



Healthy Bodies / Healthy Minds

Parent Edition

Providing comprehensive health care to our students through education, prevention, treatment and referral.

Winter 2015

Open Monday through Friday, 7:30 am - 4:00 pm

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Student Health Centers Celebrate 20th Anniversary



The Rockingham County Student Health Centers commemorated its 20th anniversary with open houses at each of the four high school centers. After touring the facilities, the staff, board and local officials invited attendees to join them on the tracks at the high schools for a walk to encourage students, parents, school employees and members of the community to be active.

The Student Health Centers (SHC) began 20 years ago when obstetricians Nigel Buist and Bill McLeod, then newcomers to Eden, were alarmed by the high teenage pregnancy rate in the county. They brought the idea of forming medical centers in the high schools to provide medical care and healthy decision making. Sylvia Grogan, who was then the marketing director at Morehead Memorial Hospital, advocated for their establishment.

The Rockingham County Student Health Centers began as a unique partnership between Annie Penn Hospital, Morehead Memorial Hospital, Rockingham County Schools and the Rockingham County Department of Public Health. In addition, grant monies were obtained from the Duke Endowment.

The centers, initially staffed by Nurse Practitioners and Registered Nurses, were set up at McMichael, Morehead, Rockingham and

Reidsville high schools and were up and running by the beginning of the 1994/1995 school year.

Physicians throughout the county volunteered to oversee the centers and provide on-call support.

Since opening, the centers have evolved to meet the needs of the students and have enhanced their services. The centers are now staffed by a multi-disciplinary team of providers that includes Nurse Practitioners, Physician Assistants, Registered Nurses, Nutritionists, Mental Health Counselors, Health Educators, Medical Clerks, a Social Worker and a Pregnancy and Parenting Educator. The team can diagnose and treat injuries and illness, monitor chronic diseases in conjunction with a student's Primary Care Provider, provide sports physicals, immunizations, nutrition, mental health counseling and health education. With the additions of expanded staff, an electronic medical record and a telemedicine system, the benefits of the four centers far exceed the convenience of not having to leave school to receive treatment for a medical problem. Over the last two decades, providing crisis intervention has been one of the most important functions of the SHC staff.

Each year, Cathy DeMason, the

director of the SHC, evaluates the usage of the centers and determines where more focus is needed. In addition to providing health care, the centers also have worked to encourage students to use seat belts, initiated no smoking campaigns, provided programs on cyber safety and prescription drug abuse, and worked with students to create a video about bullying and dating violence prevention.

As the centers begin a third decade of service to students, they have adopted the theme "20 Years ... One Step at a Time." Walking the track as part of the anniversary celebration emphasizes the prevention of obesity and offers encouragement to students who are trying to achieve a healthier weight and lifestyle.

Any student enrolled in the public high schools or Early College can use the centers; however, signed permission from a parent or guardian is required for students under 18. Some services are free and the centers accept insurance. No student is turned away if they are unable to pay, and student visits are confidential.

The SHC is currently supported by Annie Penn Hospital, the Kate B. Reynolds Charitable Trust, Morehead Memorial Hospital, the Reidsville Area Foundation, Rockingham County Schools, United Way of Rockingham County, and by donations and grants.

Contact us for more information at:

Rockingham County
Student Health Centers
117 E. Kings Hwy.
Eden, NC 27288

Or

Director of Student Health:
Cathy DeMason
(336) 623-9711 ext. 2341
cdemason@rock.k12.nc.us

Or

Newsletter Editor:
Tara Martin
(336) 342-8149
tmartin@co.rockingham.nc.us



Ebola: The Facts

Ebola is a rare but deadly virus that causes bleeding inside and outside the body.

As the virus spreads through the body, it damages the immune system and organs. Ultimately, it causes levels of blood-clotting cells to drop. This leads to severe, uncontrollable bleeding.

The disease, also known as Ebola hemorrhagic fever or Ebola virus, kills up to 90% of people who are infected.

How Do You Get Ebola?

Ebola isn't as contagious as more common viruses like colds, influenza, or measles. It spreads to people by contact with the skin or bodily fluids of an infected animal, like a monkey, chimp, or fruit bat. Then it moves from person to person the same way. Those who care for a sick person or bury someone who has died from the disease often get it.

Other ways to get Ebola include touching contaminated needles or surfaces.

You can't get Ebola from air, water, or food. A person who has Ebola but has no symptoms cannot spread the disease.

What Are the Symptoms of Ebola?

Early on, Ebola can feel like the flu or other illnesses. Symptoms show up 2 to 21 days after infection and usually include:

- High fever
- Headache
- Joint and muscle aches
- Sore throat
- Weakness
- Stomach pain
- Lack of appetite

As the disease gets worse, it causes bleeding inside the body, as well as from the eyes, ears, and nose. Some people will vomit or cough up blood, have bloody diarrhea, and get a rash.

How Is Ebola Diagnosed?

Sometimes it's hard to tell if a person has Ebola from the symptoms alone. Doctors may test to rule out other diseases.

Tests of blood and tissues also can diagnose Ebola.

If you have Ebola, you'll be isolated from the public immediately to prevent the spread.

Prevention

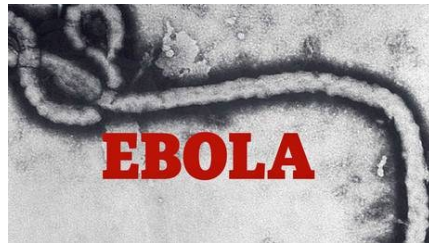
Because we still do not know exactly how people are infected with Ebola, few primary prevention measures have been established and no vaccine exists.

Certain universal measures can be taken to protect oneself from contracting the disease from someone

who is infected. These include:

- wearing protective clothing (such as masks, gloves, gowns, and goggles),
- using infection-control measures (such as complete equipment sterilization and routine use of disinfectant), and
- isolating patients with Ebola from contact with unprotected persons.

The aim of all of these techniques is to avoid contact with the blood or secretions of an infected patient. If a patient with Ebola dies, direct contact with the body of the deceased patient should be avoided.



2014 Outbreak

The 2014 Ebola outbreak is one of the largest Ebola outbreaks in history. For the first time on record Ebola has

affected Guinea, Liberia, Nigeria, and Sierra Leone and the U.S. and has resulted in over 1,500 deaths. Although three cases of Ebola have been diagnosed in the US, Ebola still does not pose a significant risk to the U.S. public. The Centers for Disease Control (CDC) recognizes that any case of Ebola diagnosed in the United States raises concerns, and any death is too many. Medical and public health professionals across the country have been preparing to respond. CDC and public health officials in Texas and now New York City are taking precautions to identify people who had close personal contact with those infected and health care professionals have been reminded to use meticulous infection control at all times. CDC is also working with other U.S. government agencies, the World Health Organization, and other domestic and international partners in an international response to the current Ebola outbreak in West Africa. CDC has activated its Emergency Operations Center (EOC) to help coordinate technical assistance and control activities with partners. CDC has deployed several teams of public health experts to the West African region and plans to send additional public health experts to the affected countries to expand current response activities.

For more information, please visit <http://www.cdc.gov/vhf/ebola/index.html>.

Information provided by Billie Whitener, RCDHHS Communicable Disease Nurse, and www.cdc.gov.



Did you know? The SHC is open at each high school Monday through Friday from 7:30 am until 4:00 pm. In order for your child to be seen at the SHC, you must complete a consent form that can be downloaded from our website at <http://rcshc.weebly.com/parent-consent.html>.

The Low Down on Enterovirus D-68

Hundreds of children across the United States have been hospitalized recently with a serious respiratory illness. Scientists say they believe the bug to blame is Enterovirus D68, also known as EV-D68.



or a rash, or if your child has difficulty breathing. Children with asthma or a history of breathing problems are particularly susceptible for severe symptoms.

Why are kids being hospitalized?

Anyone can get infected with enteroviruses, according to the CDC, but infants, children and teens are more likely to become sick because they have not yet built up immunity from previous exposures to the viruses.

How do I protect my children?

The respiratory illness spreads through close contact, just like the common cold. You can touch surfaces that have the virus on them, then touch your face which makes you susceptible to contracting the virus.

There's not a great deal you can do, health officials say, beyond taking common-sense steps to reduce the risk.

Wash your hands with soap and water for 20 seconds -- particularly after going to the bathroom and changing diapers.

Clean and disinfect surfaces that are regularly touched by different people, such as toys and doorknobs.

Avoid shaking hands, kissing, hugging and sharing cups or eating utensils with people who are sick. And stay home if you feel unwell.

Provided by: CNN

Enteroviruses are common but this particular type is not. There have been fewer than 100 cases recorded since it was identified in the 1960s, according to the Centers for Disease Control (CDC).

Here's what you need to know as a parent:

What are the symptoms?

The virus usually starts like the common cold; symptoms include sneezing, a runny nose and a cough. This is all that happens for most people who catch an enterovirus.

But some patients will get a severe cough, have difficulty breathing and/or develop a rash. EV-D68 is sometimes also accompanied by a fever or wheezing.

So when should you begin worrying?

Unfortunately in the beginning it's difficult -- if not impossible -- to tell the difference between a regular cold and this type of virus. But there are symptoms you should be on the lookout for if your child becomes sick.

Go to the doctor if he or she develops a fever

How is EV-D68 treated?

There is no specific treatment for enteroviruses, according to the CDC. Plenty of rest, fluids and over-the-counter medications will help ease symptoms in standard cases.

Patients who are hospitalized will likely receive assistance breathing and what's called "supportive therapy" to help their immune systems fight off the infection.

Where is the virus spreading?

At least 10 states have reached out to the CDC for help in identifying clusters of enterovirus illnesses: Colorado, North Carolina, Georgia, Ohio, Iowa, Illinois, Missouri, Kansas, Oklahoma and Kentucky.

But EV-D68 is often hard to distinguish from its relatives so the virus could be in other states as well.

Mental Health Hours Increase for SHC

The Rockingham County Student Health Centers recently added two Licensed Clinical Social Workers to their staff thanks to a generous grant from the Kate B. Reynolds Charitable Trust. A recent anonymous survey of our high school students documented they have numerous risk factors that contribute to mental health problems and are thus at increased risk of school dropout. Risk factors include considering suicide in the past year (13%), attempting suicide in the past year (8%), feeling depressed most of the time in the past month (14%) and feeling more stress than they can take in the past month (33%). Additionally, 14% reported experiencing sexual abuse, 20% reported

physical abuse and 16% reported dating abuse. One in four students had beaten someone up in the past year while 40% had been in trouble at school in the past year.

We are committed to developing a strong integrated model of care to improve the mental health services provided to our students. We aim to improve the health of students we serve, increase school attendance and improve the graduation rate. Integrating behavioral and physical health care services allows us to treat the



whole child. We are in a unique position to embed physical and mental health services into the school environment, where students spend so much of their time. We have experienced improved coordination, collaboration and communication between both health center staff and school staff, resulting in better care for students. The Licensed Clinical Social Workers are on site at each school 20 hours per week.

Vaccines and Teens

Vaccines aren't just for babies. As kids get older, the protection provided by some of the vaccines given during childhood can begin to wear off. Older kids can also develop risks for certain infections as they enter the preteen and teen years.

The preteen and teen vaccines not only help protect them, but also their friends, community and family members. There are four vaccines recommended for preteens and teens. All kids should get a flu vaccine every year, and the three other vaccines should be given starting when kids are 11 to 12 years old. Teens may need to catch-up on vaccines they missed when they were a preteen. Teens may also need a booster of a vaccine that requires more than one dose to be fully protected.

The Rockingham County Student Health Centers offers an array of services, including vaccinations. Vaccines are given by nurses on staff and all records are uploaded on the North Carolina Immunization Registry.

WHICH VACCINES DO PRETEENS AND TEENS NEED AND AT WHAT AGE?

The following vaccines are recommended by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the Society for Adolescent Health and Medicine (SAHM) and CDC:

- **Tdap**-protects against tetanus, diphtheria, and pertussis (whooping cough). Getting this booster not only protects teens, but also those around them, such as infants who are too young to be fully vaccinated. Young children are protected when they get the DTaP vaccine, but protection wears off as kids get older, so your teen needs a Tdap booster shot if they did not receive one in sixth grade.
- **Meningococcal conjugate vaccine**-protects against the bacteria that is one of the causes of meningitis. All pre-teens and teens should get the meningococcal conjugate vaccine.
- **Human Papilloma (HPV) Vaccine**-there are two HPV vaccines available to protect against HPV types that cause

most cervical cancer. Either vaccine is recommended for girls ages 11 and up. One HPV vaccine also protects against HPV types that cause most genital warts. Boys and young men may choose to get this vaccine to prevent genital warts. For best protection, teens should get all 3 doses of an HPV vaccine before their first sexual contact (before they could be exposed to HPV).

- **Influenza (Flu) Vaccine**-everyone 6 months of age and older should get a flu vaccine every year. It is very important for teens with asthma or diabetes to get vaccinated to help decrease their risk of severe flu illness. Teens should get a flu vaccine in September or as soon as it is available each year.

Other recommended vaccines (most of these should have been received as a child but teens can still receive them if not):

- **Varicella (Chickenpox)**-Anyone who is 13 years of age and older who has never

had chickenpox or received chickenpox vaccine should get 2 doses of the vaccine at least 28 days apart.

- **Hepatitis A**-All children should receive hepatitis A vaccine after their first birthday. Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.
- **Hepatitis B**-Hepatitis B vaccine gives long-term protection from HBV infection and is given as a series of 3 or 4 shots.
- **Measles, Mumps, and Rubella (MMR)**-two doses of MMR vaccine are given to all children, typically after their first birthday and between the ages of 4 and 6 years.

If your child is in need of any of the vaccines listed, please contact the Student Health Center.

More Teens Are Getting Recommended Vaccines

85% OF TEENS GOT THE TDAP BOOSTER IN 2012, which protects against tetanus, diphtheria and pertussis (whooping cough)



74% OF TEENS WERE VACCINATED AGAINST MENINGITIS IN 2012, **↑ 3% from 2011**

54% OF GIRLS RECEIVED AT LEAST ONE DOSE OF HPV VACCINE IN 2012

75% OF TEENS RECEIVED THE RECOMMENDED TWO DOSES OF CHICKENPOX VACCINE IN 2012

Source: NACDS' representation of data from The Centers for Disease Control and Prevention