



LOUISE WILSON, MS, BSN, RN, NCSN

School Nurse Update

#2 9/10/19

IN THIS ISSUE

Greetings!

Welcome back to another year of providing school health services for your students. I've heard from many of you as you work through the complicated and critical situations involving the health and lives of your students. **Some of you have already saved students' lives this school year!** You have done that by training staff to recognize the signs and symptoms of anaphylaxis and how to respond. You have ensured supplies of emergency epinephrine are available and that **you have policies and protocols in place** to use it. Children went home to their parents rather than ... because of your planning and actions. **See webinar information on the latest information on peanut allergies.**

In these first few weeks you have written and shared Emergency Action Plans and other health plans with staff on health conditions as varied as asthma, diabetes, seizure disorders, bleeding disorders, cancer, anxiety, and depression. You have problem solved how to provide delegated nursing procedures to students requiring them to be in school and trained and supervised staff so these students are in school. See an **opportunity to provide input into diabetes education** in this Update.

There are over 35 school nurses already signed up for the **New School Nurse Orientation**. There is room for more, but you are encouraged to **make your room reservations before September 16 to receive the reduced rate.**

The 15th day of school and the first immunization compliance activity will soon be upon you. If you have not already downloaded DHS's 2019/20 Immunization booklet do so at: <https://www.dhs.wisconsin.gov/publications/p4/p444545.pdf>

I continue to learn of school nurses that are unaware of the resources the DPI has to offer, including this newsletter. Please share these resources with all those involved in school health services so that we can be a connected community. From **advocating for access to condoms** to supervising catheterizations, what you do for Wisconsin schoolchildren is truly amazing!

New Book Published on School Nurse's Role in Special Education

Immunization Webinar Posted Nasal Glucagon

Back to School Toolkit for School Nurses

Make-A-Wish Referrals

PRACTICE POINTS- Policies Critical to School Nurse Practice

SAVE THE DATE

DPI New School Nurse Orientation- October 17-18, 2019 Stevens Point Holiday Inn
[Registration now open!](#)

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



DPI News

In a video message, State Superintendent Carolyn Stanford Taylor wishes educators a successful 2019-2020 school year as they head back to the classroom. <https://dpi.wi.gov/news/releases/2019/stanford-taylor-welcomes-educators-back-school>.

DPI Supports Highlighted on Department of Health Services Back to School Web Page

A new web page, [Back to School Resources for Parents](#), provides various resources to address parent and student physical and mental health.

The Department of Public Instruction partnered with the Wisconsin Department of Health Services (DHS) to provide some of the available mental health, nutrition, and behavioral resources as students head back to school.

From immunizations to healthy social behavior, DHS coordinated with state agencies and organizations to provide information for parents as the school year gets underway. The DPI resources focus on specific topics such as social and emotional health, trauma-sensitive practices, bullying prevention, and free and reduced meal applications.

For this information and much more, visit the DHS [Back to School Resources for Parents web page](#).



Are you interested in adding another tool to your toolbox for supporting students struggling with AODA concerns?

Wisconsin DPI and the Wisconsin Safe and Healthy Schools Center are looking for high school staff interested in learning and implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT). Originally developed for delivery in busy health care settings, SBIRT offers an efficient, evidence-based, and comprehensive service to address selected behavioral health concerns among adolescents (e.g., alcohol/other drug involvement).

The Wisconsin Safe and Healthy Schools Center is currently accepting applications to be part of a School SBIRT Implementation Project Cohort. Each school that participates is eligible for a \$1,800 stipend upon meeting project [requirements](#). Last year 22 schools participated.

High schools also have the option to participate in the School Climate Transformation Project. Schools committed to being trained in and implementing school SBIRT, as well as completing the YRBS with students and a School Climate Survey with staff, have the opportunity to receive an additional \$1,500 per year, for three consecutive years.

Please complete the [application](#) with your team. Applications are due no later than 4 PM on Monday, September 20, 2019. Schools will be notified by mid-October.

Learn more about School SBIRT:

- [What is School SBIRT?](#)
- [How do we implement School SBIRT in School?](#)

Questions can be directed to:

- Tracy Herlitzke, WISH Center Director, therlitzke@cesa4.org
- Scott Caldwell, DHS, scott.caldwell@dhs.wisconsin.gov
- Brian Dean, DPI, brian.dean@dpi.wi.gov
- Liz Krubsack, DPI, Elizabeth.Krubsack@dpi.wi.gov

Perry Zirkel's September Update

This month's [update](#) concerns issues that were subject to recent, published federal court decisions and are of general significance: (a) the longstanding but continuing application of the two-part test for eligibility under the IDEA, and (b) the new, difficult issue of medical marijuana when legally prescribed for students with disabilities.

More From DPI

AODA Student Mini Grants 2019/20

Comprehensive school health programs require youth involvement to create environments conducive to healthy, resilient, and successful learners. As part of the Department of Public Instruction's efforts to encourage youth initiatives, we are offering the Student AODA Mini-Grant Program for the 31st year, the 2019-20 school year. Funds will be available on a competitive basis for schools throughout the state to support education, prevention, and intervention programs designed by the students, targeting alcohol and other drug abuse (AODA) and other youth risk behaviors such as tobacco, traffic safety, violence, suicide, etc. In addition, a major funding priority of the mini-grant program is the involvement of youth in the planning and implementation of the project. Student groups who commonly write for the grant include Students Against Destructive Decisions, The Fight Against Corporate Tobacco, Gay Straight Alliances and other bullying prevention and student leadership groups. Consideration will be given based on the educational value of the project and statewide geographic distribution of funds. The amount of each individual mini-grant award may not exceed \$1,000.

Please see the webpage, <https://dpi.wi.gov/sspw/aoda/mini-grant>, for the application and more information.

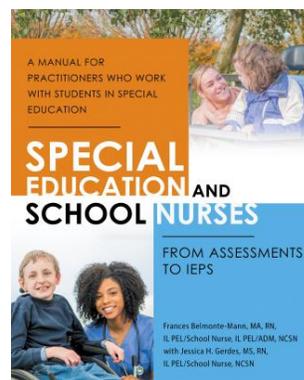
FDA Approval of Nasal Glucagon

On July 24, 2019, the U.S. Food and Drug Administration approved Baqsimi™ nasal powder, the first glucagon therapy approved for the emergency treatment of severe hypoglycemia that can be administered without an injection.

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-severe-hypoglycemia-can-be-administered-without-injection>

This product by Eli Lilly and Company (same makers of injectable glucagon) is approved for use in individuals with diabetes 4 years and older, who are experiencing severe hypoglycemia. You may start seeing it prescribed and brought to school.

While the medication (BAQSIMI™) is administered intranasally, it is not inhaled. Wis. Stat. sec. 118.29(6) lists the specific routes of medication administration for which DPI approved training is required. While a topically placed and absorbed medication does not per statute, require training, it is the opinion of the Wisconsin Department of Public Instruction that training for all routes of medication administration is best practice. These resources are posted to the DPI Medication Administration website.



New Resource for School Nurses Describing Their Role in Special Education

Illinois School nurse consultants and educators Frances Belmont-Mann and Jessica H. Gerdes have written and published a book entitled *Special Education and School Nurses From Assessment to IEPs*. An e-copy of the book can be purchased for \$3.99 at: <https://www.iuniverse.com/en/bookstore/bookdetails/201334-special-education-and-school-nurses>. Softcover copies are also available. Wisconsin school nurses will find much of the information pertinent to the special education process here in Wisconsin.



Help Children Get Insured

The Centers for Medicare & Medicaid Services have tools and materials to support school-based outreach efforts specifically tailored for back-to-school and other school-based efforts.

LEARN MORE

News from NASN...

NASN's 2019 Back to School Toolkit Now Available

NASN's back-to-school toolkit is an interactive guide designed to provide school nurses with the resources and information they need as they navigate the school year. It compiles critical resources in one place, including information on specific chronic conditions; immunizations; vision screening; drugs of abuse; NASN's Framework for 21st Century School Nursing; oral health; advocacy and federal legislation, and the National School Health Data Set: Every Student Counts! Also included are links to toolkits, journals, professional development and conference opportunities, and tools and templates such as Back to School checklists for families and school nurses, a School Nursing Activities Calendar Template, and School Nurse Yearly Goals Worksheet. [Click here](#)

Flu Season is Coming: Toolkits Offer Helpful Tips

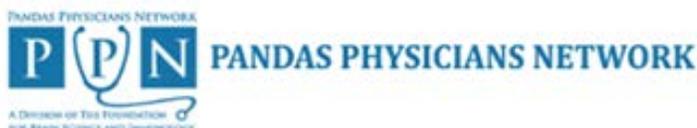
NASN *Keep Flu out of School* Toolkit: [Access now](#)
CDC toolkit for healthcare providers:

School Nurses in the News

[Madison West High School to pilot free condoms for students.](#) Madison West High School plans to launch a free condom pilot program, which also will include an educational component where students are taught about reproductive health, proper condom use, and sexual consent.

School Resources PANDAS Physicians Network

<https://www.pandasppn.org/school/>



From Immunization Action Coalition

Measles Explained: This [animated video](#) from Kurzgesagt – In a Nutshell, a science-based YouTube channel, uses colorful graphics to show how the powerful measles virus attacks organs and systems throughout the body, including the immune system. Extremely contagious, measles can cause serious complications such as pneumonia and brain infection and even lead to death. MMR vaccine is effective, safe, inexpensive, and readily available.

From Medscape Nurses

A Radical Change to Nursing Board Exams



Department of Health Services School Immunization Webinar Recording Available

For those unable to attend DHS's webinar "Wisconsin Student Immunization Law: What schools need to know for fall 2019" on August 27, the webinar was recorded. The link to the webinar is posted at: <https://connect.wisconsin.gov/p47uq9j3t4we/>

Advisory Committee on Immunization Practices (ACIP) Recommendations for the Prevention of Influenza

The annual influenza letter with the summary of the [2019-2020 ACIP recommendations](#), signed by Dr. Jay Gold, Dr. James Conway, Dr. Jonathan Temte, and Dr. Ryan Westergaard is now available. The letter is also available on the [Immunization Program Home page](#).

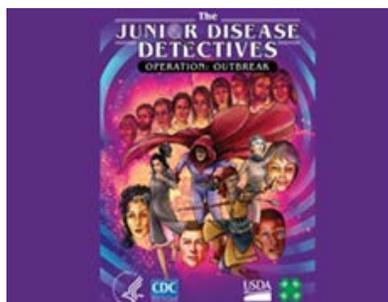
New! Wisconsin VFC Provider List and Locations

We are excited to launch a new resource for families looking for Vaccines for Children (VFC) clinics. We are asking you to please share this information with either parents directly or agencies that can share this information with parents.

The VFC program provides vaccines to health care providers to administer to eligible children. Eligible children are those who are 18 years of age and under and who are medicaid-eligible, American Indian/Alaskan Native, or uninsured. Children who are underinsured are eligible through the VFC program at a Federally Qualified Health Center (FQHC). Underinsured in this instance means children who have insurance, but it does not include vaccines, or only covers part of the cost of vaccine (children with high deductible health insurance plans do not qualify for the VFC program).

Parents can visit the [Wisconsin VFC website page](#) and click on the [VFC provider list](#), under the section entitled 'Looking for a doctor's office that is part of the VFC program?'

The list is alphabetized by city name to make it easy for families to find a VFC provider in their area. The VFC providers and addresses are current as of May 14, 2019. Patients should call ahead to verify the location of the provider, any costs associated with the visit, and to confirm the provider has the vaccines the patient needs.



STEM Educational Activities for Teachers

CDC released new STEM classroom activities for middle and high school (grade 6-12) teachers. These free downloadable activities are intended for use with "The Junior Disease Detectives: Operation Outbreak" graphic novel. The two new activities focus on disease classification and transmission, while updates to the existing activities provide more extensive one health information. [Learn More](#)



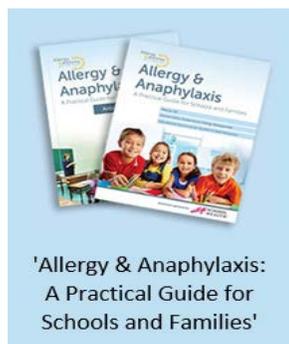
Allergy & Asthma Network Webinar
Monday, Sept. 23
2 p.m. ET
The Next Steps in Peanut Allergy

Dr. Julie Wang shares the current state of peanut allergy management and will present information on where we need to go to prepare patients and practitioners for future treatment. [REGISTER](#)

How to Keep Your Inhaler Clean

Most asthma inhalers require some measure of cleaning after use. In a new video, Sandy Moritz, RN, shares how to keep your inhaler and valved holding chamber/spacer clean. [Watch now](#)

The U.S. Environmental Protection Agency (EPA) has a tool to assist you in maintaining a healthy and productive indoor environment for your students and staff all year long. The [School IAQ Assessment Mobile App](#) is available free of charge to complement your existing indoor air quality (IAQ) management program or serve as the foundation of IAQ management in your district. For more information on how to use EPA's School IAQ Assessment Mobile App, view our [short tutorial video](#).

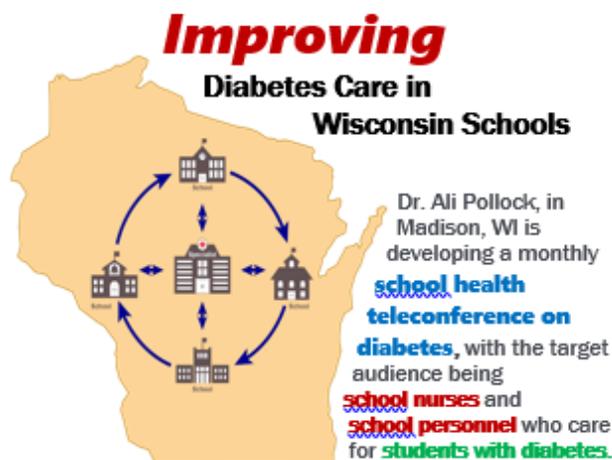


An informational guide for school nurses, teachers and parents on how to keep students at risk for anaphylaxis safe at school.

[Free Download](#)

Opportunity to Provide Input into Diabetes Teleconference

U W-Madison pediatric endocrinologist, Dr. Allison Pollock is developing a monthly school diabetes health teleconferencing program with the target audience being school nurses and school personnel who care for students with diabetes.



The school health diabetes program will be set up to be flexible - you can watch, participate in, and get continuing education credit - - the format will roughly 10-15 minutes of a diabetes speaker/expert followed by 45-50 minutes of discussion between all who are logged in/watching - - school personnel in communities across the state. She is requesting school nurse input in developing this program. Click here to provide feedback or for more information. https://uwmadison.co1.qualtrics.com/jfe/form/SV_3gS6rmbKsXgTbUN



Refractive Errors (Myopia, Hyperopia, and Astigmatism): Occur when the shape of the eye affects how light focuses on the retina (the back of the eye). The length of the eyeball and the shape of the cornea and lens can cause refractive errors. Refractive errors can be treated with a pair of glasses.

Myopia (Nearsightedness): Causes objects far away to appear blurry, but objects up close are seen clearly. Due to the increase in digital device usage, the number of cases of myopia are significantly increasing. By 2050, it is expected half of the world population will be myopic.

Hyperopia (Farsightedness): Causes objects up close to appear blurry, while objects far away are seen clearly.

Astigmatism: Is an abnormal curve in the cornea, causing objects far and near to appear blurry.

Amblyopia and Strabismus: Severe vision problems that can cause permanent vision loss if not caught early and treated properly.

Amblyopia (also known as 'Lazy Eye'): With amblyopia, the vision in one eye is weak because the eye and the brain are not working together properly. The eye looks normal, but is not being used normally because the brain is favoring the other eye. Catching and treating amblyopia early is very important and can save a child's sight, preventing permanent vision loss.

Strabismus (also known as 'Crossed Eye'): With strabismus, the eyes are not straight or do not line up with each other. If the problem is not treated, it can cause amblyopia. Strabismus can be treated with a pair of glasses, or in some cases, surgery. If you notice your child's eyes do not line up correctly, your child needs to see an eye doctor.

What can I do to protect my child's vision?

ABC's of Vision Health

The ABC's of vision health are warning signs to watch for as a child grows and develops through their adolescence.

If you notice any of the ABC's, [make an appointment with your child's eye doctor.](#)

A: Appearance: the look of the child's eyes.

B: Behavior: how the child is behaving and reacting.

C: Complaints: what the child says about their eyes and vision.

[Learn more about the ABC's of vision health.](#)

PRACTICE POINTS



My thoughts have been with all you school nurses and your students as you have started this school year. Over the past two weeks the volume of phone calls and emails I receive has dramatically increased. I consider helping school nurses, school administrators, and parents problem solve situations one of the most important functions of my position, and the most rewarding. Those involved with school health services are dealing with some complicated and crazy situations!

I was in a meeting sharing my computer screen with those in the room and was innocently asked, “Louise, why do you have a tab on rectal prolapse on your browser?” My answer, “Well let me tell you what school nurses have been dealing with these first days of school...”

School nurses have been confronted with new medical technology and its use to support students’ chronic health conditions. School nurses have had to explain to parents why school staff can’t administer CBD oil or essential oils to students. Administrators are dealing with how to provide health services to students with diabetes attending after school programs. Parents are requesting that schools allow their children to self-administer Schedule II narcotics, provide emergency medication training to bus drivers, reinsert ostomy tubes, and yes, even reinsert prolapsed intestinal organs!

The answer to many of these problem-solving situations is guided by statutes and policies. Which brings me to the point of these PRACTICE POINTS. The first thing a nurse new to school nursing, or an experienced school nurse practicing in a new/different school district needs to know, is the policies and procedures of the district that guide their practice and decisions. Wisconsin is a “local control” state and while there are some statutes that apply to school health services, there are not many. Therefore, what districts determine will be their practice is critical.

Besides thinking about the school health services data you will collect and report this school year, school nurses should take time to review, research and maybe for some, locate their school health related policies. My suggestion, if you have not done so would be to review medication policies to determine if self-administration of medication, or medication administration on field trips is addressed. Consideration should be given on what medications (if any) your school district will stock. Albuterol, epinephrine, and opioid antagonists are medications addressed in national position statements and the professional literature. The use of CBD oil, essential oils and vaping products, how school health services are delivered in before and after school activities, service animals in schools, and record keeping procedures all warrant critical discussions.

The point is that without approved policies and procedures many school nurses are left to defend what they know to be best practice, but with nothing other than their own “professional judgment” to support them. This school year make a plan to look at and review your district’s school health related policies. (Do it in January after the immunization, vision screening, medication administration, delegation training, tracking down orders, etc. are done or “under control.”) If you do not have policies in areas that you think are important or for issues you are dealing with, or you do not agree with the policy as written, then work through your system to write or improve such policies.

I am here to listen to your stories, help you find resources, point you to the statutes that do exist, and support you in your problem solving. We know the gamut and volume of those problems are immense. I am both AMAZED AND AMUSED by your stories and situations. I try to live life with that AMAZED AND AMUSED philosophy. It does wonders for my mental health. ☺

School Nurse Webpage: <https://dpi.wi.gov/updates/updates/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

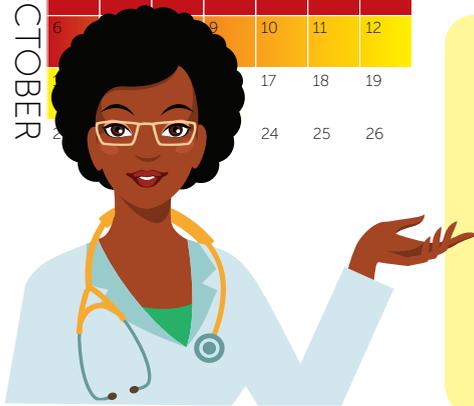


How to AVOID the September Asthma Peak



Asthma flares requiring a hospital or ER visit start to spike in early-to-mid September and decline in mid-October.

3rd week of September = Peak week for asthma flares, hospitalizations and ER visits



WHY DOES IT HAPPEN?

A Perfect Storm of Triggers

- Return to school = exposure to multiple allergens (indoor mold, animal dander) and respiratory irritants (air pollutants from idling school buses)
- High levels of ragweed and mold allergens in outside air
- Easy to catch cold germs and viruses, including the flu
- Irregular medication use from summer months – when children don't follow their asthma medication schedule in summer, they're more at risk for asthma flares in September when they're exposed to more allergens and triggers
- Anxiety and stress associated with the new school year

ASTHMA STATS

25%
of all children's asthma
HOSPITALIZATIONS
occur in September



10.5
MILLION
school days missed
annually due to asthma



14.2
MILLION
work days missed
annually due to asthma



BE PROACTIVE AND PREVENTIVE

10 Steps

1. Schedule an asthma checkup with your child's doctor before the school year begins.
2. Make sure all asthma medications are refilled prior to start of school year.
3. Take long-acting asthma medications as prescribed by your child's doctor.
4. Keep or carry medications at school, particularly a quick-relief inhaler.
5. Keep a peak flow meter, a device that signals brewing lung problems.
6. Encourage frequent handwashing to reduce risk of catching a cold or a virus.
7. Identify and avoid environmental triggers; if pollen is a problem, talk with teachers about staying inside from outdoor activities.
8. Get the flu vaccine.
9. Follow the Asthma Action Plan and provide one to the school nurse.
10. Maintain good asthma control throughout the entire year, even if symptoms are well controlled during summer.



Sources: American College of Allergy, Asthma & Immunology; The Journal of Allergy and Clinical Immunology; National Jewish Health

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.



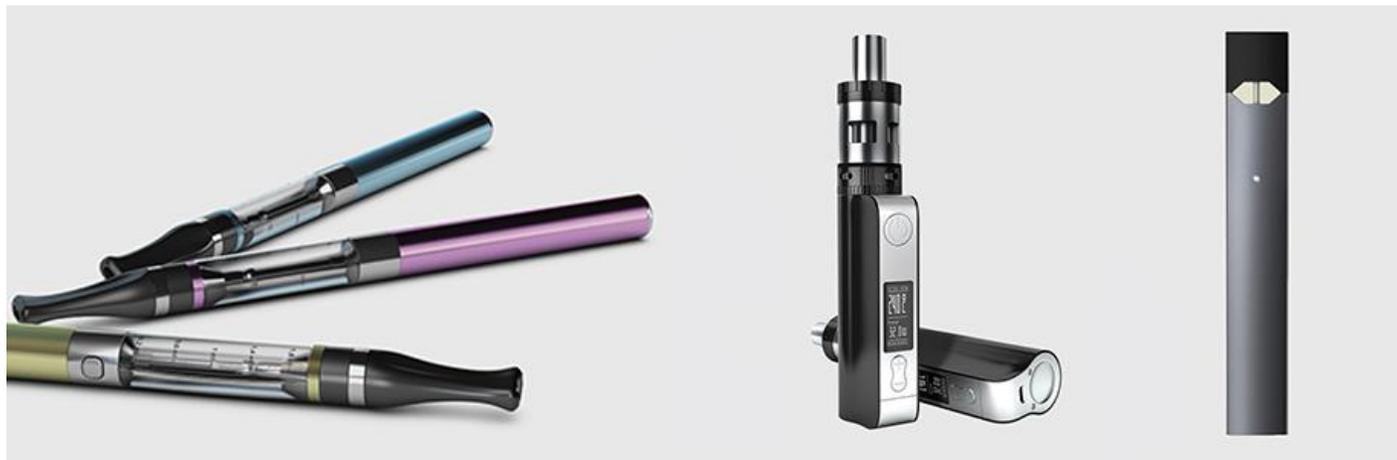
E-cigarettes & School Wellness Policies: Resources for Schools



Date: September 18, 2019

Time: 3:00 pm ET | 2:00 pm CT | 12:00 pm PT

Duration: 45 minutes plus live Q&A



The American Lung Association is pleased to present an educational opportunity for school personnel and administrators.

During this webcast, you will gain a better understanding of e-cigarettes and lung development and learn about solutions that can help schools combat the emerging crisis of e-cigarette use among American youth.

Speakers

Christy Sadreameli, MD, MHS

Pediatric Pulmonologist | Johns Hopkins Hospital

Michelle L. Mercure, CHES

Division Director, Health Promotions
Western Division | American Lung Association

Learning Objectives:

At the end of this presentation, participants will be able to:

1. Understand the emerging trend and health effects of e-cigarettes among American youth.
2. Identify solutions to help students quit tobacco products or nicotine dependence.
3. Access template policies and resources to create safe and health schools.

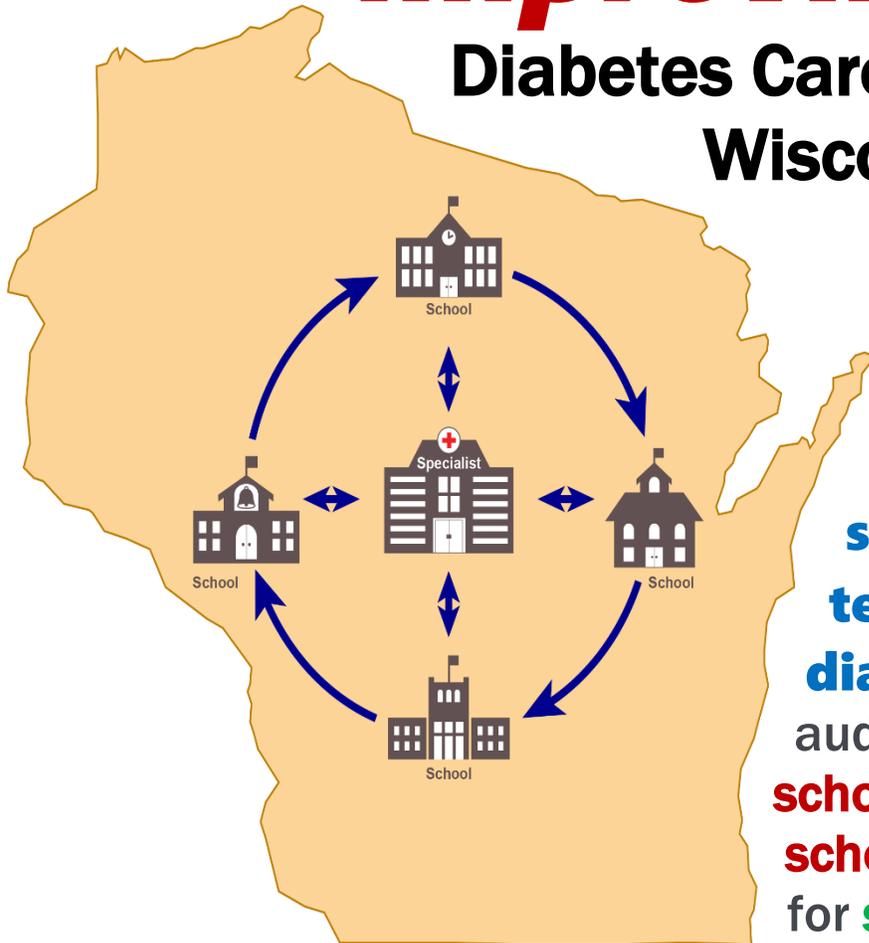
[Register Here](#)

Click on the box above and enter your contact information.
You will receive a memo with the webcast information.

*If you are not able to participate in the live webcast on September 18th
registering will ensure that you get access to a recording.*

Improving

Diabetes Care in Wisconsin Schools

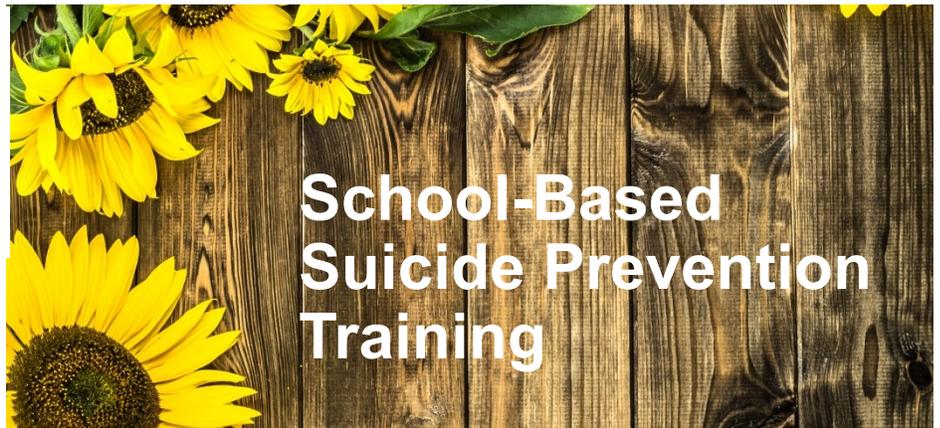


Dr. Ali Pollock, in Madison, WI is developing a monthly **school health teleconference on diabetes**, with the target audience being **school nurses** and **school personnel** who care for **students with diabetes**.

Dr. Pollock is looking for suggestions to make this practical (e.g. timing) and valuable to schools (e.g. topics) - **please fill out the following quick survey to provide topics and timing that work for you:**

https://uwmadison.co1.qualtrics.com/jfe/form/SV_3gS6rmbKsXgTbUN

For additional questions/suggestions, email Dr. Pollock: ajpollock@wisc.edu



DATES/LOCATIONS/TIMES

Workshop 8:30 am-3:30 pm
Registration 8:00-8:30 am

■ October 25, 2019

CESA #4, 923 East Garland Street
West Salem, WI 54669

Contact: Carol Zabel, CESA #10
(715) 720-2145; czabel@cesa10.org

■ March 12, 2020

CESA #8, 223 W. Park Street
Gillett, WI 54124

Contact: Christine Kleiman, CESA #7
(920) 617-5645; ckleiman@cesa7.org

Audience:

Pupil Services Staff, Health Educators, Administrators, and others concerned about youth suicide

Cost: \$50.00 per person
(School teams are encouraged)
Includes Continental Breakfast, Lunch, and Snack

Send payment to:

CESA #4
923 East Garland Street
West Salem, WI 54669
ATTN: Mary Devine

PLEASE include and clearly define:
Participant name, exact name of workshop, and date, with all checks or purchase orders. Thank you!

Registration Information:

Contact Mary Devine
CESA #4
mdevine@cesa4.org
(800) 514-3075

School-Based Suicide Prevention Training

NEW! Updated Curriculum

Presented by Wisconsin DPI Educational Consultants

Among Wisconsin youth, suicide is the second leading cause of death and accounts for almost 1 in 5 of all deaths. State law requires school districts to provide specific classroom instruction in youth suicide prevention and to annually notify staff about the Department of Public Instruction's resources. The workshop helps participants understand the scope of youth suicide and what schools can do to reduce suicidal acts and thoughts among students. Participants learn about the prevalence of youth suicide, risk and protective factors, comprehensive prevention programs, and crisis intervention.

This workshop is not intended to train all school staff, but prepares teams of pupil services staff, health educators, and administrators to plan, prevent, and intervene at their schools. Action planning is integrated into all phases of the training program. A model workshop for all school staff is provided. **Attendees are encouraged to bring their suicide crisis response plans for discussion and revision.**

Participants will:

- Understand the prevalence of youth suicide
- Discuss legal requirements
- Gain knowledge and skills to improve classroom instruction at the middle and high school level
- Create a local action plan based on a 3-tiered prevention and intervention model to reduce suicide among youth

Online Registration: October 25, 2019—West Salem:

<https://login.myquickreg.com/register/event/event.cfm?eventid=23908>

Online Registration: March 12, 2020—Gillett:

<https://login.myquickreg.com/register/event/event.cfm?eventid=23955>

Link to the new, updated curriculum:

<https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention/student-programs/curriculum>

See the DPI website for more info:

<https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention>

Share the Power of a Wish®

REFER A CHILD. CHANGE A LIFE.

We know the vital role school nurses serve in improving public health and academic success. As you continue your life-affirming work, please keep the Make-A-Wish® mission in mind: together, we create life-changing wishes for children with critical illnesses. And we can't do it without **your** help!

WHO QUALIFIES FOR A WISH?

A child is eligible for a wish if he or she:

- Is at least 2½ but not yet 18 at time of referral
- Is living with a progressive, degenerative or malignant critical illness
- Has not received a wish from ANY other wish-granting organization

HOW TO MAKE A REFERRAL:

A referral can be made any number of ways:

- Submit a secure referral online at: md.wish.org
- Provide child's information over the phone at **262.781.4445**
- Fax the completed Referral Form below to **262.781.3736**
- Mail the completed Referral Form to the following:

Make-A-Wish® Wisconsin
ATTN: Daphne Lingsweiler
11020 W. Plank Court, Suite 200
Wauwatosa, WI 53226

*I wish to go to Walt
Disney World® Resort*

*Wynter, 4
congenital anomalies*

REFERRAL SOURCE INFORMATION

Name _____ Title _____

Phone _____ E-Mail: _____

Please send me: "Wishful Thinking" newsletter "The Spark" e-newsletter Information on upcoming events

I WOULD LIKE TO REFER

Child's Name _____ Date of Birth ____ / ____ / ____

Diagnosis _____

Hospital _____ Doctor _____

Parent(s)/Guardian(s) Name(s) _____

Family Phone _____ Family is aware I am making this referral: Yes No

Parent(s) Address _____

Parent(s) Email _____ Primary Spoken Language _____

If you have any questions? Please contact Make-A-Wish® Wisconsin's Medical Outreach Coordinator Daphne Lingsweiler at **262.781.4445** or dlingsweiler@wisconsin.wish.org to discuss a child's eligibility.

*I wish to go
to Hawaii*

Toben, 12
blood disorder



Where magic
and medicine
come together.



REFERRAL GUIDANCE

Make-A-Wish.
WISCONSIN

Referral Guidance

WHO IS ELIGIBLE?

To qualify for a wish, a child must:

- Be over the age of 2½ and not yet 18 at the time of referral
- Not have received a wish from another wish-granting organization
- Be diagnosed with a critical illness (see eligible medical conditions on pages 4+ or visit md.wish.org)

HOW TO REFER?

- Secure verbal consent from family before submitting a referral
- DO NOT make promises about eligibility or wishes
- Once your referral is submitted via md.wish.org, Make-A-Wish® Wisconsin will email or fax you the medical eligibility form
- Make-A-Wish® staff will make a welcome call to the family to share the wish process if determined eligible or send a letter if determined not eligible
- Make-A-Wish will update you on your referral once eligibility has been determined

Wish Impact

When a wish is granted a child replaces fear with confidence, sadness with joy and anxiety with hope.

89% OF HEALTH CARE PROFESSIONALS surveyed say they believe that the wish experience can influence wish kids' physical health.

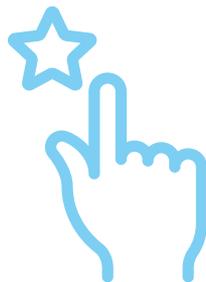
81% OF PARENTS observe an increased willingness by their wish kids to comply with treatment protocols.

74% OF WISH PARENTS observed that the wish marked a turning point in their children's response to treatment.



Eligibility Guidance

A child's eligibility is determined according to guidelines established by Make-A-Wish alongside the Make-A-Wish Medical Advisory Committee. Children diagnosed with critical illnesses—conditions that are progressive, degenerative or malignant—may be eligible to receive a wish. The conditions listed in the following pages are typically qualifying as well as others that may be eligible with complicating co-morbidities.



QUALIFYING CONDITION:

It is not the disease or condition itself that qualifies the child, but the fact that, at the time of referral, the disease or condition is currently placing the child's life in jeopardy. Chronic medical conditions, mental/psychological disorders, neurobehavioral developmental disorders or other conditions of this nature do not usually meet the eligibility criteria for a wish from Make-A-Wish.

MEDICAL CONDITION:

A condensed list of conditions which usually qualify a child for a wish can be found on the following pages. To review a more comprehensive list, please review the referral guidance sheets found at md.wish.org. Some medical conditions may not qualify on their own. However, occasionally the underlying complications and comorbidities together with the primary diagnosis may meet these qualifications. In all cases, the health care team may be asked to provide Make-A-Wish with additional details regarding the specific nature of the child's condition.

CASE-BY-CASE SITUATION:

Medical conditions not included in this list may also qualify a child based on complications and comorbidities as defined above.

CARDIOLOGY

- Complex congenital heart disease, such as:
 - Single ventricle
 - Double inlet left ventricle
 - Tricuspid atresia
- Aortic atresia
- Mitral atresia
- Hypoplastic left heart syndrome
- Congestive heart failure
- Hypertrophic, restrictive, and/or arrhythmogenic right ventricular cardiomyopathy (ARVC)
- Implanted cardiac defibrillator
- Implanted ventricular assist device
- Left ventricular heart failure
- Long QT syndrome
- Necessary frequent hospitalizations post repair of a congenital heart defect (not included in this are routine studies requiring hospitalization)
- Placement on the heart transplant list
- Pulmonary arterial hypertension
- Recipient of a heart or heart-lung transplant
- Status post Fontan procedure
- Tetralogy of Fallot with pulmonary atresia and major aortopulmonary collaterals
- Ventricular fibrillation
- Pulmonary hypertension

Other conditions that may be eligible for a wish with complicating comorbidities:

- Common arterial trunk
- Complications from immunosuppressive therapy
- Double outlet right ventricle
- Discordant ventriculoarterial connection
- Heart failure
- Pacemaker implantation
- Subaortic stenosis
- Tetralogy of Fallot

“It isn’t always necessary to cure in order to heal.”

– James B. Fahner, MD, FAAP, Chair, Make-A-Wish Medical Advisory Council

ENDOCRINOLOGY & METABOLIC CONDITIONS

- Disorder of glycosaminoglycan metabolism
- Disorder of urea cycle metabolism
- Fabry (Anderson) disease
- Gaucher disease
- Hyperinsulinism with persistent hypoglycemia after pancreatectomy
- Krabbe disease
- Lesch-Nyhan syndrome
- Maple-syrup-urine disease
- Metachromatic leukodystrophy
- Multiple endocrine neoplasia syndromes with evidence of cancer
- Neimann-Pick disease
- Panhypopituitarism requiring hormone replacement with hydrocortisone and/or desmopressin
- Peroxisomal disorder
- Prader Willi syndrome with comorbidities
- Sphingolipidosis
- Tay-Sachs disease
- Thyroid cancer (Requiring chemotherapy infusions or radiation treatment and referred within one year of completion of the above mentioned treatment)
- X-linked adrenoleukodystrophy (all others will be reviewed on a case by case basis)

Other conditions may be eligible for a wish with complicating co-morbidities.

GASTROENTEROLOGY

- Bowel/intestinal transplant
- Chronic progressive liver disease with decompensation
- Hepatopulmonary syndrome
- Inflammatory bowel disease resulting in short gut disease with:
 - Prolonged parenteral support
 - Complications resulting from immunosuppressive therapy or surgery
- Liver failure
- Liver transplantation (within one year of transplant)
- Malignancy or inherited pre-malignant conditions
- Portal hypertension
- Short bowel syndrome or intestinal failure requiring prolonged parenteral (TPN) support
- Status post liver transplant (with ongoing life-threatening complications)

Other conditions that may be eligible for a wish with complicating co-morbidities:

- Atresia of bile ducts
- Complications from immunosuppressive therapy
- Crohn's disease
- Hirschsprung's disease
- Pancreatitis
- Ulcerative colitis

GENETICS

- Barth syndrome
- Congenital anomaly, chromosomal or single gene condition with associated life-threatening complications such as:
 - Intractable seizures
 - Structural upper airway abnormalities or chronic pulmonary symptoms
 - Heart anomalies that meet cardiology guidance
 - Chronic renal failure
 - Associated major GI dysfunctions
- Skeletal dysplasias or dysostoses with chronic or degenerative pulmonary complications
- Trisomy 13 and 18

Other conditions that may be eligible for a wish with complicating co-morbidities:

- Complications from immunosuppressive therapy

HEMATOLOGY

- Aplastic anemia
- Bone marrow transplant (within one year)
- Hemophagocytic lymphohistiocytosis
- Severe congenital or acquired bleeding disorders with:
 - Hemorrhage in vital organs resulting in significant morbidity (e.g., intracranial hemorrhage with neurodeficits, organ injury requiring intensive supportive care, etc.
 - High titre hemophilic inhibitors resulting in repeated life-threatening bleeding episodes
- Severe combined immunodeficiency (SCID)
- Stem cell transplant (within one year)
- Severe congenital or acquired blood cell disorders with:
 - Treatment requiring chemotherapeutic agents
 - Serious complications resulting from transfusion therapy (e.g., iron overload)
- Sickle cell disease (Hb-SS, Hb-SC) or thalassemia with severe or chronic complications such as:
 - Acute chest syndrome
 - Splenic sequestration
 - Stroke or severe cerebrovascular disease
 - Necessary regular transfusion
 - Pulmonary hypertension
 - Multiple severe pain crises within past year
 - End organ damage requiring additional supportive measures

Other conditions that may be eligible for a wish with complicating co-morbidities:

- Complications of immunodeficiency or from immunosuppressive therapy
- Coagulation disorders

IMMUNOLOGY & INFECTIOUS DISEASE

- Bone marrow transplant (within one year of transplant)
- Immunodeficiencies with:
 - Severe autoimmune complications and/or significantly diminished life expectancy.
- Primary immunodeficiencies that require lifelong treatment
 - Life expectancy is anticipated to be significantly shortened if the treatment is not available
 - Ex: Wiskott Aldrich, Bruton's agammaglobulinemia, chronic granulomatous disease
- Primary immunodeficiency diseases that result in frequent unplanned hospitalizations where infection is not well controlled
- Severe Combined Immunodeficiency Disease (SCID)
- Status post bone marrow transplant (with ongoing life-threatening complication)

Other conditions that may be eligible for a wish with complicating co-morbidities:

- Complications from immunosuppressive therapy
- HIV

NEPHROLOGY

- Chronic kidney disease (stage 3 or greater) with:
 - Multiple acute illnesses/exacerbations in the last year requiring hospitalization
- Dialysis dependent renal disease
- Kidney transplant (within one year of transplant)
- Kidney diseases that are dependent on longterm infusions and/or plasma exchange
 - Ex: atypical hemolytic uremic syndrome requiring chronic anticomplement therapy to stay in remission
- Status post kidney transplant (with ongoing life-threatening complications)

Other conditions that may be eligible for a wish with complicating co-morbidities:

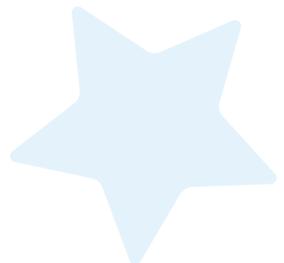
- Complications from immunosuppressive therapy
- Many other conditions not listed
- Refractory nephrotic syndrome
 - Ex: multiple acute illnesses or relapses requiring infusion medication and multiple immunosuppressive medications

NEUROLOGY & NEUROSURGERY

- Alpers disease
- Cerebral palsy with associated life-threatening complications
 - e.g., intractable seizures, compromised respiratory function
- Congenital neuromuscular disease with respiratory or cardiac complications including:
 - Myotonic muscular dystrophy
 - Duchenne muscular dystrophy
 - Spinal Muscular Atrophy types 1 and 2
- Epilepsy/uncontrolled seizures that are:
 - Intractable
 - Refractory
 - Treatment Resistant
- Familial dysautonomia (Riley-Day)
- Friedreich's ataxia
- Huntington's disease
- Leigh's disease
- Lennox-Gastaut syndrome that is:
 - Intractable
 - Treatment resistant
- Leukodystrophy
- Moyamoya disease
- Neurodegenerative disease with significantly shortened life expectancy
- Neuronal brain iron accumulation (NBIA)
- Progressive cerebrovascular disease, stroke with ongoing life-threatening complication
- Profound neuro-developmental delay with associated life-threatening co-morbidities requiring significant and ongoing life-sustaining medical support
- Rett syndrome
- Tuberous sclerosis, involving the brain or spinal cord

Other conditions that may be eligible for a wish with complicating co-morbidities:

- Arhinencephaly
- Encephalopathy
- Hydrocephalus
- Megalencephaly
- Myopathy
- Neurofibromatosis
- Spinal bifida



ONCOLOGY

- Bone marrow/stem cell transplant (within one year of transplant)
- Low grade tumors with any of the following criteria:
 - Requiring chemotherapy infusions or radiation treatment and referred within one year of completion of the above mentioned treatment
 - Requiring more than one major surgery such as craniotomy
 - Location of tumor requiring ongoing medical intervention (ex: seizures or endocrine deficit; significant functional impairment (ex: paralysis); or other major neurologic impairment)
 - Associated with extensive complications (ex: lengthy unplanned hospital stay)
- Malignant neoplasm and Neoplasm of unspecified/uncertain behavior
 - Requiring chemotherapy infusions or radiation treatment AND
 - Referred within one year of completion of the above mentioned treatment
- Status post bone marrow/Stem cell transplant (with ongoing life-threatening complications)

Other conditions that may be eligible for a wish with complicating co-morbidities:

- Complications from immunosuppressive therapy

PULMONOLOGY

- Chronic hypoxemia requiring supplemental oxygen
- Chronic respiratory failure
- Chronic ventilator dependence
- Cystic fibrosis
- Lung transplant
- Moderate to severe lung disease secondary to chemotherapy and radiation
- Placement on the lung transplant list
- Progressive histiocytosis – including multi-focal
- Progressive interstitial lung disease associated with immunodeficiency, auto-immune disease or immune dysregulation
- Pulmonary fibrosis
- Pulmonary graft vs. host disease
- Pulmonary hypertension
- Pulmonary lymphangectasia
- Severe respiratory compromise incompletely responsive to therapy and resulting in recurrent life-threatening episodes
- Surfactant protein dysfunction
- Tracheostomy placement for chronic respiratory failure or severe airway obstruction

Other conditions that may be eligible for a wish with complicating co-morbidities:

- Acute respiratory failure
- Bronchopulmonary dysplasia
- Children having a tracheostomy with oxygen requirements depending on the underlying medical diagnosis or reason for the tracheostomy
- Chronic obstructive pulmonary Disease
- Primary ciliary dyskinesia
- Severe Asthma
- Severe restrictive lung disease
- Complications from immunosuppressive therapy

RHEUMATOLOGY

- Antiphospholipid syndrome with recurrent thrombosis/active disease (not just positive antibody titers)
- Autoinflammatory conditions i.e. TRAPS, CINCA/NOMID, HIDS, CANDLE, DIRA
- Chronic vasculitis:
 - Eosinophilic granulomatosis with polyangiitis
 - Granulomatosis
 - Microscopic polyangiitis
 - Polyangiitis
 - Polyarteritis nodosa
 - Takayasu's arteritis
- Juvenile dermatomyositis
 - With any end-organ involvement, calcinosis or otherwise recalcitrant (greater than one year of treatment or two or more relapses)
- Mixed connective tissue disease with end-organ involvement
- Pediatric systemic lupus erythematosus with end-organ involvement
- Polychondritis resulting in end-organ damage
- Progressive Systemic Sclerosis (Systemic Scleroderma)
- Systemic JRA/JIA with macrophage activation syndrome (MAS)
 - Referred within 12 months of MAS episode or having continuing MAS issues

Other conditions that may be eligible for a wish with complicating co-morbidities:

- Complications from immunosuppressive therapy

Refer a child today:
md.wish.org

For more information,
please contact Daphne Lingsweiler,
Medical Outreach Coordinator at
dlingsweiler@wisconsin.wish.org
or **262.781.4445**.

The Wish Process

STEP BY STEP GUIDE FOR PARENTS



Welcome Call

Make-A-Wish staff's opportunity to introduce the wish process.



Meet with Volunteers

Initial interview takes place with the child and volunteer wish granters.



Determine the Wish

Wish granters work to capture the child's wish and reasons behind it. Completed paperwork is turned into the office. Wish Coordinator (staff member) assigned to the child's wish.



Seek Wish Review and Approval

Child's wish will be sent to his/her doctor for medical approval, and the Make-A-Wish board for approval.



Wish Planning

You will be notified from your volunteer wish granters that your child's wish has been approved. Your Wish Coordinator will work with you to design your child's wish. As the Wish Day approaches, a wish presentation/reveal will be planned with your family and volunteer wish granters.



Your wish is granted!

Welcome to the Make-A-Wish community as a wish alum.



*Together, we create life-changing wishes
for children with critical illnesses.*



You can help ensure every eligible child has a wish to count on.
Refer a child today: md.wish.org

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
August 30, 2019, 0935 ET (9:35 AM ET)
CDCHAN-00421

Severe Pulmonary Disease Associated with Using E-Cigarette Products

Summary

The Centers for Disease Control and Prevention (CDC) is providing: 1) background information on the forms of e-cigarette products, 2) information on the multistate outbreak of severe pulmonary disease associated with using e-cigarette products (devices, liquids, refill pods, and cartridges), and 3) clinical features of patients with severe pulmonary disease. This health advisory also provides recommendations for clinicians, public health officials, and the public based on currently available information.

General Background

E-cigarettes typically contain nicotine, most also contain flavorings and other chemicals, and some may contain marijuana or other substances. They are known by many different names and come in many shapes, sizes and device types. Devices may be referred to as “e-cigs,” “vapes,” “e-hookahs,” “vape pens,” “mods,” tanks, or electronic nicotine delivery systems (ENDS). Some e-cigarette devices resemble other tobacco products such as cigarettes; some resemble ordinary household items such as USB flash drives, pens, and flashlights; and others have unique shapes. Use of e-cigarettes is sometimes referred to as “vaping” or “juuling.” E-cigarettes used for dabbing are sometimes called “dab” pens.

E-cigarettes can contain harmful or potentially harmful substances, including nicotine, heavy metals (e.g., lead), volatile organic compounds, and cancer-causing chemicals. Additionally, some e-cigarette products are used to deliver illicit substances; may be acquired from unknown or unauthorized (i.e., “street”) sources; and may be modified for uses that could increase their potential for harm to the user. For example, some e-cigarette pods or cartridges marketed for single use can be refilled with illicit or unknown substances. In addition, some e-cigarette products are used for “dripping” or “dabbing.” Dripping involves dropping e-cigarette liquid directly onto the hot coils of an e-cigarette which can result in high concentrations of compounds (e.g., tetrahydrocannabinol [THC] and cannabinoid compounds). Dabbing involves superheating substances such as “budder”, butane hash oil (BHO), and “710” that contain high concentrations of THC and other plant compounds (e.g., cannabidiol [CBD]).

Youth, young adults, pregnant women, as well as adults who do not currently use tobacco products should not use e-cigarettes. E-cigarettes containing nicotine have the potential to help some individual adult smokers reduce their use of and transition away from cigarettes. However, e-cigarettes are not currently approved by the Food and Drug Administration (FDA) as a quit smoking aid, and the available science is inconclusive on whether e-cigarettes are effective for quitting smoking.

Outbreak Background

As of August 27, 2019, 215 possible cases have been reported from 25 states and additional reports of pulmonary illness are under investigation. One patient (in Illinois) with a history of recent e-cigarette use was hospitalized on July 29, 2019 with severe pulmonary disease and died on August 20, 2019. Although the etiology of e-cigarette-associated pulmonary disease is undetermined, epidemiologic investigations in affected states are ongoing to better characterize the exposures, demographic, clinical, and laboratory features and behaviors of patients. All patients have reported using e-cigarette products. The exact

number is currently unknown, but many patients have reported using e-cigarettes containing cannabinoid products such as THC or CBD.

Based on reports from several states, patients have experienced respiratory symptoms (cough, shortness of breath, or chest pain), and some have also experienced gastrointestinal symptoms (nausea, vomiting, or diarrhea) or non-specific constitutional symptoms (fatigue, fever, or weight loss). Symptoms typically develop over a period of days but sometimes can manifest over several weeks. Gastrointestinal symptoms sometimes preceded respiratory symptoms. Fever, tachycardia, and elevated white blood cell count have been reported in the absence of an identifiable infectious disease. Many patients have sought initial care in ambulatory settings, some with several visits, before hospital admission.

Radiologic findings have varied and are not present in all patients upon initial presentation. Bilateral pulmonary infiltrates and diffuse ground-glass opacities have been reported. Many patients required supplemental oxygen, some required assisted ventilation and oxygenation, and some were intubated. Some patients have been treated with corticosteroids with demonstrated improvement. Antimicrobial therapy alone has not consistently been associated with clinical improvement. Assessment for infectious etiologies has been completed in many patients without an identified infectious cause. Several patients from one state have been diagnosed with lipoid pneumonia based on clinical presentation and detection of lipids within bronchoalveolar lavage samples stained specifically to detect oil.

All patients have reported using e-cigarette products and the symptom onset has ranged from a few days to several weeks after e-cigarette use. Within two states, recent inhalation of cannabinoid products, THC or cannabidiol, have been reported in many of the patients. To date, no single substance or e-cigarette product has been consistently associated with illness. CDC is working closely with state health departments to facilitate collecting product specimens for testing at the U.S. FDA Forensic Chemistry Center.

Recommendations for Clinicians

1. Report cases of severe pulmonary disease of unclear etiology and a history of e-cigarette product use within the past 90 days to your state or local health department. Reporting of cases may help CDC and state health departments determine the cause or causes of these pulmonary illnesses.
2. Ask all patients who report e-cigarette product use within the last 90 days about signs and symptoms of pulmonary illness.
3. If e-cigarette product use is suspected as a possible etiology of a patient's severe pulmonary disease, obtain detailed history regarding:
 - Substance(s) used: nicotine, cannabinoids (e.g., marijuana, THC, THC concentrates, CBD, CBD oil, synthetic cannabinoids [e.g., K2 or spice], hash oil, Dank vapes), flavors, or other substances
 - Substance source(s): commercially available liquids (i.e., bottles, cartridges, or pods), homemade liquids, and re-use of old cartridges or pods with homemade or commercially bought liquids
 - Device(s) used: manufacturer; brand name; product name; model; serial number of the product, device, or e-liquid; if the device can be customized by the user; and any product modifications by the user (e.g., exposure of the atomizer or heating coil)
 - Where the product(s) were purchased
 - Method of substance use: aerosolization, dabbing, or dripping
 - Other potential cases: sharing e-cigarette products (devices, liquids, refill pods, or cartridges) with others
4. Determine if any remaining product, including devices and liquids, are available for testing. Testing can be coordinated with the local or state health departments.
5. Consider all possible causes of illness in patients reporting respiratory and gastrointestinal symptoms and of e-cigarette product use. Evaluate and treat for other possible causes of illness (e.g., infectious,

rheumatologic, neoplastic) as clinically indicated. Consider consultation with specialists (pulmonary, infectious disease, critical care, medical toxicology) as appropriate.

6. Clinical improvement of patients with severe pulmonary disease associated with e-cigarette use has been reported with the use of corticosteroids. The decision to use corticosteroids should be made on a case-by-case basis based on risks and benefits and the likelihood of other etiologies.
7. Lipoid pneumonia associated with inhalation of lipids in aerosols generated by e-cigarettes has been reported based on the detection of lipid-laden alveolar macrophages obtained by bronchoalveolar lavage (BAL) and lipid staining (e.g., oil red O). The decision about whether to perform a BAL should be based on individual clinical circumstances.
8. Lung biopsies have been performed on some patients. If a lung biopsy is obtained, lipid staining may be considered during pathologic examination, and is best performed on fresh tissue. Routine pathology tissue processing (including formalin-fixation and paraffin-embedding) can remove lipids. Conducting routine tissue processing and histopathologic evaluation is still important. Consider consultation with specialists in pulmonary medicine and pathology to help inform any evaluation plan.
9. Patients who have received treatment for severe pulmonary disease related to e-cigarette product use should undergo follow-up evaluation as clinically indicated to monitor pulmonary function.

Recommendations for Public Health Officials

1. State public health officials should promptly notify CDC about possible cases via VapingAssocIllness@cdc.gov.
2. Contact CDC at VapingAssocIllness@cdc.gov for case classification criteria, reporting guidelines, case investigation forms, and questions about this outbreak.
3. Consider conducting case-finding activities that use existing data sources (e.g., local poison control center, coroner and medical examiner's office, and other applicable surveillance systems including syndromic surveillance). CDC has developed two working syndromic surveillance definitions (one version with specific symptoms and a second focused on e-cigarette product use). CDC will be programming these definitions in CDC's National Syndromic Surveillance Program's BioSense/ESSENCE platform for case-finding within the platform.
4. Consider asking the medical examiner or coroner's office and other pathologists to report possible cases, especially those without an alternative, likely diagnosis. If individuals are identified after death or at autopsy who showed signs of severe pulmonary disease as described above, medical examiners and coroners are encouraged to report the cases to their local or state health department. Thorough sampling of trachea, bronchi, and lung parenchyma with collection of fresh lung tissue for staining of lipids (e.g., oil red O) and submission of formalin-fixed, paraffin-embedded tissues for routine histopathology are recommended. For further consultation, public health officials can contact CDC's Infectious Diseases Pathology Branch at pathology@cdc.gov.
5. State health department officials seeking technical assistance with an epidemiologic investigation can contact CDC at VapingAssocIllness@cdc.gov. State health department officials seeking technical assistance with laboratory testing can discuss with their state health department laboratories or contact CDC at VapingAssocIllness@cdc.gov.

Recommendations for the Public

1. While this investigation is ongoing, if you are concerned about these specific health risks, consider refraining from using e-cigarette products.
2. Regardless of the ongoing investigation, anyone who uses e-cigarette products should not buy these products off the street (e.g., e-cigarette products with THC, other cannabinoids) and should not modify e-cigarette products or add any substances to these products that are not intended by the manufacturer.
3. Regardless of the ongoing investigation, e-cigarette products should not be used by youth, young adults, pregnant women, as well as adults who do not currently use tobacco products. If you use e-cigarette products, monitor yourself for symptoms (e.g., cough, shortness of breath, chest pain) and promptly seek medical attention if you have concerns about your health. CDC and FDA will continue to advise and alert the public as more information becomes available.

4. Adult smokers who are attempting to quit should use evidence-based treatments, including counseling and FDA-approved medications. If you who need help quitting tobacco products, including e-cigarettes, contact your doctor.
5. If you are concerned about harmful effects from e-cigarette products, call your local poison control center at: 1-800-222-1222.
6. We encourage the public to submit detailed reports of any unexpected tobacco or e-cigarette-related health or product issues to the FDA via the online Safety Reporting Portal:
<https://www.safetyreporting.hhs.gov>.

For More Information

- For assistance with managing patients suspected of illness related to recreational, illicit, or other drugs, call your local poison control center at: 1-800-222-1222.
- Information on electronic cigarettes and similar devices: <https://www.cdc.gov/e-cigarettes>
- CDC Press Statement: <https://www.cdc.gov/media/releases/2019/s0821-cdc-fda-states-e-cigarettes.html>
- CDC Clinical Outreach and Communication Activity announcement: <https://emergency.cdc.gov/newsletters/coca/081619.htm>
- CDC's National Syndromic Surveillance Program's BioSense/ESSENCE: <https://www.cdc.gov/nssp/index.html>
- For more information, visit CDC Info: <https://www.cdc.gov/cdc-info/index.html>

References

- Barrington-Trimis JL, Samet JM, McConnell R. Flavorings in electronic cigarettes: an unrecognized respiratory health hazard? *JAMA*. 2014;312(23):2493-4.
<https://jamanetwork.com/journals/jama/fullarticle/1935097>
- Behar RZ, Davis B, Wang Y, Bahl V, Lin S, Talbot P. Identification of toxicants in cinnamon-flavored electronic cigarette refill fluids. *Toxicol In Vitro*. 2014;28(2):198-208.
<https://www.ncbi.nlm.nih.gov/pubmed/24516877>
- Flower M, Nandakumar L, Singh M, Wyld D, Windsor M, Fielding D. Respiratory bronchiolitis-associated interstitial lung disease secondary to electronic nicotine delivery system use confirmed with open lung biopsy. *Respirol Case Rep*. 2017;5(3):e00230.
<https://onlinelibrary.wiley.com/doi/full/10.1002/rcr2.230>
- Gerloff J, Sundar IK, Freter R, Sekera ER, Friedman AE, Robinson R, et al. Inflammatory Response and Barrier Dysfunction by Different e-Cigarette Flavoring Chemicals Identified by Gas Chromatography-Mass Spectrometry in e-Liquids and e-Vapors on Human Lung Epithelial Cells and Fibroblasts. *Appl In Vitro Toxicol*. 2017;3(1):28-40.
<https://www.liebertpub.com/doi/10.1089/aivt.2016.0030>
- He T, Oks M, Esposito M, Steinberg H, Makaryus M. "Tree-in-Bloom": Severe Acute Lung Injury Induced by Vaping Cannabis Oil. *Ann Am Thorac Soc*. 2017;14(3):468-70.
<https://www.atsjournals.org/doi/10.1513/AnnalsATS.201612-974LE>
- Khan MS, Khateeb F, Akhtar J, Khan Z, Lal A, Kholodovych V, et al. Organizing pneumonia related to electronic cigarette use: A case report and review of literature. *Clin Respir J*. 2018;12(3):1295-9.
<https://onlinelibrary.wiley.com/doi/abs/10.1111/crj.12775>
- Kosmider L, Sobczak A, Prokopowicz A, Kurek J, Zaciera M, Knysak J, et al. Cherry-flavoured electronic cigarettes expose users to the inhalation irritant, benzaldehyde. *Thorax*. 2016;71(4):376-7.
<https://thorax.bmj.com/content/71/4/376>

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory incident or situation	May not require immediate action; provides important information for a specific incident or situation
Health Update incident or situation	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

Auvi-Q[®]
epinephrine injection, USP
0.1 mg/0.15 mg/0.3 mg auto-injectors



ALLERGIC EMERGENCIES¹⁻⁵ CAN HAPPEN ANYWHERE

In fact, many occur away from home.⁴⁻⁶ If your child has a life-threatening allergy, be sure to:

- Fill out an anaphylaxis emergency plan
- Alert teachers, coaches, and other caretakers to the signs of anaphylaxis
- Remind them to **always** have their epinephrine auto-injector easily available



AUVI-Q is an epinephrine auto-injector designed to be convenient to carry and easy to use.



VOICE INSTRUCTIONS

AUVI-Q has automated voice instructions that can help guide even untrained users through the injection. It also reminds users to call 911.



POCKET-SIZED

AUVI-Q is designed with size in mind. It's about the size of a credit card and thickness of a cell phone.



AUTO-RETRACTABLE NEEDLE

AUVI-Q has a needle that is not visible before, during, or after an injection. A child may not even feel the injection when it occurs.

AUVI-Q is not a substitute for immediate medical care. After use, patient should seek immediate medical attention.

Indication

AUVI-Q[®] (epinephrine injection, USP) is a prescription medicine used to treat life-threatening allergic reactions, including anaphylaxis, in people who are at risk for or have a history of serious allergic reactions.

Important Safety Information

AUVI-Q is for immediate self (or caregiver) administration and does not take the place of emergency medical care. Seek immediate medical treatment after using AUVI-Q. Each AUVI-Q contains a single dose of epinephrine. **AUVI-Q should only be injected into your outer thigh, through clothing if necessary.** If you inject a young child or infant with AUVI-Q, hold their leg firmly in place before and during the injection to prevent injuries. Do not inject AUVI-Q into any other part of your body, such as into veins, buttocks, fingers, toes, hands, or feet. If this occurs, seek immediate medical treatment and make sure to inform the healthcare provider of the location of the accidental injection. Only a healthcare provider should give additional doses of epinephrine if more than two doses are necessary for a single allergic emergency.

Please see additional Important Safety Information on back page and full Prescribing Information and Patient Information at www.auvi-q.com.

**ALL ELIGIBLE COMMERCIALY
INSURED PATIENTS CAN GET AUVI-Q
FOR \$0 OUT OF POCKET.***

NOW AVAILABLE AT
Walgreens

Learn more at auvi-q.com or call 1-877-30-AUVIQ.

Ask your doctor if AUVI-Q is right for your family.

There's an AUVI-Q for just about anyone with life-threatening allergies.



AUVI-q 0.1 mg
For infants and toddlers
weighing 16.5 lbs to 33 lbs.



AUVI-Q 0.15 mg
For children weighing
33 lbs to 66 lbs.



AUVI-Q 0.3 mg
For anyone who weighs
66 lbs or more.

Important Safety Information (continued):

Rarely, patients who use AUVI-Q may develop infections at the injection site within a few days of an injection. Some of these infections can be serious. Call your healthcare provider right away if you have any of the following symptoms at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have more or longer lasting side effects when you use AUVI-Q. Be sure to tell your healthcare provider about all the medicines you take, especially medicines for asthma. Also tell your healthcare provider about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, heart problems or high blood pressure, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Epinephrine should be used with caution if you have heart disease or are taking certain medicines that can cause heart-related (cardiac) symptoms.

Common side effects include fast, irregular or 'pounding' heartbeat, sweating, shakiness, headache, paleness, feelings of over excitement, nervousness, or anxiety, weakness, dizziness, nausea and vomiting, or breathing problems. These side effects usually go away quickly, especially if you rest. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

Please see the full Prescribing Information and the Patient Information at www.auvi-q.com.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

*Only valid for commercially insured patients in the 50 United States and DC through the direct delivery service and/or designated retail pharmacies. Not eligible if prescriptions are paid for in part/full by state or federally funded program(s), like Medicare Part D, Medicaid, Vet. Aff., Dept. of Def., or Tricare, and where prohibited by law. OFFER IS NOT INSURANCE. Offer cannot be sold, purchased, traded, transferred, and cannot be combined with any other offer. Cash discount cards are not commercial payers and are not eligible to be used for this program. Offer provided by kaléo, and it may change at any time without notice.

References: 1. Tiyyagura GK, Arnold L, Cone DC, Langan M. Pediatric anaphylaxis management in the prehospital setting. Author manuscript published by the National Institutes of Health, Public Access, PMC January 1, 2015;1-11. Published in final edited form in *Prehosp Emerg Care*. 2014;18(1):46-51. 2. Radke TJ, Brown LG, Hoover ER, et al. Food allergy knowledge and attitudes of restaurant managers and staff: an EHS-NET study. Author manuscript published by the Department of Health and Human Services, Public Access, PMC February 23, 2017;1-24. Published in final edited form in *J Food Prot*. 2016;79(9):1588-1598. 3. Wahl A, Stephens H, Ruffo M, Jones AL. The evaluation of a food allergy and epinephrine autoinjector training program for personnel who care for children in schools and community settings. *J Sch Nurs*. 2015;31(2):91-98. 4. Robinson M, Greenhawt M, Stukus D. Factors associated with epinephrine administration for anaphylaxis in children before arrival to the emergency department. *Ann Allergy Asthma Immunol*. 2017;119:164-169. 5. Bock SA, Muñoz-Furlong A, Sampson HA. Fatalities due to anaphylactic reactions to foods. *J Allergy Clin Immunol*. 2001;107(1):191-193. 6. Fleming JT, Clark S, Camargo CA, Rudders SA. Early treatment of food-induced anaphylaxis with epinephrine is associated with a lower risk of hospitalization. *J Allergy Clin Immunol*. 2015;3(1):57-62.

AUVI-Q and AUVI-q are registered trademarks of kaléo.

The Walgreens logo is a registered trademark of Walgreen Co. All rights reserved.

© 2019 kaleo, Inc. CM-US-AQ-0443