



Enterovirus D68: What it means for your patients with asthma

The United States is currently experiencing a nationwide outbreak of enterovirus D68 (EV-D68) associated with severe respiratory illness. Enteroviruses commonly circulate in summer and fall and its continued spread likely is related to the return of school. We're currently in the middle of the enterovirus season and EV-D68 infections are likely to decline later in the fall. There have been confirmed cases of EV-D68 in 46 states, including Connecticut.

EV-D68 causes a mild to severe respiratory illness from which most children fully recover. Similar to influenza, your patients with asthma are at higher risk for complications from EV-D68. The CDC recommends that health care providers consider EV-D68 as a possible cause of acute, unexplained severe respiratory illness, even if the patient does not have a fever. Importantly, ensure that the patient has an *asthma treatment plan*. Reinforce use of this plan, especially adherence to prescribed daily controller medication. If you are concerned and would like to know how many of your asthma patients have treatment plans, please ask your Easy Breathing coordinator for this information.

Not everything is ED-68. Rhinovirus is coming as well as influenza. The association of EV-D68 with acute limb weakness is still unclear.

Highlights

- Enterovirus D68: What it means for your patients with asthma
- Easy Breathing Survey HIPAA Statement
- Easy Breathing Enrollment Map
- Building Bridges

Grand Rounds

Dr. Cloutier will be speaking at Grand Rounds at Danbury Hospital October 31 at 8:00 a.m. Come hear her speak about asthma updates and the Easy Breathing program.

In the Spotlight

ProHealth Physicians in Enfield

Every morning at ProHealth there is a team huddle when all patients are discussed, including those with asthma or new patients with a history of asthma. According to Deb Spanilo, RN "For those with asthma, we make sure they get the ACT and for new patients an Easy Breathing survey." Thank you for your continued support of the Easy Breathing program!

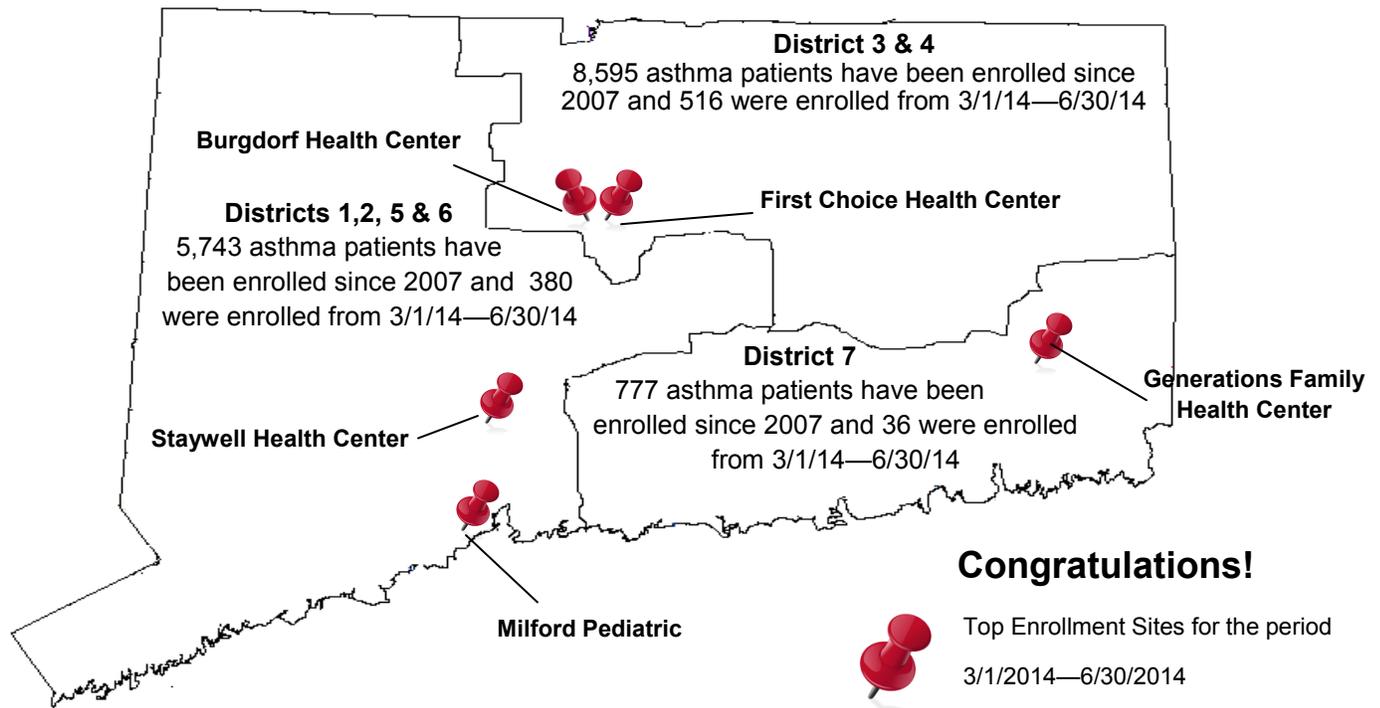
The Easy Breathing Survey HIPAA Statement

Recently, questions have been raised regarding parent's concerns with signing the HIPAA statement on the Easy Breathing survey and cACT/ACT. As you know, signature of this form is necessary for Easy Breathing staff to provide patient-specific feedback and serves as informed consent into the program. Specifically, parents are unclear about what it means when information may no longer be protected under the Federal Privacy Rule once disclosed. In order to help clinicians respond to these concerns, we reached out to the CT chapter of the American Academy of Pediatrics. Jillian Wood, the Director of the CT AAP recommends the following:

"I think it would be easy to tell the patient/mom: great question. HIPAA requires us to point out to you that once a document is released to a third party, we can't control what the third party does with it. All your records here still will be protected, but once something is sent out – for example, to a school, camp, lawyer, friend, etc. – then it is up to that person (who may not be bound by HIPAA) to handle the records."

Easy Breathing Enrollment

From July 2007 to June 2014, Easy Breathing® Statewide has surveyed 59,975 individuals. Of those surveyed, 26% have a diagnosis of asthma. In total, 131,424 individuals have been surveyed since 1998.



Congratulations!

Top Enrollment Sites for the period
3/1/2014—6/30/2014



In an effort to improve asthma management in inner-city Hartford school children, the Asthma Center at Connecticut Children's has expanded a school-based asthma program, *Building Bridges: Advancing Education by Improving Asthma Management in Inner-City Children*, from three Hartford Public Schools to ten in the 2014-

2015 academic year. This program combines Easy Breathing and a successful school-based program called Step-Up Asthma from National Jewish Health in Denver, Colorado. Last school year, 69 children with inadequately controlled asthma were enrolled in the program. The primary outcome is a reduction in overall absences with the goal of observing reduced overall absences in children enrolled in the program. Preliminary analysis suggests a significant decrease in school absences for these children as compared to their peers. After implementation in three schools during the 2013-2014 academic year, focus groups were conducted with school nurses and Hartford-area clinicians to obtain feedback on ways to improve the program.

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