

The Texas *School Health* Bulletin

Volume 3, Issue 2

TDH Adolescent and School Health Program

January 2004

Get Ready for Flu Season!

Influenza & Texas Schools

By Peggy Wright, RN & Neil Pascoe, TDH Infectious Disease Epidemiology and Surveillance

Every year in the United States, millions of people get sick with influenza (the flu). Influenza epidemics in the U.S. usually occur during the winter months and cause an average of 36,000 deaths and 114,000 hospitalizations each year. The highest rates of influenza infection occur among school-aged children. The risk for serious health problems, hospitalizations, and deaths from the flu are higher among people 65 years of age or older, very young children, and people of any age with certain underlying health problems. Anyone though, including healthy people, can get the flu, and serious health problems from the flu can occur at any age. The severity of a flu season varies from year to year and depends on the strains of circulating flu viruses, infection rates, and the levels of protective antibody in the population.

A primary feature of the influenza virus is that it regularly undergoes genetic and/or recombination changes, which if dramatic enough, can result in the creation of an influenza virus never seen before in humans. Since people would not have had previous exposure to this new form of flu virus, and if it were highly contagious and infectious, the potential for a worldwide epidemic (pandemic) would be increased. During a pandemic, the rates of illness and death from flu-related health problems increase dramatically worldwide. During the 1918-19 "Spanish Flu" pandemic, it is estimated that over 20 million deaths occurred worldwide, including over a half-million Americans. Influenza can have a very serious and severe impact on public health.

Last Season in Texas

The Texas flu epidemic of the 2002-2003 season had an unprecedented impact on school-aged children because of their susceptibility to the dominant strain in circulation, Flu B Hong Kong. Initial reports of children with influenza-like illness (ILI)

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Breastfeeding Gets an A+

Encouraging Breastfeeding in the Workplace

By Barbara Wilson-Clay, BS, IBCLC, Austin Lactation Associates

The U.S. Department of Women's Health and the Ad Council will soon launch a nationwide breastfeeding promotion campaign. The impetus stems from new studies linking breastfeeding to obesity prevention, diabetes prevention, and improved childhood health through optimal early nutrition. Faster postpartum weight loss, protection against osteoporosis, and reduced risk of breast cancer lead the list of advantages for mothers.

The Texas Department of Health (TDH) has identified a lack of accommodation for working mothers as a significant barrier to continued breastfeeding. With just a little bit of creative thinking and a place to pump, many women and their employers are finding solutions to this public health problem.

Businesses large and small find that

workplace accommodations to protect breastfeeding can save money. Studies document reduced re-training costs, increased loyalty and productivity when employers help women meet their mothering goals.

Reductions in absenteeism and reduced health insurance costs add additional benefits to employers.

How can school districts help teachers who want to continue breastfeeding? It's pretty simple, and it's a temporary accommodation. The minimum requirement

See Breastfeeding page 7

See a sample letter to help mothers obtain employer support for breastfeeding in the workplace!

www.tdh.state.tx.us/wichd/bf/phyletter.htm

Texas School Health Conference 2004

By Dickie Hill, 2004 TSHA Conference Coordinator

January 23 and 24 of 2004 will be significant dates for the Texas School Health Association (TSHA). During this weekend we plan to set a new record for attendance at our yearly conference. We hope you plan to attend and will bring a friend. The conference will be held at the Hilton Austin North and Towers Hotel in Austin.

We are excited about the program we have assembled to provide members with valuable information and encouragement to grow in the profession of health education. Our keynote speakers are Dr. Eduardo Sanchez, Texas Commissioner of Health, Dr. Larry Olsen, from New Mexico State University, Dr. Darrel Lang, from the Kansas State Department of Education, and Mr. Paul

Carrozza, an Austin business man. These excellent speakers will inspire us toward greater service to the children of Texas.

The nine breakout sessions will provide a variety of interests for our membership. The general topics are 1) Tobacco Prevention Strategies, 2) Facilitating School Health Advisory Councils, 3) A Change in Paradigm for the School Nurse, 4) Eating Disorders in Our Schools, 5) The War Against Obesity in the Classroom, 6) Writing and Achieving Behavioral Objectives in Health Education Programs, 7) Street Drugs Used in Date Rape, 8) Obesity Management and Resources for Families, and 9) a presentation on North East ISD's Awards for

See TSHA page 7

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Change: Continuous, Habitual and Natural Growth Experience...

By Michelle McComb, MSN, RN
TDH Adolescent & School Health Program

As the beginning of a new calendar year starts, you may find yourself pondering possible New Year resolutions. The origin of this custom is unknown to me, but I understand why the idea of a fresh start is appealing. In the school setting we experience a similar occurrence in August with the start of a new school year. How often have you vowed to yourself to do things differently at work or to change a personal habit, only to lapse back into the way you've always done things? It is easy to do! Whether you view

"Change, like sunshine, can be a friend or a foe, a blessing or a curse, a dawn or a dusk."

~ William A. Ward

January 2004 as ushering in a new year, or simply the start of a new semester, we wish for you happy holidays and success in at least one area of change in your life!

"The more things change, the more they stay the same." "A rolling stone gathers no moss." "There is nothing permanent except change." "Just because everything is different doesn't mean that everything has changed." There are so many adages and proverbs about change and many of them contradict each other! Change Management is an industry itself and we now have experts who study change, develop principles of change and provide training and coaching to people who want to learn how to handle change. For some, the idea of change is filled with anxiety and uncertainty while others are more eager to embrace change and integrate new methods into their work or life. The Texas Department of Health (TDH) is embarking on a new phase of change, as are numerous other state agencies.

This Texas School Health Bulletin will likely be the very last issue published under the auspices of the TDH. HB 2292, passed during the 78th General Legislature, merges the 12 existing Health and Human Services agencies into 5 departments. TDH will merge

with the Texas Council on Alcohol and Drug Abuse (TCADA), the Texas Healthcare Information Council (THIC) and part of the Texas Department of Mental Health and Mental Retardation (MHMR) to become the Department of State Health Services or DSHS. Although the former "TDH" as we know it will no longer exist, the staff with the Adolescent & School Health Program

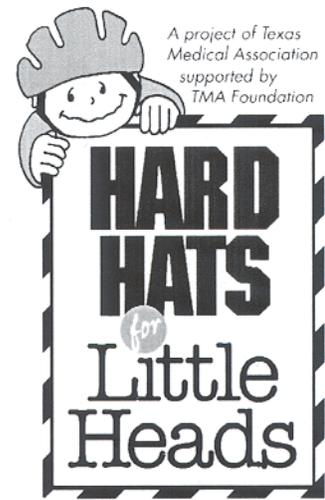
will continue to provide consultation, training, technical assistance and information to the public. The commitment to public health remains

strong.

Many of our readers have written, called or e-mailed to tell us how helpful the newsletter has been. We appreciate this positive feedback, but also would like to hear from those readers who have suggestions as to how we might improve. It is important for us to be able to identify the services we provide which are high priority to our customers. As we begin the transition to becoming part of DSHS, we want to minimize any unanticipated consequences to our customers and stakeholders. As we prepare for the changes within our organization, we are looking for ways to enhance our resiliency as individuals and as a team. In his book *Managing at the Speed of Change*, Daryl Conner describes resiliency as "the ability to absorb high levels of change while displaying minimal dysfunctional behavior." We hope to continue to provide superb customer service to you during the midst of change without exhibiting any dysfunctional behavior!

Although "formal operations" of DSHS will begin during the spring/summer 2004, the transition will occur over a 3-5 year period. The Health and Human Services Commission has posted

See **Change** page 7



A project of Texas
Medical Association
supported by
TMA Foundation

To find out more about TMA's bicycle helmet initiative and how you can get involved, log on to www.texmed.org/has/prs/hhh/default.asp. Or contact Tammy Wishard, program coordinator, at tammywishard@earthlink.net or (512) 331-6336.

TSHN Welcomes New Regional School Health Specialists

By Anita Wheeler, BSN, RN
TDH Adolescent and School Health Program

The Texas School Health Network (TSHN) is pleased to announce the addition of several new staff members. The TSHN is composed of 20 Regional School Health Specialists who provide information to school districts and help build communication between the education and health communities. The role of the specialist is to collaborate with school districts and assist them with planning and implementation of school health programming.

Joining the TSHN since the past summer are:

- Lindy Haley, Region 6, Huntsville
- Regina Foster, Region 7, Kilgore
- Sharon Derrick, Region 8, Mt. Pleasant
- Shayla Grelle, Region 15, San Angelo
- Bradley Gibson, Region 18, Midland
- Rose Condon, Region 20, San Antonio

The new staff bring a vast amount of knowledge and experience to the TSHN, with backgrounds in nursing, curriculum development, administration, and even a past administrator and school board member. Welcome to the new specialists! If you are uncertain who your School Health Specialist is, check the TDH Adolescent and School Health Program website: http://www.tdh.state.tx.us/schoolhealth/net_list.htm

Texas Grants for School Outreach

By Amy Pearson, Outreach Data Coordinator

You may have recently heard about changes to the Children's Health Insurance Program, but the fact remains that this coverage is still available and many children still qualify. The insure•a•kid Texas Grants for School Outreach is working with the TDH Adolescent and School Health Program to be sure all school staff across the state have the information they need about CHIP and Children's Medicaid.

The insure•a•kid Texas Grants for School Outreach is an initiative funded by the Michael and Susan Dell Foundation. The goal of the grant is to incorporate the distribution of information on children's health insurance, CHIP and Children's Medicaid into routine school activities. There are currently 13 grantees across the state that are working with 39 school districts in 17 counties.

Grant coordinators work closely with the school districts in each of the grant counties. Nursing staff and other administrative personnel are provided training on CHIP and children's Medicaid. Many schools have included a question on student health insurance status on the annual registration forms. If a family indicates that they have no health insurance or are interested in more information on CHIP and children's Medicaid, the school nurse can provide the family with an application.

Application assistance (in both Spanish and English) is available through insure•a•kid at (512) 324-CHIP. Applications can also be downloaded from the insure•a•kid website at www.insureakid.org. In many cases insure•a•kid grantees host community outreach events where application assistance is also provided.

Through insure•a•kid outreach efforts, many families without health insurance for their children have qualified for CHIP or Medicaid. When children have health insurance such as CHIP and children's Medicaid, they are able to receive routine care, immunizations, medications and more.

Some families have even discovered underlying problems, such as a heart defect in one young girl, which was corrected with surgery. The defect was discovered during a visit to the doctor for a minor ailment. The mother indicated that before having CHIP coverage, she would not have taken her daughter to the doctor for such a mild illness.



Children with health insurance are healthier than uninsured kids, they miss less school, and their parents miss less work. Insure•a•kid strives to connect uninsured children to health insurance programs like CHIP and Medicaid. Through partnerships with school districts and others in the community, we're helping families get the health insurance their children need for a healthy future.

For more info about insure•a•kid, visit www.insureakid.org, or contact Amy Pearson at (512) 927-2677, ext. 205 or apearson@seton.org. For more info on the Michael and Susan Dell Foundation, visit www.MSDF.org ■

CHIP Coverage Changes

Benefits covered

- Doctor visits
- Well-baby/well-child check-ups
- Immunizations
- Prescription drugs
- Inpatient and outpatient hospital
- Durable medical equipment
- Physical/speech/occupational therapy
- Emergency services
- Home health services
- Some mental health services

Benefits no longer covered

- Dental Services
- Eye exams and glasses
- Hospice care services
- Skilled nursing facility services
- Tobacco cessation programs
- Chiropractic services

Future Funding Opportunity for School-Based Health Centers

By John Dillard, TDH Adolescent and School Health Program

Children and adolescents have the right to quality, accessible, confidential, culturally competent health services. The school setting is a sensible and appropriate site to deliver such services. A child cannot reach full educational potential unless he is physically and mentally healthy. However, many children receive health care services only for major illness or injury. Consequently, chronic problems such as inadequate growth rate, asthma, ear infections, or childhood depression may not be addressed. Treatment for most health and psychosocial disorders is more successful and less costly if instituted early, but many children fail to receive preventive health services that provide early identification and intervention.

Why are some children in Texas not receiving the health care they need? Parents may be unable to leave work or arrange transportation to take the child for a checkup. The family may lack medical insurance. The insurance policy of working parents may not cover dependent children or may only provide for catastrophic illness. Parents may not know about early warning signs of poor health or about the importance of regular health evaluations for their children.

TDH wants to assure that every student has a "health care home"

with a medical provider who knows the health history of the child and the family and is available to offer or arrange for care whenever needed. School-Based Health Centers work because they are located where the kids are. The services are easily accessible, located in a familiar environment, and offered by teams of health care professionals who address a wide range of health care needs.

The TDH Adolescent and School Health Program is planning an early 2004 release of a Request for Proposals (RFP) to provide start-up funding for School-Based Health Centers that deliver conventional primary and preventive health services and related social services to a school-age population on a school campus. Texas school districts and charter schools will be eligible to apply for funding for the 2004-2005 school year. A maximum of \$125,000 per project will be available for the first year of the three-year project term. Visit the TDH Adolescent and School Health Program website at http://www.tdh.state.tx.us/schoolhealth/health_ctr.htm to learn more about School-Based Health Centers and to view previous RFPs. If you have questions about TDH funding for School-Based Health Centers, contact John Dillard, TDH Adolescent and School Health Program, at (512) 458-7111, ext. 2782 or john.dillard@tdh.state.tx.us ■



Texas School Health Round-Up

Updates and News

Asthma Coalition of Texas to Conduct School Nurse Survey

By Steve Conti, ACT Asthma in Schools Committee & Michelle McComb, TDH Adolescent and School Health Program

The Asthma Coalition of Texas (ACT) is a professional statewide organization comprised of individual members, local coalitions and partnering organizations, including the Texas School Nurses Organization. ACT's vision is that all Texans with asthma will realize optimal health and quality of life. A critically important aspect of the asthmatic child's life is the school environment. ACT believes that school nurses share this vision and could offer a unique perspective regarding the management of students with asthma.

Because the input and perspective of community health professionals is important, ACT is planning a school nurse survey. The survey is planned for January 2004 and will be sent to school nurses via mail at their school campus address. The purpose of the ACT survey is to better understand and evaluate the state of asthma management and asthma care being provided in Texas schools. Working together, the groups that make up ACT can better address the statewide concerns that impact the quality of life for asthmatic children.

The TDH Adolescent and School Health Program supports this effort. We hope that the survey provides useful information that can be used to enhance school health programming on a local, regional, and state level. For more info, contact Steve Conti, Chairman, ACT Asthma in Schools Committee, at (512) 324-8321 or sconti@seton.org

TDH School Health Advisory Committee Abolished

By Anita Wheeler & Michelle McComb, TDH Adolescent and School Health Program

The state School Health Advisory Committee (SHAC) was formally established in May of 2000, as a result of the efforts of the Interagency Task Force on school health. In 1997 dialogue began

between the Board of Nurse Examiners (BNE) and the Texas Board of Health (BOH) concerning the consistency and quality of health services being delivered in Texas schools and the numerous calls BNE staff had been receiving. The discussion was related to school nursing practice issues in the school setting. The SHAC provided assistance to the Texas Board of Health and Texas Department of Health (TDH) in their efforts to meet the health needs of school children, including health promotion and health services.

Pursuant to House Bill 2292 passed by the 78th Regular Legislature, the majority of health and human service agency advisory committees were abolished on September 1, 2003. This bill mandated the abolishment of TDH advisory committees except those that are federally mandated, advise the agency on certification or licensing programs, and/or oversee regulation of entities providing health and human services. The state SHAC did not meet this criteria and was therefore abolished.

The TDH Adolescent and School Health program is appreciative to all the individuals that served on the committee. We are currently exploring strategies for stakeholder input related to school health. The complexity of health issues that schools are addressing has certainly increased, and TDH will continue to look for ways to assist districts in developing strong school health programs.

Public Comment Period on School Immunization Requirements

By Monica Gamez, TDH Immunizations Division

The proposed rules concerning the immunization requirements for Texas child-care facilities, public or private primary and secondary schools, and students enrolled in health-related and veterinary courses in institutions of higher education presented to the Board of Health on October 30, 2003 will be filed with the Texas Register on November 21, 2003. This filing date was delayed due to the effective date of changes to Section 97.63, Texas Administrative Code, Title 25, Health Services, Part 1, Chapter 97, Subchapter B.

The proposed rules are scheduled for posting in the December 5, 2003 issue of the Texas Register. The 30-day public comment period for these proposed rules will begin on December 6, 2003.

TDH and TEA Jointly Seek Attorney General Opinion

By Michelle McComb, TDH Adolescent and School Health Program

On October 28, 2003, the Texas Department of Health (TDH) and the Texas Education Agency (TEA) jointly wrote a letter to Texas Attorney General Greg Abbot requesting an opinion on the matter of provisional enrollment and rule-making authority as it pertains to immunization requirements in Texas primary and secondary schools. The documents relating to this request can be viewed on the Office of the Attorney General's website at: http://www.oag.state.tx.us/opinopen/opin_recent.shtml. The documents can be found by scrolling down the list of pending opinion requests and clicking on **RQ-0124 GA**.

The Attorney General's Opinion Committee encourages interested parties to submit legal briefs. Interested parties should submit their briefs or comments no later than December 17, 2003, to ensure that the Committee will have adequate time to review and consider arguments relevant to this particular request.

Texas School Nurses Organization Update

By Anita Wheeler, TDH Adolescent and School Health Program

The first annual Texas School Nurses Organization (TSNO) conference, "Charting Our Course and Navigating the Tides of School Health," was held on November 8 and 9, 2003, in Houston. There were well over 300 in attendance and the conference was highlighted with topics that included Pediatric Sports Injury Assessments, Methicillin Resistant

Frequently Asked School Health Questions...

Staphylococcus aureus (MRSA), Otolaryngology Update for the School Nurse, Prevention and Management of Food Allergy, and School-Based Child Nutrition.

Additionally, the TSNO organization had the first business meeting and installed the following officers:

- Becky Rendon - President
- Carole Moore - President-Elect
- Darnell Dingle - Secretary
- Susan Luethold - Treasurer
- Pam Burke - NASN Director
- Gretchen Kuempel - Nomination Coordinator

TSNO is now a unified organization with the National Association of School Nurses, and the membership dues reflect that a member of TSNO is also a member of NASN. Active membership is \$120 per year, but includes membership to both NASN, TSNO, and the local chapter of TSNO. For additional info about membership, please call Becky Rendon at (210) 805-5100, ext. 232, or NASN at 1 (866) NASN-SNS (627-6767).

TDH Offers Free Health Education Videos

By Kelli Kennedy, TDH Audiovisual Library

Do you need to educate students, parents or staff on health issues? Your source for free educational videos is only a phone call or email away.

The Texas Department of Health (TDH) Audiovisual Library provides videos for two-week loans free of charge (borrowers pay for return postage and handling). The TDH Audiovisual Library offers many videos on subjects such as head lice, immunizations, asthma, obesity, nutrition, spinal screening, sexually transmitted diseases, smoking and alcohol prevention, bioterrorism preparation, and emergency management. There are videos aimed at both students and adults on many subjects. Borrowing from the Audiovisual Library is easy and convenient. For more info, visit www.tdh.state.tx.us/avlib/avhomepg.htm or contact the TDH Audiovisual Library at 1 (888) 963-7111 or email avlibrary@tdh.state.tx.us

Q In the course of treating students during the school day, I often provide cough drops, peppermints, or even a 7-Up or Sprite and crackers. Am I in violation of the Texas Department of Agriculture's (TDA) revised Foods of Minimal Nutritional Value Policy?

A In principle, TDA is not attempting to interfere with individual decisions made on a case by case basis involving the school nurse and ill students. If the nurse decides that a student needs a cough drop, a peppermint, or needs to sit for awhile and sip soda and eat crackers to settle an upset stomach, that would be okay. For more information on this policy, see www.agr.state.tx.us (question number 9) or contact the TDA Food and Nutrition Division at (512) 463-2076. The Child Nutrition Program Specialist at your Education Service Center can also assist you with the implementation of this policy.

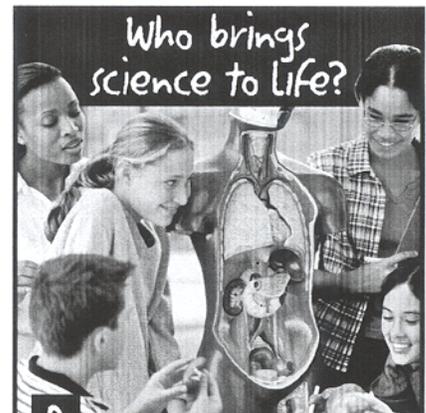
Q I am concerned about the lack of soap in the restrooms at my child's elementary school. The school explained that there is a NO SOAP POLICY because the kids are messy and spill soap on the floor and walls. Sometimes the students waste the soap on purpose. The school says that the soap on the floor creates a risk of students slipping and falling. I understand the concern about possible accidents, but am more concerned about the spread of communicable diseases due to the lack of soap!

A The Texas Department of Health (TDH) recommends that all school facilities have soap as well as hot and cold running water, towels and/or hand dryer available in all restrooms on a campus. At this time there is not a legal requirement that schools provide these. It is a recommendation. However, a strong case can be made to school officials that a lack of hand washing facilities/supplies will increase the incidence of communicable diseases among students and staff, thus increasing absentee rates significantly. Proper and frequent hand washing is the single most effective method to prevent disease transmission. It therefore makes sense for the health and welfare of students and staff to provide soap and hot running water. As a deterrent to vandalism and potential accidents from slippery floors, emphasis can be placed on providing

janitorial services to those problem bathrooms, more adult supervision, and prohibitive consequences for those students found to be vandalizing bathroom facilities. Students should be encouraged to report messes in the bathroom to school staff so that they can be cleaned up before an accident occurs. Health education concerning the importance of hand washing in preventing communicable diseases may also help instill a sense of pride and importance in the students' minds about the public restrooms.

One way to get your concerns heard is to share them with your district's school health advisory council (SHAC). For more information on SHACs, visit the American Cancer Society's website, click "parents", then click advisory council: <http://www.schoolhealth.info>. You can also contact the School Health Specialist in your Regional Educational Service Center.

Hand-sanitizing lotions readily available at stores and pharmacies can also be effective in cleaning hands if no water/soap is available. You may want to have your child carry one of these with her or keep it in her locker if feasible to use when soap is not available in the restroom. ■



Raise your hand and nominate your favorite teacher for the Excellence in 2004 Texas Medical Association Ernest and Sarah Butler Awards for Excellence in Science Teaching. Get an application on the TMA Web site at www.texmed.org. Deadline is Nov. 30, 2003. For more information, contact Hella Wagner, (800) 880-1300, ext. 1403.



Texas Influenza Activity and School District/Campus Closures Due to Flu-like Illnesses 9/29/2002 - 5/31/2003

(See Map on Page 9)

circulating currently is Flu A. This, of course, may change, as we get further into the flu season.

What is Influenza?

Influenza is a contagious respiratory illness caused by influenza A or B viruses. It is not the same illness as a cold. Different viruses cause colds. Influenza attacks the respiratory tract of the nose, throat and lungs and is spread from person to person by coughing, sneezing, or talking. Sometimes, less often, the flu is spread when a person touches something with flu viruses on it, for example, a doorknob, and then touches their own nose or mouth. A person can spread the flu one day

before they feel sick, and up to seven days or longer after they feel sick. Symptoms of influenza usually come on suddenly, one to four days after the virus enters the body, and may include fever, headache, sore throat, body aches, tiredness, dry cough, and nasal congestion. Most people who get the flu will feel better in one to two weeks, but others will develop more serious complications, such as pneumonia, bronchitis, and sinus and ear infections.

What Can Be Done?

Vaccination is the most important intervention available for reducing influenza's impact. Any person, (without contraindications), 6 months or older wanting to reduce the likelihood of becoming ill with influenza can be vaccinated.

In particular, influenza vaccination is recommended for the following groups of people:

- All persons aged 50 and older
- Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Adults and children who have chronic

disorders of the pulmonary or cardiovascular systems, including asthma

- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases, including diabetes mellitus, renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus [HIV])
- Children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza infection, and
- Women who will be in the second or third trimester of pregnancy during the influenza season
- Persons who can transmit the influenza to those at high risk:
 - Health care workers
 - Employees of nursing homes and chronic-care facilities who have contact with patients or residents
 - Employees of assisted living and other residences for persons in groups at high risk
 - Persons who provide home care to persons in groups at high risk, and
 - Household contacts (including children) of persons in groups at high risk

Vaccination is encouraged for:

- Children aged 6-23 months when feasible
- Household contacts and out-of-home caregivers of children 0-23 months, particularly for contacts of children aged 0-5 months
- Vaccination of children aged 6 months or older with certain medical conditions continues to be strongly recommended

Until recently, only inactivated influenza vaccine given by intramuscular injection was available in the United States. In June, 2003, the Food and Drug Administration (FDA) approved the first intranasal, live influenza vaccine, FluMist™, for use in healthy people age 5 – 49 years to prevent influenza A and B. The newly approved vaccine provides an important option for healthy people in this age group.

causing school closures began early in November in northeast Texas and continued throughout the state the rest of the season. The number of school closures due to children with ILI involved over 90 school district/campus closures in 68 counties, again, unprecedented. The last reported closure was in early March 2003.

Texas Department of Health (TDH) received several calls last season from school districts and parents and many others concerned about whether or not the schools should close during the periods of high absenteeism that were occurring. At this time, there is no research to support closing schools as an effective control measure in an influenza outbreak. TDH, in partnership with the Texas Education Agency (TEA) and the Centers for Disease Control and Prevention (CDC), is currently attempting to analyze the school closure data from last season to try and determine the effectiveness of this measure.

As Texas school districts were very aware last year, influenza can have a major impact on public health and normal day-to-day functions. Not only were school children suffering from illness and absent from school, but teachers and other staff members were also suffering and absent.

Current Season in Texas

The current flu season of 2003-2004 has already had an impressive start. Widespread flu activity has occurred earlier than previously recorded. TDH has also already received reports of school districts with high absenteeism due to children with influenza-like illness. The dominant type

Other Resources on Influenza

TDH Infectious Disease Division: <http://www.tdh.state.tx.us/ideas/influenza>

Centers for Disease Control and Prevention:

<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

Prevention and Control of Influenza, ACIP Recommendations:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm>

Influenza...

Influenza Vaccine Contraindications

- Persons with allergies to eggs or thimerosal or a prior allergic reaction to the flu shot
- Persons with a history of Guillain-Barré syndrome
- Persons with a fever should wait until after the fever is gone to get a shot - otherwise, persons with mild respiratory illness can get a flu shot

Live attenuated influenza vaccine (LAV) can be given to healthy, non-pregnant persons 5–49 yrs of age. LAV should not be given to persons with chronic disease that constitutes an increased risk when exposed to wild influenza virus (e.g., asthma, heart and renal disease, diabetes). Inactivated influenza vaccine is preferred for persons with close contact with immunosuppressed persons. Info regarding vaccine contraindications is located in package inserts from each manufacturer.

Other Points Worth Remembering

- Even though influenza is not a reportable disease, its impact can be devastating. Please report any increase in influenza-like illnesses or increased absenteeism to the school superintendent and local health authority so that testing can be initiated and the cause determined.
- The best way to avoid getting the flu is to get vaccinated.
- Good and frequent hand washing and covering the mouth and nose when coughing and/or sneezing helps prevent the spread of respiratory infections.
- Stay home and call the doctor if you think you have the flu. Avoid exposing others. ■

Breastfeeding...

is a private area with an electrical outlet and someone to cover a 7-10 minute break twice a day. With two breaks and a portion of their lunchtime spent pumping, teachers can obtain all the milk their baby will need the next day. Filled bottles are easily stored in discrete coolers, and washing up can wait until returning home.

The State of Texas's Mother Friendly Workplace Initiative urges all employers to invest in the health of the next generation. What better place than the school to model good nutrition and healthy life styles?

An excellent sample letter to help mothers obtain employer support for breastfeeding in the workplace can be downloaded from the TDH website at: www.tdh.state.tx.us/wichd/bf/phyletter.htm. Many working mothers have shared this letter with employers to urge them to join the campaign to have Leaner, Brighter, Healthier Little Texas through Breastfeeding. It's good for the whole community when moms and babies are healthier!

For more info on this initiative, access the Central Texas Healthy Mothers Healthy Babies Coalition website at www.hmhbcentx.org ■

Change...

a transition plan on their website. Several public hearings have been held, and the minutes of those hearings are included in the document, along with employee comments. To view the transition plan, visit http://www.hhsc.state.tx.us/consolidation/hb_2292/101603_DRAFTHB2292TP.html.

The Optimizing and Transforming section of the transition plan calls for the identification of programs with common customers and services. For example, this process may identify school-focused programs within the other merging agencies. If this should occur, the goal would be to pool resources and provide coordinated communication and services to the customer(s) at a reduced cost, thus improving efficiency and service. Is this scenario likely to happen? We don't really know at this point. What we do know is that we will continue to share information with our customers and stakeholders as it becomes available.

In addition to our routine responsibilities, here are a few of our planned activities for the year 2004:

- Revise the Texas Guide to School Health Programs (web version)
- Collaborate with the National Association of School Nurses to bring the Pediatric Education for Diabetes in Schools (P.E.D.S.) to Texas
- Collaborate with the American School Health Association as they apply for grant funds to enhance school health programming
- Participate in coalitions and groups that support improvements in student health
- Acquaint ourselves with staff from other merging agencies
- Prepare to prioritize our activities and services....and be ready to CHANGE when needed! ■

Michelle E. McConaha

TSHA...

Excellence-winning Mac CPR Club. During Friday night's dinner, the 2002/03 Awards for Excellence in Texas School Health winners will be recognized.

This year we have scheduled four sessions for students (K-12) to make presentations. The four topics are 1) Keys to Good Health (a puppet presentation by Prestonwood Christian Academy), 2) Putting on a Health Fair (by Manor High School), 3) Aim to be Healthy (Powerpoint presentation by Carroll High School in Southlake), and 4) Changing Lifestyles in Lubbock/Stirring Up the Community (student action projects). These presentations will allow us to learn about excellent programs going on in schools and provide a first hand view of how students are engaging themselves in unique health projects. You won't want to miss seeing how talented our young people are and how involved teachers and nurses are in mentoring them.

The bottom line is that an excellent program has been developed to encourage conference attendees to grow professionally. Circle January 23 and 24 on your calendar and make plans to come to Austin! We hope you will join the record crowd and participate as the professionals in school health assemble to learn how to better serve the children of Texas. We know you are a very special person because you have "Made School Health Your Business!" For this we thank you.

In addition, the Texas Association for School Based Health Centers (TASBHC) will piggy back their 2004 conference with the TSHA conference in Austin at the same hotel. The TASBHC conference will be held immediately preceding the TSHA Conference on January 22-23, 2004. TSHA has also reached an agreement with TAPERD to let their members attend the TSHA conference for the reduced rate for current members of \$110. Accordingly, TSHA members will be able to attend the TAPERD conference at the reduced rate for current members.

★ There are limited scholarship funds to help college students attend the conference. If you know of anyone interested in this funding, please have them contact Shirley Pilus, TSHA Executive Director, at (830) 935-4983 or pilus@gvvc.com. For more info or to register for the conference, visit <http://www.swt.edu/~dw13/tsha/wam.htm>, or contact Shirley at the phone/email above. ■

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(Call phone #s for more info)



JANUARY 2004

Radon Action Month 1 (800) 873-5864
National Glaucoma Awareness Month
National Volunteer Blood Donor Month
January 18-24 - Healthy Weight Week

FEBRUARY 2004

American Heart Month 1 (800) 242-8721
Natl Children's Dental Health Month
1 (800) 947-4746
4 - Natl Girls & Women in Sports Day
1 (800) 227-3988
8-14 - Natl Child Passenger Safety Week
(202) 366-0144
9-15 - Random Acts of Kindness Week
22-29 - Natl Eating Disorders
Awareness Week

MARCH 2004

National Nutrition Month 1 (800) 877-1600
8-12 - Natl School Breakfast Week
1 (800) 877-8822
23 - Diabetes Alert Day 1 (800) 342-2383
21-27 - Natl Poison Prevention Week
(301) 504-7052
31 - Kick Butts Day (202) 296-5469

APRIL 2004

Natl Child Abuse Prevention Month
(312) 663-3520
Natl Youth Sports Safety Month
(617) 277-1171
Natl Humor Month (831) 624-3058
11-17 Natl Infant Immunization Week
1 (800) 232-2522
18-24 Natl Volunteer Week (202) 729-8000
26-30 - Playground Safety Week
1 (800) 554-7529

Sources

<http://www.state.sd.us/doh/Calendar/>
[http://www.nationalwellness.org/freepdf/
Health_Observances_Calendar/hoc2004.pdf](http://www.nationalwellness.org/freepdf/Health_Observances_Calendar/hoc2004.pdf)

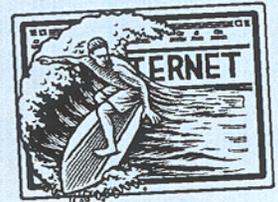
Congratulations

to **Kathy Powell** who
was named **Texas
School Nurse of the
Year for 2003** by the
Texas School Nurses
Organization! Kathy is the
school nurse at J.J.



Pearce High School in
Richardson ISD. In addition to providing
nursing services to 1,480 high school
students, Kathy is her area nurse team
leader - coordinating and evaluating the
care provided by nurses in her area, and
she is president of TSNO Region 10. Just
some of Kathy's accomplishments have
been to successfully manage students
with stab wounds and substance abuse,
and assist with the campus prenatal
program. In her free time, Kathy has
completed research projects linking health
to student achievement. ■

**School
Health
Resources
On-line**



**Resources in Spanish - American
Academy of Allergy Asthma &
Immunology:** Spanish resources for
parents on topics such as asthma, food
allergies, anaphylaxis, and more
[www.aaaai.org/patients/resources/
spanish.stm](http://www.aaaai.org/patients/resources/spanish.stm)

**How Asthma-Friendly Is Your
School?**

A guide to keeping asthma under control
on your school campus, plus many more
asthma-related resources.
www.drkray.yourmd.com

**Texas Influenza Activity and
School District/Campus Closures Due to Flu-like Illness
9/29/2002 to 5/31/2003**

