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School Nurse Update

#13 02/20/18

IN THIS ISSUE

It is with a heavy heart that we begin this week after yet another tragic school shooting. I have reached out to Florida School Nurses via my connections with the National Association of School Nurses (NASN). I expressed the **support and condolences of all Wisconsin School Nurses** as “we wrap our school nurse arms” around the parents, students, staff, and community of Marjory Stoneman Douglas High School in Parkland, Florida. I will share more in the days ahead via the Wisconsin Association of School Nurses Discussion list including a blog by Florida NASN director, Lisa Kern.

School tragedies such as this affect us all and I want to **share some resources** with you. The Center for Parenting Education has some excellent information on **When Disaster Strikes: Talking to Children about Traumatic Events**. These can be found at:

<http://centerforparentingeducation.org/library-of-articles/healthy-communication/when-disaster-strikes-talking-to-children-about-traumatic-events/> .

Another resource for talking to children about tragedies is from the **National Center for Crisis and Bereavement (NCSCB)**. These can be found at: <https://grievingstudents.org/>. In this Update is a link to a **blog from Child Trends** with even more resources and suggestions for talking with school-age children about tragic events such as school shootings.

Our Wisconsin students are having tragedies and crises of their own every day. The Department of Public Instruction has an entire **webpage devoted to mental health and trauma** with further links and trainings. The direct link is:

<https://dpi.wi.gov/sspw/mental-health/trauma>. Some school nurses working in middle and high schools might consider the posting of a **national crisis text hotline** also found in this Update. I have heard some school nurses are asking permission to post stickers in their bathrooms, hallways, and locker rooms.

On a different note, the Department of Health Services (DHS) has informed me they hope to have the **new forms for documenting school employee physical examinations for freedom from tuberculosis ready sometime in March**. Once complete and approved the new risk assessment questionnaire screening form and physical examination form will be posted to the DHS and DPI websites. In the meantime, school districts and healthcare providers can continue to follow the guidance as previously printed in the PRACTICE POINTS section of the **#10 DPI School Nurse Update**.

Finally, it is that time of year where some of our school nurse colleagues consider retirement. I would like to acknowledge them during my presentation at the WASN conference on April 20th and later in this Update. Please share with me (with permission) the name, school district, and years of school nurse experience of any retiring school nurses of whom you may be aware!

Thank you for all you do to keep Wisconsin students safe, healthy, and ready to learn!

Cutting Edge Research in Diabetes Care

Congress Extends Children's Health Insurance Program (CHIP)

DHS- Upcoming WIR Trainings

Blog Child Trends

Public Health Consequences of E-Cigarettes

PRACTICE POINTS - Fever

SAVE THE DATE

WASN Spring Conference-
April 18-20, 2018 Monona Terrace- Madison Wisconsin
[REGISTRATION NOW OPEN!](#)

NASN Annual School Nurses Conference
June 30- July 3- Baltimore, Maryland [Register today!](#)

DPI School Nurse Summer Institute- August 9, 2018- Madison -Human Trafficking



CUTTING EDGE RESEARCH IN DIABETES CARE

Contact Lens as Way to Measure Blood Glucose Levels

South Korean researchers have developed a glucose monitor embedded in a soft contact lens that can measure glucose levels. [Read more](#)

Hypo Unawareness in T1D Appears to Stop the Brain from Noticing Low Blood Sugar

The brain reacts differently to low blood sugar levels in people with type 1 diabetes (T1D) that have hypo unawareness.

Hypo unawareness is when a person with diabetes struggles to recognize when they have low blood glucose levels. This can present a big problem as it means that severe hypoglycemia, which can lead to seizures and unconsciousness, can appear seemingly "out of the blue".

Congress Extends Children's Health Insurance Program (CHIP)

As part of the recent budget negotiations, Congress passed the Bipartisan Budget Act of 2018, which included a longer extension of CHIP. The two-year budget agreement included a continuing resolution to fund the federal government to March 23rd and also lifts the caps on domestic spending, which have been in place since the passage of the Budget Control Act of 2011. Congress had just recently passed a six-year extension of the CHIP passed in the last continuing resolution. This new agreement provides an additional four years of funding for CHIP, authorizing the program through fiscal year 2027. [Click here for more information on CHIP](#)

Overweight Kids Don't Have to Be Overweight Adults

Overweight children often become obese adults, with attendant problems such as heart disease, diabetes, and cancer.

But a new study suggests there are "critical windows" where that path to weight gain can be changed.

<https://consumer.healthday.com/vitamins-and-nutrition-information-27/obesity-health-news-505/overweight-kids-don-t-have-to-be-overweight-adults-729534.html>



Asthma at School: Go or Not?

It's hard for many parents to know when to send a child with asthma symptoms to school or keep the child home. [Read more](#)



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Upcoming WIR trainings

These trainings provide you with a hands-on experience using WIR and are designed as a train-the-trainer model. If you have ever wondered about all the functionality WIR has to offer and how it can benefit your immunization services workflows, consider registering. Who is the class intended for?

1. Organizations not currently established with WIR (**this is a required training for this group**)
2. Existing organizations with new staff who have not yet received training
3. Current WIR user(s) who are looking for a refresher

The training is FREE and available for anyone to attend. Seating is limited and registration is required. To register or if you have questions, please contact the WIR Help Desk by calling (608)-266-9691.

The currently scheduled training dates are:

February 27, 2018, Green Bay 8:30 am-3:30 pm

February 28, 2018, Wausau 8:30am-3:30 pm

March 13, 2018 Milwaukee 9:00 am-4:00 pm

March 21, 2018 Milwaukee 9:00 am-4:00 pm

March 28, 2018 Madison 8:30 am-3:30 pm

April 3, 2018 Wausau 8:30 am-3:30 pm

April 4, 2018 Green Bay 8:30 am-3:30 pm

April 12, 2018 Milwaukee 9:00 am-4:00 pm

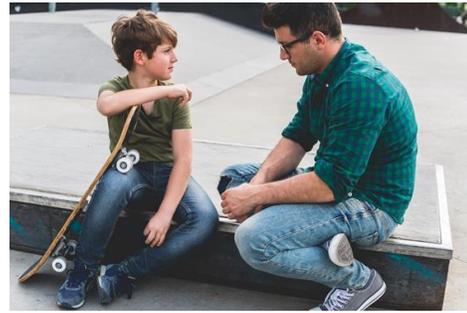
April 17, 2018 Milwaukee 9:00 am-4:00 pm

April 25, 2018 Madison 8:30 am-3:30 pm

*Disclaimer: While a particular date and location maybe listed above, seating is limited so availability is not guaranteed. Please contact the WIR Help Desk (number listed above)as soon as possible to register.

The 2018 adult and childhood immunization schedules are available

Please visit the CDC website to obtain a copy of the 2018 [childhood/adolescent](#) and [adult](#) schedules.



The latest from Child Trends

[Resources to help children in the wake of a school shooting](#)

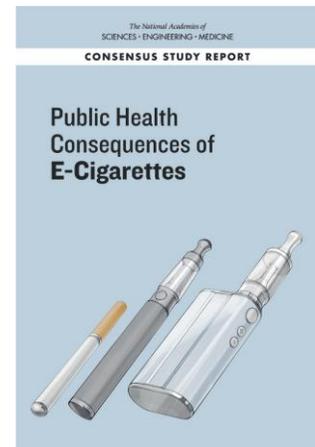
CRISIS TEXT LINE |

[Crisis Text Line](#) is the free, nationwide, 24/7 text message service for people in crisis.

Public Health Consequences of E-Cigarettes

Despite their popularity, little is known about the health effects of e-cigarettes. Perceptions of potential risks and benefits of e-cigarette use vary widely among the public, users of the products, health care providers, and the public health community.

With support from the Center for Tobacco Products of the Food and Drug Administration (FDA), the National Academies of Sciences, Engineering, and Medicine convened an expert committee to conduct a critical, objective review of the scientific evidence about e-cigarettes and health. The resulting report, *Public Health Consequences of E-Cigarettes*, provides an overview of the evidence, recommends ways to improve the research, and highlights gaps that are priority focus areas for future work. See attached report.



Autism and Hyperlexia Conference
March 26, 2018.
See attached flyer.

DeForest School District has Posting for School Nurse Position. See attached flyer for WECAN information.

PRACTICE POINTS - FEVER

I was recently asked for advice about what is current best practice regarding sending home students for fevers. While many school nurses and districts traditionally use 100.0 °F as the threshold, professional references would suggest using 100.4 °F as an indicator of fever (American Academy of Pediatrics (2010). Determining when to keep your child home from school. AAP News Vol. 31, Num.9, September 2010.; Selekman, J. (ed) (2013). School Nursing a Comprehensive Text (2nd ed). F. A. Davis Company, Philadelphia, PA.; Taliaferro, V. (ed). (2013). Clinical Guidelines for School Nurses (8th ed.). School Health Alert, Nashville, TN.)

School nurses, health room staff, teachers, and parents are reminded that fever is not a disease, it is a sign. The child's clinical appearance is more important than the degree of fever. Fever is one of the body's responses to illness or injury, but it can also be a result from heat exposure.

If a school nurse is present the school nurse can make a further assessment of the student including:

Evaluate vital signs. Is the heart rate increased in proportion to the fever?

Assess the student's behavior. Is the student active, sluggish, playful, and sociable? A precise description of what the student is or is not doing is best if the record is challenged.

Assess the skin for sweating, moisture, temperature, turgor, rashes, petechiae, or purpura.

How does the student react to stimulation?

Are there any signs or symptoms of an infectious disease such as lymphadenopathy, rash pharyngitis, otitis, cough, abdominal pain, localized area of pain, or stiff neck?

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

To join the School Nurse
Email List and receive school
nursing updates [click here](#)



January 2018

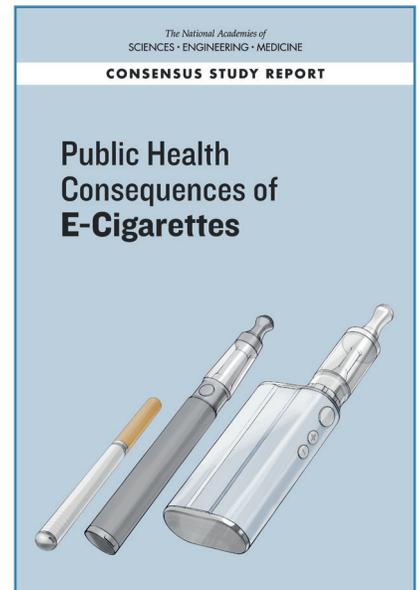
Public Health Consequences of E-Cigarettes

Millions of Americans use electronic cigarettes (e-cigarettes). Young people especially, age 17 and under, have quickly taken up their use: Substantially more young people use e-cigarettes than any other tobacco product, including traditional combustible tobacco cigarettes.

Despite their popularity, little is known about the health effects of e-cigarettes. Perceptions of potential risks and benefits of e-cigarette use vary widely among the public, users of the products, health care providers, and the public health community.

With support from the Center for Tobacco Products of the Food and Drug Administration (FDA), the National Academies of Sciences, Engineering, and Medicine convened an expert committee to conduct a critical, objective review of the scientific evidence about e-cigarettes and health. The resulting report, *Public Health Consequences of E-Cigarettes*, provides an overview of the evidence, recommends ways to improve the research, and highlights gaps that are priority focus areas for future work.

As part of its work, the committee conducted a comprehensive, in-depth review of the scientific literature around e-cigarettes, including key constituents in e-cigarettes, human health effects, initiation and cessation of combustible tobacco cigarette use, and harm reduction. The committee considered the quality of individual studies and the totality of the evidence to provide 47 structured, consistent conclusions on the strength of the evidence (categorized as conclusive, substantial, moderate, limited, insufficient, and no evidence—all defined on the next page).



CONSTITUENTS OF E-CIGARETTES

E-cigarettes contain liquids (called e-liquids), which typically contain nicotine, flavorings, and humectants (to retain moisture).

With respect to nicotine, conclusive evidence shows that exposure to nicotine from e-cigarettes is highly variable. It depends on characteristics of the products, including those of the device and e-liquids, as well as how the device is operated. Substantial evidence also shows that among experienced adult e-cigarette users, exposure to nicotine can be comparable to that from combustible tobacco cigarettes.

Most of the flavorings used in e-cigarettes are generally regarded as safe by the FDA, although these designations relate to oral consumption (flavorings used in food), and most have not been studied for safety when inhaled with an e-cigarette.

The primary humectants are propylene glycol and glycerol (also known as vegetable glycerin). Similar to flavorings, they are generally regarded as safe for ingestion, but less is known about their health effects when inhaled.

Overall, e-cigarette aerosol contains fewer numbers and lower levels of toxicants than smoke from combustible tobacco cigarettes. Nicotine exposure can mimic that found with use of combustible tobacco cigarettes, but it is highly variable. The exposure to nicotine and toxicants from the aerosolization of flavorings and humectants depends on device characteristics and how the device is used.

HEALTH EFFECTS OF E-CIGARETTES

Because e-cigarettes have only been on the U.S. market for a relatively brief time—first imported in 2006, most have entered the market much more recently—it is difficult to scientifically compare their health effects to those of combustible tobacco cigarettes, whose health effects were not fully appreciated until after decades of use. However, in contrast to long-term effects, research on short-term health effects of e-cigarettes is now available.

The committee evaluated the current state of knowledge on outcomes including dependence and abuse liability, cardiovascular diseases, cancers, respiratory diseases, oral diseases, reproductive and developmental effects, and injuries and poisonings.

Overall, the evidence reviewed by the committee suggests that e-cigarettes are not without biological effects in humans. For instance, use of e-cigarettes results in dependence on the devices, though with apparently less risk and severity than that of combustible tobacco cigarettes. Yet the implications for long-term effects on morbidity and mortality are not yet clear.

To see the full text of the committee's conclusions organized by levels of evidence and outcome, visit [nationalacademies.org/eCigHealthEffects](https://www.nationalacademies.org/eCigHealthEffects).

Levels of Evidence for Conclusions

Conclusive evidence: There are many supportive findings from good-quality controlled studies (including randomized and non-randomized controlled trials) with no credible opposing findings. A firm conclusion can be made, and the limitations to the evidence, including chance, bias, and confounding factors, can be ruled out with reasonable confidence.

Substantial evidence: There are several supportive findings from good-quality observational studies or controlled trials with few or no credible opposing findings. A firm conclusion can be made, but minor limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

Moderate evidence: There are several supportive findings from fair-quality studies with few or no credible opposing findings. A general conclusion can be made, but limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

Limited evidence: There are supportive findings from fair-quality studies or mixed findings with most favoring one conclusion. A conclusion can be made, but there is significant uncertainty due to chance, bias, and confounding factors.

Insufficient evidence: There are mixed findings or a single poor study. No conclusion can be made because of substantial uncertainty due to chance, bias, and confounding factors.

No available evidence: There are no available studies; health endpoint has not been studied at all. No conclusion can be made.

The net public health outcome of e-cigarette use depends on the balance between positive and negative consequences.

E-CIGARETTES AND HARM REDUCTION

FDA regulations require that tobacco products introduced to the U.S. market over the past decade must show a net public health benefit. In considering this public health effect, a product must pose less risk to users than combustible tobacco cigarettes. Additionally, if a product caused more people to start harmful tobacco use, or caused fewer people to quit tobacco use, a product would be kept off the market. So separate from the health effects of e-cigarettes, the tobacco control field must pay close attention to the effects of e-cigarettes on starting and quitting combustible tobacco products.

For youth and young adults, there is substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes. For e-cigarette users who have also ever used combustible tobacco cigarettes, there is moderate evidence that e-cigarette use increases the frequency and intensity of subsequent combustible tobacco cigarette smoking.

There is insufficient evidence from randomized controlled trials about the effectiveness of e-cigarettes as cessation aids compared to no treatment or to FDA-approved smoking cessation treatments. While the overall evidence from observational trials is mixed, there is moderate evidence from observational studies that more frequent use of e-cigarettes is associated with increased likelihood of cessation.

Overall, the evidence suggests that while e-cigarettes might cause youth who use them to transition to use of combustible tobacco products, they might also increase adult cessation of combustible tobacco cigarettes.

Completely substituting e-cigarettes for combustible tobacco cigarettes conclusively reduces a person's exposure to many toxicants and carcinogens present in combustible tobacco cigarettes and may result in

reduced adverse health outcomes in several organ systems. **Across a range of studies and outcomes, e-cigarettes appear to pose less risk to an individual than combustible tobacco cigarettes.**

To examine the possible effects of e-cigarette use at the population level, the committee used population dynamic modeling. Under the assumption that using e-cigarettes increases the net cessation rate of combustible tobacco cigarettes among adults, the modeling projects that in the short run, use of these products will generate a net public health benefit, despite the increased use of combustible tobacco products by young people. Yet in the long term (for instance, 50 years out), the public health benefit is substantially less and is even negative under some scenarios. If the products do not increase combustible tobacco cessation in adults, then with the range of assumptions the committee used, the model projects that there would be net public health harm in the short and long terms.

RESEARCH RECOMMENDATIONS

There is a great need for more evidence around the new field of e-cigarettes; research with both long- and short-term horizons is required.

The committee identified gaps in the literature in every aspect in its work and provides overarching categories of research needs and specific research suggestions within the final chapters of each of the three major sections of the report. These overarching categories include: (1) addressing gaps in substantive knowledge and (2) improving research methods and quality through protocol and methods validation and development, including the use of appropriate study design.

To download a copy of the report and read the full text of the committee's recommendations, please visit **[nationalacademies.org/eCigHealthEffects](https://www.nationalacademies.org/eCigHealthEffects)**.

Committee on the Review of the Health Effects of Electronic Nicotine Delivery Systems

David L. Eaton (Chair)

University of Washington

Anthony J. Alberg

University of South Carolina

Maciej Goniewicz

Roswell Park Comprehensive Cancer Center

Adam Leventhal

University of Southern California

José E. Manautou

University of Connecticut

Sharon McGrath-Morrow

Johns Hopkins University School of Medicine

David Mendez

University of Michigan

Richard Miech

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Ana Navas-Acien

Columbia University

Kent E. Pinkerton

University of California, Davis

Nancy A. Rigotti

Harvard Medical School and Massachusetts General Hospital

David A. Savitz

Brown University

Gideon St.Helen

University of California, San Francisco

CONCLUSION

Although e-cigarettes are not without risk, compared to combustible tobacco cigarettes they contain fewer toxicants; can deliver nicotine in a similar manner; show significantly less biological activity in most, but not all, in vitro, animal, and human systems; and might be useful as a cessation aid in smokers who use e-cigarettes exclusively. However, young people who begin with e-cigarettes are more likely to transition to combustible cigarette use and become smokers who are at risk to suffer the known health burdens of combustible tobacco cigarettes. The net public health outcome of e-cigarette use depends on the balance between positive and negative consequences.

More and better research is needed to help clarify whether e-cigarettes will prove to reduce harm—or induce harm—at the individual and the population levels. The approach taken by the committee to evaluate the health effects of e-cigarettes in this report is anticipated to provide a generalizable template for future evaluations of the evidence.

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To read the full report, please visit
[nationalacademies.org/eCigHealthEffects](https://www.nationalacademies.org/eCigHealthEffects)

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AAP News

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AAP News Parent Plus

INFORMATION FROM YOUR PEDIATRICIAN

Determining when to keep your child home from school

Is your child's tummy ache a sign of the flu or just Monday morning moaning? Is a little cough reason enough to miss a big test?

Parents often face the difficult decision of whether to keep a child home from school. Experts advise sending a child to school only if he or she is well enough to learn. This means the child's symptoms do not disrupt his or her ability to concentrate in class and do not distract classmates, according to Cindy Devore, M.D., FAAP, a member of the American Academy of Pediatrics Council on School Health Executive Committee.

If a parent suspects the child is faking the illness, Dr. Devore suggests looking at the "total child." Does the child usually complain of illness right after a break or weekend? Does the child demonstrate behaviors like social isolation and mood swings that could suggest a bigger reason for avoiding school? Contacting your child's pediatrician can help determine whether the symptoms are physically or emotionally based.

Symptoms that may warrant a day at home or visit to the doctor include:

- persistent fever (temperature higher than 100.4 degrees Fahrenheit when taken by mouth);



- severe sore throat that lasts more than 48 hours, especially when accompanied by a fever;
- a significant rash, particularly when other symptoms are present;
- large amounts of discolored nasal discharge;
- severe ear pain;
- an uncontrolled cough;
- diarrhea; and
- severe headache, especially with a fever.

Parents can allow children to return to school after symptoms are gone for at least 24 hours.

— Heather Waldron

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Communicating About Vaccines: Addressing Vaccine Hesitancy

COME EARLY AND
VISIT OUR
EXHIBITORS!

Thanks to our exhibitors, we have been able to bring this Immunization Update to you for a nominal fee. Our exhibitors typically include vaccine manufacturers, medical equipment suppliers, immunization registries and professional organizations.

NEWIC does not endorse or promote any product or manufacturer during presentations.



Opening Speaker

Bob Werner shares his personal story about losing a child to Meningitis.

Mr. Werner will offer a different approach to our presentations. While others will present on the science, statistics and trends related to immunizations, Mr. Werner will share his family's story. This presentation will remind us all of why we continue to champion for immunizations as he shares his touching journey of losing a child to a vaccine preventable disease.

Keynote Speaker:

JoEllen Wolicki RN, BSN- CDC

JoEllen Wolicki is a Nurse Educator with the Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Communication and Education Branch. Before joining CDC in 2010, she served for 14 years as a Nurse Consultant with the immunization program of Michigan Department of Health and Human Services. At the Michigan immunization program, she worked with multiple programs. At CDC, JoEllen serves as a committee member of several work groups for the Advisory Committee on Immunization Practices (ACIP), contributes to the *Epidemiology and Prevention of Vaccine-Preventable Diseases* textbook (the Pink Book), and works on many immunization training and educational materials and programs. She travels throughout the United States to educate healthcare providers on immunization. JoEllen holds a Bachelor of Science degree in nursing from the University of Detroit/Mercy.

Immunization Update

Jackie Nelson, WI DHS

For the past 3 years, Jackie Nelson has been the Supervisor of the VFC Program/Vaccine Management Unit of the Wisconsin Immunization Program. Prior to this position, Jackie worked for 18 years as the Coordinator for the Vaccines for Children (VFC) Program for Wisconsin. Her responsibilities include assuring that all providers have access for the VFC Program and that adequate supplies of vaccine are available to the 750+ providers that are currently enrolled as well as managing an approximate \$48 million dollar vaccine budget. Jackie also works to assure that vaccines are handled and stored in an environment that does not compromise the viability of the vaccines.



NEWimmunizationcoalition.org



2018 Immunization Update

Communicating About Vaccines: Addressing Vaccine Hesitancy

Thursday April 26th, 2018

The MARQ
3177 French Road
De Pere, WI 54115
(from HWY 41 exit on 'Cty Rd -S' #157)



Learner Objectives

- Identify one concern parents/families may have about vaccines
- Identify one best practice strategy health care professionals can use when talking about vaccines
- Identify resources for health care professionals to use regarding vaccine communication
- Identify new requirements for VFC vaccine, distribution and wastage
- Identify new opportunities at the stat to discuss VFC and WIR

Target Audience:

Physicians, Nurse Practitioners, Nurses, Medical Staff, Nursing Students and Public Health Staff

A Certificate of Attendance will be provided

AGENDA

4:15 pm - Doors Open

Registration/View Exhibits

4:45-6:00 pm

**Dinner - Buffet Style
View Exhibits/Networking**

5:45-6:00 pm

**Welcome
NEWIC Immunization Champion
Award Presentation**

6:00-6:45pm

**Opening Speaker
A Personal Journey: Losing a Child to a
Vaccine Preventable Disease
Bob Werner**

6:45-7:45 pm

**Keynote Speaker
Building vaccine confidence by
addressing vaccine hesitancy
JoEllen Wolicki**

7:45-8:00 pm

Immunization Update

Jackie Nelson

8:00 –8:15 pm

Questions/ Closing

Registration

⇒ *Deadline: April 16th*

⇒ *No refunds*

Cost

⇒ *\$30.00/participant*

⇒ *\$20.00/students*

*All registration now done online at
[Eventbrite](https://www.eventbrite.com)*

*You can also access from the NEWIC
website at*

<http://newimmunizationcoalition.org>

*When searching, type Eventbrite Newic
in your browser and it will come up.*

** If you are having difficulty registering
online please contact Kathleen or Sonja for
assistance at 920-832-6429*