to Child Health) – *for grades 5-12*
- [The Real Cost of Vaping: Understanding the Dangers of Teen E-Cigarette Use](#) (Scholastic and the FDA) – *for grades 9-12*
- [Know the Risks: A Youth Guide to E-cigarettes](#) (CDC’s Office on Smoking and Health) – *for youth ages 11 – 18.*

Review and strengthen current tobacco-free school policy.

- [Comprehensive Tobacco-Free School Policy Checklist](#) (Wisconsin Department of Public Instruction)
- [Sample Comprehensive Tobacco-Free School Policy](#) (Wisconsin Department of Public Instruction)
- [INDEPTH Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health](#) (American Lung Association)

Help addicted youth quit.

- [This Is Quitting](#) (Truth Initiative and Mayo Clinic)
- [Wisconsin Tobacco Quitline](#) (Wisconsin Department of Health Services)
- [Not On Tobacco \(N-O-T\)](#) (American Lung Association)

Provide resources to parents about talking to their teens.

- [Tobacco Is Changing](#) (Wisconsin Department of Health)
- [E-Cigarettes and Youth: What Parents Need to Know](#) (CDC)
- [E-Cigarettes, “Vapes”, and JUULs: What Parents Should Know](#) (American Lung Association)

Engage youth to promote health messaging throughout school.

- [Real Cost](#) – Multimedia campaign by FDA’s Center for Tobacco Products
- [Taking Down Tobacco](#) (Campaign for Tobacco-Free Kids)
- [www.thetruth.com](#) (Truth Initiative)
- [Free posters](#) (CTP’s Exchange Lab)

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION FOR WISCONSIN PUBLIC SCHOOL EMPLOYEES

All of the information on this form shall be kept confidential.

Perform testing by **interferon gamma release assay (IGRA)** or **tuberculin skin test (TST)** if there are risk factors identified by the questions below.

Do not perform testing by IGRA or TST if the patient has previously confirmed **latent tuberculosis infection (LTBI)** or **tuberculosis (TB)** disease.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

If any of the following boxes are checked, recommend LTBI testing.
See page 2 for more detailed information on the risk assessment questions below.

SYMPTOM EVALUATION

YES NO **Recent TB symptoms:** Persistent cough lasting three or more weeks **AND** one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue

☐ ☐

RISK FOR TB INFECTION

YES NO **Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate**

☐ ☐

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

YES NO **Close contact to someone with infectious TB disease**

☐ ☐

RISK FOR PROGRESSION TO TB DISEASE

YES NO **Human immunodeficiency virus (HIV) infection**

☐ ☐

YES NO **Current or planned immunosuppression** including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication **in combination with risk for infection from above**

☐ ☐

- ☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. No risks or symptoms for TB were identified.
- ☐ A TB risk assessment and symptom evaluation have been completed for the individual named below. Risk factors and/or symptoms for TB have been identified; further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Name Screener (Print):

Assessment Date: _____
(Place sticker here if applicable.)

Individual/Patient Name (Print):

Date of Birth: _____
(Place sticker here if applicable.)

Risk Assessment Details

USE OF THIS FORM

Use this form to assess individual risks for *M. tuberculosis* infection in adults (age ≥ 15 years).

SYMPTOM EVALUATION

TB symptoms are listed on the front of this form. TB can occur anywhere in the body but the most common areas include; lungs, pleural space, lymph nodes and major organs such as heart, liver, spleen, kidney, eyes and skin. Clinical judgement should be accompanied by careful evaluation of patient history including residence in a country with high TB incidence, history of previous treatment for TB or LTBI and history of TB in the family.⁴

RISK FOR TB INFECTION

Birth, travel or residence (for ≥ 1 month) in a country with a high TB rate

The World Health Organization (WHO) estimates TB incidence around the world in the *Global Tuberculosis Report*. Please see this report for countries with high TB rates, or call the Wisconsin Tuberculosis Program.^{1, 5}

Leisure travel to most countries in the world poses little risk of TB infection. Prolonged stays or work in the health sector in an endemic country increase the risk of infection.²

Close Contact to someone with infectious TB disease

Infectious TB includes pulmonary, culture-positive disease and disease with pulmonary cavitation on radiograph. High Priority contacts include household members (1 in 3 chance of infection), children < 5 years of age and immunosuppressed individuals (HIV-positive, organ transplant, cancer, diabetes). Also consider those exposed for shorter duration in a more confined space (exam room, dormitory room, office or vehicle).³

Other Risks

Wisconsin has very low incidence of TB in healthcare, homeless, corrections and long-term care settings. Higher-risk congregate settings occur in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas or Washington DC.⁵

Consult with local health departments for other locally identified high-risk groups: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>.

Consult with the Centers for Disease Control and Prevention (CDC) annual TB reports and the Wisconsin TB Program website for state and local epidemiology data.^{6, 7, 8, 9}

RISK FOR PROGRESSION TO TB DISEASE

Immune suppression is a risk factor for reactivation and progression to active TB disease. Immune suppression alone is not a risk for acquiring TB infection.

- LTBI treatment should be strongly considered in HIV-infected individuals; significant immune suppression can cause inaccuracy of diagnostic TB tests.
- LTBI treatment can be considered for other immune suppression (e.g., cancer, organ transplant, medications, or diabetes) **when in combination with risk for infection (see above).**

References:

- 1) World Health Organization Global Tuberculosis Report 2018. http://www.who.int/tb/publications/global_report/en/
- 2) Cobelens, F.G.J., et al (2000). Risk of infection with *Mycobacterium tuberculosis* in travelers to areas of high tuberculosis endemicity. *The Lancet*, 356, 461-465.
- 3) CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Controllers Association and CDC. *MMWR* 2005; 54(No. RR-15).
- 4) Lewinsohn, D. et al. Official American Thoracic Society/Infectious Diseases Society of America/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. *Clinical Infectious Diseases*, 2017; 62(2):111-115.
- 5) Wisconsin Tuberculosis Program. <https://www.dhs.wisconsin.gov/tb/index.htm>. Phone: 608-261-6319.
- 6) CDC. Reported Tuberculosis in the United States. <https://www.cdc.gov/tb/statistics/>
- 7) CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54(No. RR-17).
- 8) CDC. Tuberculosis screening, testing, and treatment of U.S. health care personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *MMWR* 2019; 68(No. 19).
- 9) CDC. Prevention and control of tuberculosis in correctional facilities: Recommendations from CDC. *MMWR* 2006; 55(No. RR-9).



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin Tuberculosis Program

Changes to the Wisconsin Tuberculosis (TB) Risk Assessment Questionnaire and Symptom Evaluation

Dear Wisconsin Local Health Departments, Tribal Agencies, and Infection Control Practitioners:

The Wisconsin Tuberculosis (TB) Program has updated form [F-02314 "Wisconsin TB Risk Assessment and Symptom Evaluation"](#) to align with national recommendations. This questionnaire can be used for adults in any setting in which an individual's risk for and symptoms of TB need to be evaluated (e.g., targeted screening, employee health screening, admission to care facilities).

Changes to the form:

- The form now includes assessment for human immunodeficiency virus (HIV) infection. The risk of developing TB disease is significant in those co-infected with HIV and *M. tuberculosis*. Testing and treatment for latent TB infection (LTBI) should be strongly considered for HIV-infected individuals.
- The form now includes assessment for current or planned immune suppression not due to HIV infection (e.g., cancer, organ transplant, medications, or diabetes). Immune suppression alone is not a risk for acquiring TB infection, however LTBI could progress to active TB disease in persons experiencing immune suppression. LTBI testing can be considered for these individuals when in combination with risk for infection (i.e., birth travel or residence in a country with a high TB rate or close contact to someone with infectious TB disease).
- The form no longer includes assessment for employment or residence in congregate settings. Wisconsin has very low incidence of TB in healthcare, homeless, corrections and long-term care settings.
- Risk for infection due to travel has been further defined as more than one month of travel in a country with a high TB rate. The World Health Organization (WHO) estimates TB incidence around the world in the [Global Tuberculosis Report](#). Please see this report for countries with high TB rates, or call the Wisconsin Tuberculosis Program.

Please call the Wisconsin TB Program at 608-261-6319 or email DHSWITBProgram@dhs.wisconsin.gov with questions.

Please do not reply directly to this email message. If you have a question, please contact the [Wisconsin](#)

[Tuberculosis Program](#) at (608) 261-6319.

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SEVERE LUNG DISEASE AMONG PEOPLE WHO REPORTED VAPING

What School Nurses Need to Know



Wisconsin has cases of people with severe lung disease who all reported recently vaping marijuana, THC products, and/or nicotine.

- While we have cases in several age groups, most are teenagers and young adults.
- While the severity of lung disease has varied among patients, some have experienced severe impairment and required assistance to breathe.
- The Wisconsin Department of Health Services is investigating these cases and conducting interviews with patients to identify a possible cause.
- All patients reported vaping in the days and weeks prior to hospitalization. As of August 29, 2019, 89% of interviewed cases reported vaping THC products.
- For the latest number of cases and affected counties, [visit our Outbreaks webpage](#).



Talk to your students about the dangers of vaping.

- E-cigarettes are more popular than conventional cigarettes among Wisconsin teens.
- Vaping products and e-cigarettes can contain toxic chemicals that can damage lungs.
- The [Tobacco is Changing](#) campaign offers parents and trusted adults tools for talking to kids about e-cigarettes and vaping.
- Parents, teachers, and health professionals can learn more about how to take action against youth vaping in our [public health advisory](#).



If a student has unexplained breathing issues, talk to their parents about this issue and encourage them to see a doctor.

- We have encouraged doctors to report any cases to their local health department.
- If a student or one of their family members is struggling with nicotine addiction, there are FDA-approved medications to help them quit. Call 1-800-QUIT NOW (784-8669) for free help.

If you have questions, please contact us at
dhstracking@wi.gov.

