For Immediate Release
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CDC AWARDS NATIONAL ASSOCIATION OF SCHOOL NURSES $1.3 MILLION CONTRACT TO DEVELOP SCHOOL NURSE-LED SYSTEM TO CONDUCT ACTIVE NATIONAL SURVEILLANCE FOR STUDENTS WHO ARE CHRONICALLY ABSENT

Three year contract to engage school nurse workforce at multiple levels

September 24, 2018 (Silver Spring, MD) – The Centers for Disease Control and Prevention (CDC) has awarded the National Association of School Nurses (NASN) a $1.3 million three-year contract to educate and support the school nurse workforce so that they can conduct national active surveillance among U.S. school children for chronic conditions, including myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), and characterize the association of these chronic conditions with chronic school absenteeism and school withdrawal.

School nurses are at the frontlines of student health and have access to rich data such as chronic absenteeism and school withdrawal and have direct contact with students at risk for ME/CFS. Using their nursing expertise, they can proactively identify and document student health concerns. The active national surveillance will enable school nurses not only to track and submit data already collected related to common chronic conditions (asthma, diabetes type I, diabetes type II, seizure disorders, and life-threatening allergies) but also target chronic absenteeism and school withdrawals.

Through the contract, NASN will:
- Engage the school nurse workforce at multiple levels (e.g. local, district, state, and national levels) to collect data pertaining to chronic conditions, chronic school absenteeism, and school withdrawal as well as other relevant data (school population size and types of schools with reported data, characteristics of school nurse workforce at local and other levels.)

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- Provide continuing nursing education (CNE) regarding data collection and use, data fidelity, data sharing agreements, and coalition building, as well as ME/CFS and resources available to students with chronic conditions.

- Provide technical assistance, support, training, and data platform to the school nurse workforce to facilitate the collection of active surveillance data and to facilitate analysis and dissemination of the active surveillance data. NASN has contracted with the University of Minnesota's School of Nursing to develop the data platform. The platform will not only collect and manage the data but will provide user friendly reports that school nurses can use to advocate for student health.

- Evaluate the active surveillance system for chronic conditions, including ME/CFS.

- Disseminate information regarding the process of implementing national active surveillance in schools, including lessons learned during implementation to interested stakeholders.

"School nurses collect health data in their work with students," said Donna Mazyck, NASN Executive Director. *"The CDC project enables school nurses to systematically implement active surveillance for certain chronic conditions that will enhance identification of emerging student health concerns and health impact on school attendance. The project will advance student health as school nurses move from data collection to analysis on national, state, district, and local levels."*

"We extend our deepest gratitude to the CDC for supporting NASN's efforts to give voice and visibility to children with chronic conditions, their families, and the valuable contributions of school nurses," said Connie White Delaney, dean of the University of Minnesota School of Nursing. *"Big data analytic has tremendous power to capture complex health situations and inform and improve individualized care."*

Initially, select states will pilot the school nurse led active surveillance program. Meanwhile, data champions in all 50 states and the District of Columbia will be trained and empowered to encourage frontline school nurses to collect and use their data. Lessons learned from the pilot sites will be used to expand the school nurse led active surveillance system nationwide.

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The school nurse led active surveillance program will support work NASN is already doing related to the *National School Health Data Set: Every Student Counts!*[TM], which focuses on developing a minimum data set for school nurses to collect with standard definitions. The goal of the project is to provide a richer picture of the health of school-age children.

Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a complex, debilitating disease, estimated to affect more than one million persons in the United States[1]. Although data are limited, two peak age ranges of ME/CFS onset were observed in a study using population-based registry data in Norway during 2008–2012; these peak age ranges were 10–19 years and 30–39 years.[2] ME/CFS in adults, adolescents, and younger children can be challenging to diagnose and manage. School performance or attendance can be affected by a student's ME/CFS symptoms, such as memory or concentration problems, unrefreshing sleep, and headaches. The relationships that school nurses can have with adolescents and younger children with ME/CFS and other chronic conditions can help ensure that these students get the support that they need.

The effective date of the contract is September 17, 2018.

NASN

The National Association of School Nurses is a non-profit specialty nursing organization, first organized in 1968 and incorporated in 1977, representing school nurses exclusively. NASN has more than 16,000 members and 50 affiliates, including the District of Columbia and overseas school nurses. The mission of NASN is to optimize student health and learning by advancing the practice of school nursing. Please visit us on the Web at www.nasn.org.

1. Myalgic Encephalomyelitis/Chronic Fatigue Syndrome [Internet]. Atlanta: Centers for Disease Control and Prevention (US); [updated: 2018 June 29; cited: 2018 Sept 19]. Available from: https://www.cdc.gov/me-cfs/
2. Bakken I, et al. Two age peaks in the incidence of chronic fatigue syndrome/myalgic encephalomyelitis:a population-based registry study from Norway 2008–2012. BMC Med (2014) 12(1):167

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