WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

School Nurse UPDATE

#5 December 18, 2025

Greetings!

I was attending the Wisconsin Council on Immunization Practices (WCIP) meeting during the latest ACIP meeting. **This newsletter contains multiple articles related to the decision making of that ACIP meeting and votes.** The WCIP advised and applauded Wisconsin's DHS as they continue to promote evidenced base guidance and practices that protect public health.

Many school nurses are trying to navigate stocking albuterol. The Wisconsin Asthma Coalition (WAC) is trying to help. See the link to a short (two questions) survey to assist WAC in their advocacy efforts (p. 15).

A reminder to Registered Nurses that the renewal period for our licenses opens on 1/10/26 and closes on 2/28/26. Find step-by-step instructions for renewing your license here.

This newsletter contains the **data points** for the voluntary **2025/26 School Health Services Surve**y. Practice Points contains a short explanation along with an article on **Ethical Considerations for Utilization of Artificial Intelligence (AI) for Nurses.**

2025 brought measles outbreaks, unprecedented changes to public health decisions, and the removal of many federal education resources. It has not been an easy year to bridge healthcare and education. My hope is that you use Winter Break to renew and refresh yourself. I will be taking time off and will respond to emails upon my return to the office on January 2, 2026. Happy Holidays and Happy New Year!

What do you call it when a snowman throws a temper tantrum?
A meltdown

What do snowmen call their kids?
Chill-dren

Louise

FEATURED STORIES

PRACTICE POINTS – Data Points, Ethics, and AI

DPI Reminds School Superintendents of Nurse Practice Act (DPI News)

CDC Revises Vaccine-Autism Language: What School Nurses Should Know (NASN News)

Holiday Safety (p14)

Winter Menstrual Periods (p.16)

SAVE THE DATES

DPI Consultant Office hours- December 19, 2025 9-9:50 AM

DiSH January 21, 2026 3-4 PM

WASN Annual Conference April 27-29, 2026, Madison

DPI does not sponsor or endorse external resources or events. They are provided for your consideration only.

DPI News

Medicaid School-Based Services (SBS) Expansion Overview for School Nurses

Medicaid School-Based Services (SBS) Expansion Overview

Purpose of this Document
As of the 2025-2026 school year an expansion of school-based services (SBS) for Medicaid-enrolled students (between 3 and 21 years of age) is in effect. Guidance from the Centers for Medicare and Medicaid Services encourages states to increase student access to SBS beyond individualized education plan (IEP) services. This guidance is related to the Bipartisan Safer Communities Act Public Law 117-159.

This document is intended to outline key information about the expansion for school nurses. A companion document exists for school counselors, school social workers, and school psychologists. It is not meant to be a comprehensive guide to Medicaid SBS.

What Is Medicaid SBS?
Wisconsin's SBS program was created as Act 27 of the 1995-97 State Budget. SBS is a program that allows public school districts to bill Wisconsin Medicaid for medically necessary services provided to Medicaid-enrolled children provided by qualified personnel in Wisconsin public schools. Wisconsin school nurses and registered nurses working in schools have been (and continue to be) included in the list of qualified personnel able to bill for SBS. Historically, schools have billed SBS provided by these professionals for school nursing and school health services defined as related services in Individual Education Programs (IEP).

What is the Purpose of the Medicaid SBS Expansion?
This expansion increases a school's ability to bill Medicaid for health care services by broadening member eligibility, introducing new provider types, and adding or expanding covered services. This expansion is aimed at better supporting the needs of Medicaid-enrolled students ages 3 to 21. Schools may now bill for services provided to all Medicaid enrolled students and not just those receiving special education services.

Broadening Member Eligibility
Previously, all SBS had to be tied to an "educational need" in the IEP. With this expansion, Medicaid school-based services may be billed when provided to any Medicaid-enrolled student, when medical necessity is established and documented through a written plan. Examples of plans eligible for SBS would be: Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), 504 Plan, Individualized Health Plan (IHP), Student Health Plan, (SHP), Behavioral

New Resources Posted to DPI School Nursing Webpages

School Nurses Medicaid Resource
DPI Student Services Consultants have created Medicaid School -Based Services (SBS) Expansion Overview documents. One is specific for school nurses. The other contains information more specific for school social workers, school counselors, and school psychologists. The school nurse specific document is attached to this newsletter. The links to both documents will be posted to DPI's Medicaid School –Based Services webpage.

Rectal Medication
Resources we added to the Medication Administration website under the rectal medications tab. These include a sample procedure and a skills check off. School staff administering medication via the rectal route must have DPI approved training to be authorized by their school administrator to administer rectal medications to students in order to be immune from civil liability.

Health Related School Absences
Last week I attended a Grade Level Reading webinar in which absences due to health issues was discussed. An interesting comment by a school health physician was that all absences should be considered health related until determined otherwise.

This concept really elevates the role of the school nurse in attendance issues! Attendance Works and the National Association of School Nurses (NASN) have created information flyers for families to reduce health related absences. Most are available in English and Spanish. Topics include Health Guidance for Going to School, Tips for Staying Healthy, Managing Chronic Health Issues at School for Families, When is Sick Too Sick for School? (available in English, Chinese, Spanish, Tagalog, Vietnamese), and Is Your Child Missing School Due to Anxiety?

The link to these Attendance Works resources is posted on DPI's Chronic Conditions webpage

… all absences should be considered health related until determined otherwise.

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DPI News

DPI Reminds School Superintendents of Nurse Practice Act
The following information was sent out by DPI leadership to district superintendents in the November 25, 2025 EdLeaders Dispatch. While it does not fully explain the implications of 2025 Wisconsin Act 17 and the inadvertent inclusion of registered nurses under Wis. Stat. sec 118.15(3)(a), ***it does provide a clear statement that registered nurses working in schools must not be directed to perform or supervise any activity that conflicts with their licensure, the Nurse Practice Act, or their professional judgment.*** *2025 Wisconsin Act 17 does not go into full effect until September 1, 2026.*

Legislative Update: Key Points from 2025 Wisconsin Act 17
2025 Wisconsin Act 17 updates regulations for advanced practice registered nurses (APRNs), creating a separate licensure category and revising requirements for advanced practice. **These changes do not authorize school district administrators to direct or require a school nurse to perform or supervise any activity that conflicts with their licensure, the Nurse Practice Act, or their professional judgment.**

Under Wis. Admin. Code N 6.03(2)(c), nurses musts refuse tasks that violate statutes, rules, or professional standards. Act 17 does not change delegation rules or scope-of-practice authority under Chapter 441 — school nurses cannot be directed to act outside their legal or professional boundaries.

Registered nurses, including school nurses cannot diagnose medical conditions. They *may* assess students and make professional nursing diagnoses, including determining when a student is temporarily unable to attend school.

Reminder of Parental Consent to Bill Medicaid (non-IDEA eligible students)
Prior to billing for Medicaid services for non-Individuals with Disabilities Education Act (IDEA) eligible students, each Local Educational Agency (LEA) is responsible for meeting the requirements for obtaining parental consent prior to disclosing personally identifiable information as required under the Family Educational Rights and Privacy Act (FERPA), 34 CFR § 300.622, and Wisconsin statute 118.125 related to pupil records. For Medicaid billing for students without IEPs, LEAs should use their existing general release forms to obtain parental consent to disclose personally identifiable information. For more information on Medicaid School-Based Services see the Wisconsin Department of Health Services (DHS) ForwardHealth Resources for School-Based Providers webpage.

... It does provide a clear statement that registered nurses working in schools must not be directed to perform or supervise any activity that conflicts with their licensure, the Nurse Practice Act, or their professional judgment.

DPI News

MHA Peer-to-Peer School-based Suicide Prevention Grants Applications are now OPEN for the 2025-2026 school year!
Mental Health America (MHA) of Wisconsin is pleased to announce a funding opportunity for elementary, middle, and high schools in Wisconsin. This opportunity is in addition to the Peer-to-Peer Suicide Prevention Grant through the Department of Public Instruction. With a focus on training Wisconsin students to recognize the signs of suicide shown by fellow students, peer-to-peer programs use messages of hope, health, and strength to develop peer leaders and resources for students who may be struggling.

Recipients of a grant under this program may use the grant funds to support an existing evidence-based peer-to-peer suicide prevention program (Hope Squad, Sources of Strength, National Alliance on Mental Illness (NAMI) Raise Your Voice, REDgen, or Youth Aware of Mental Health (YAM)) or implement a new peer-to-peer suicide prevention program. For schools wanting to implement new programs please provide evidence that is linked to the program's effectiveness.

Recipients of a grant under this program may use the grant funds to support an existing evidence-based peer-to-peer suicide prevention program (or implement a new peer-to-peer suicide prevention program.

The amount of each individual grant award may not exceed $5,000. Allowable costs include training staff and/or students, Question, Persuade, and Refer (QPR) training, travel, curriculum, materials and supplies (**limit $1,000 which includes apparel**), and presenter or speaker fees (**limit $1,250**). Costs **cannot** be used towards food, assemblies, and please refer to this document for other unallowable costs.

Grant applications will be reviewed after the deadline on January 16, and schools will receive a notice of their award status within 30 days of the application deadline.

To Apply:

- Please complete the application via Survey Monkey here
  - **You must complete the survey in one sitting; you will not be allowed to save and return to it**. We recommend downloading the PDF version and compiling all your responses before starting the survey.
  - This application is for one school; if someone is applying for multiple schools, a new application must be completed for each school.
  - You will receive a PDF copy of your responses via email within a week of submission. You may receive follow up questions about the proposed program and budget before notice of your acceptance. .
- Click here for more Frequently Asked Questions (FAQ)
- Click here for a grant budget example

If you have any further questions, please email Kelsey Van Hoorn at kelsey@mhawisconsin.org

DPI News

50 Years of Individuals with Disabilities Education Act Center for Exceptional Children

On November 29th, 2025, the Individuals with Disabilities Education Act honored its 50th anniversary since President Gerald Ford signed the *Education for All Handicapped Children Act* into law in 1975. Today, more than 8 million infants, toddlers, children, and youth with disabilities receive a free and appropriate public education thanks to IDEA. The Council for Exceptional Children (CEC) celebrates 50 years of IDEA with videos, blogs, and podcasts. There is also an IDEA 50 Year Anniversary Social Media Toolkit available through CEC. The two-and-a-half-minute video can be shared with your school communities to highlight the importance of IDEA through a historical context. Go to the CEC IDEA 50: Fifty Years of Inclusive Education webpage for more information and links.

Senate Resolution: On December 4, 2025, the U.S. Senate unanimously passed a resolution recognizing the IDEA's 50th anniversary. This is not a law, but it is significant because it received unanimous support and reiterated the Senate's confirmation to the IDEA. Access the resolution here.

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Measle Cases Still Prevalent in Other States

I am hearing about continued measle cases from my State School Nurse Consultant colleagues. As of December 12, there have been no new measles cases reported in Wisconsin. Those traveling over the holidays are at risk of encountering measles. I encourage school nurses to be on the look out for measles, particularly in unvaccinated students upon return from Winter Break.

The American Academy of Pediatrics hosts this webpage detailing current outbreaks of measles in the United States.

Miscellaneous

Inhaled Insulin in Pediatrics?

Get key takeaways from the INHALE-1 Trial every school nurse should know.

DHS News

December 6, 2025

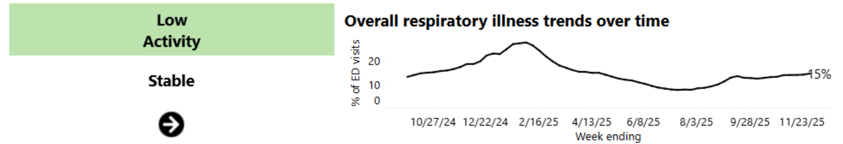
This dashboard shows respiratory virus activity and trajectories for the week ending on December 6, 2025.

To view emergency department activity level data for a region, use this dropdown

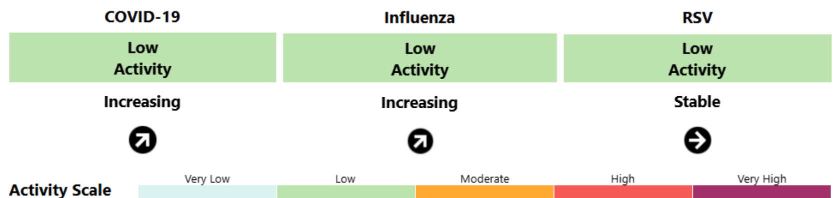
Statewide

Statewide respiratory illness activity based on **emergency department (ED)** visits

This represents a wide variety of respiratory illnesses that lead to ED visits, ranging from the common cold to COVID-19, flu, and RSV.



Statewide virus-specific activity based on **emergency department** visits



Activity Scale

The Wisconsin Department of Health Services' [respiratory illness webpage](#) provides a summary of data reported on outpatient and urgent care health care visits for illnesses defined as influenza-like illnesses (ILI). Data are available starting in the 2019–2020 influenza season and are displayed by [Wisconsin public health region](#). These data come from the [Influenza-like Illness Surveillance Network (ILINet)](#).

Additional respiratory virus data

To view more respiratory virus data, visit:

- Emergency department data
- Laboratory testing data
- Death data
- Hospitalization data
- Outpatient influenza-like illness data

DHS Continues to Recommend Hepatitis B Vaccine Dose within 24 Hours of Birth

Health officials reviewed safety and effectiveness of hepatitis B vaccine, issuing guidance to parents, clinicians

The Wisconsin DHS continues to recommend the hepatitis B vaccine at birth for all newborns and today issued guidance to Wisconsin health care providers affirming the recommendation. Wisconsin's guidance comes after the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) voted to change recommendations for when children should get the vaccine. The state's guidance aligns with the extensive evidence that supports the safety and effectiveness of the hepatitis B vaccine, and the recommendations of the American Academy of Pediatrics and other leading medical organizations.

"In public health, we continually review high-quality research and data to ensure our recommendations are based on up-to-date and quality evidence," said DHS Chief Medical Officer Dr. Ryan Westergaard. "Decades of data have supported the recommendation to administer the hepatitis B vaccine within 24 hours after birth and the routine three-dose hepatitis B vaccine series. Today, there is no new evidence that would justify changes to this longstanding recommendation that has, and continues, to protect the health of infants."

View the entire news release here.

NASN News

Nursing Excluded from "Professional Degree" Status as New Federal Student Loan Rules Take Shape

The U.S. Department of Education's (ED) implementation of the new federal student loan law has ignited intense backlash across the nursing profession after regulators excluded nursing from the federal definition of a "professional degree" program. The decision affects how nursing students access graduate-level financial aid and could have long-term consequences for an already strained health-care workforce.

Under the new framework, graduate students are capped at $20,500 in annual borrowing, while those in fields designated as "professional" may borrow up to $50,000 annually, with a $200,000 lifetime cap. ED's draft list includes medicine, dentistry, pharmacy, veterinary medicine, clinical psychology, law, and others.

Nursing—along with physician assistant, physical therapy, audiology, and nurse practitioner programs—was notably absent.

The omission is significant. With the term tied directly to loan eligibility, the exclusion has a material impact on graduate nursing students.

Why the Exclusion Matters

This regulatory interpretation arrives at a time when the nation faces acute shortages of nurses, nurse faculty, and advanced practice clinicians.

Education researchers and national nursing organizations warn that the new rules could:

- Reduce access to graduate degrees due to lower annual borrowing limits.
- Decrease enrollment in APRN, school-nurse leadership, and nursing faculty programs.
- Worsen workforce shortages in primary care, mental health, rural health, and school health settings.
- Limit the pipeline to essential clinical and public-health nursing roles.

National nursing organizations responded immediately. The Nursing Community Coalition (NCC), which includes NASN, submitted comments urging ED to explicitly include post-baccalaureate nursing programs within the professional-degree definition. NCC emphasized that nursing meets federal criteria: licensure is required for practice, graduate training develops advanced competencies, and nursing programs fall within federally recognized health-professional instructional fields. Other health-professional coalitions have issued similar recommendations.

NASN's Message to School Nurses

School nursing is a profession. Your preparation is professional. NASN is actively engaged in coalition comments, monitoring regulatory developments, and preparing advocacy tools so members can share their voices with policymakers. As this process continues, NASN will keep members informed and continue to defend the pathways that enable school nurses to obtain the advanced preparation students rely on.

NASN News

Protect the Individuals with Disabilities Education Act
The Individuals with Disabilities Education Act (IDEA) is a foundational federal law that guarantees children and youth with disabilities the right to a free appropriate public education (FAPE). Serving individuals from birth through age 21, IDEA ensures that students receive personalized instruction and services that support their strengths and prepare them for further education, employment, and independent living.

Established 50 years ago, IDEA was enacted during a time when many children with disabilities were denied access to public education. That hard-won progress could now be at risk.

More than 7.5 million students benefit from IDEA's protections. Central to the law is the requirement for individualized support, accommodations, and instruction in the least restrictive environment.

Fully Fund IDEA

CDC Revises Vaccine-Autism Language: What School Nurses Should Know
The Centers for Disease Control and Prevention CDC recently revised language on its "Autism and Vaccines" webpage, stating that studies have "not ruled out the possibility" that certain infant vaccines may contribute to autism. This represents a notable shift from longstanding federal messaging that clearly stated vaccines do not cause autism.

For school nurses—trusted health leaders in school communities—this change may prompt renewed questions from families and could affect local vaccine confidence and compliance.

Why This Matters
School nurses routinely counsel families, support immunization compliance, and address misinformation. When national messaging changes abruptly, it can create confusion, even when the underlying scientific evidence remains the same. School nurses are seeing:

- More parents questioning long-established vaccine science
- Increased requests for exemptions
- Conflicting information circulating online
- Greater time spent clarifying what the CDC change does and does not mean

NASN School Nurse Issue
The November issue of *NASN School Nurse* features a powerful guest editorial and research articles that spark new thinking and learning.

Highlights include:
School Nurse Primer on Gender Identity and Transgender Youth: Part II
Mitigating the Youth Vaping Epidemic Through Health Education

Immunize Wisconsin

Immunize Wisconsin Webinar- How the ACIP (used to) Make Vaccine Recommendations (and What has Changed in 2025)
This webinar recording with Dr. Jamie Loehr is available on the IMWI website ImmunizeWI.org

Immunization Action Coalition

The standardized Grading of Recommendations, Assessment, Development and Evaluation (GRADE) process for evaluating the quality of evidence considered by work groups was not used, nor was the standard Evidence to Recommendations framework normally followed to evaluate the benefits and risks of a proposed recommendation.

Immunize.org summarizes ACIP's December 4–5 meeting changing recommendations on use of hepatitis B vaccine in infants born to HBsAg-negative mothers
CDC's Advisory Committee on Immunization Practices (ACIP) met on December 4–5 to consider changes to recommendations on hepatitis B vaccination (HepB), as well as to discuss the recommended child/adolescent immunization schedule and vaccine adjuvants.

Committee Background
Martin Kulldorff, ACIP chair for the June and September 2025 meetings, is now the chief science officer with HHS. The new ACIP chair, Kirk Milhoan, attended remotely while traveling, so the vice chair led the meeting.

ACIP now consists of 11 voting members. They were described further in *IZ Express* following ACIP's September 2025 meeting. Representatives of the liaison organizations and CDC subject matter experts may comment during meetings when invited but no longer participate as members of ACIP workgroups. The child/adolescent schedule work group that evaluated the HepB schedule for this meeting consisted of four ACIP members, two consultants (a U.S. general pediatrician and global health physician from Denmark), and the ex officio representative from Food and Drug Administration (FDA). The standardized Grading of Recommendations, Assessment, Development and Evaluation (GRADE) process for evaluating the quality of evidence considered by work groups was not used, nor was the standard Evidence to Recommendations framework normally followed to evaluate the benefits and risks of a proposed recommendation.

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Immunization Action Coalition

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Vote summary
There were three votes at this meeting:

- ACIP voted that the infant HepB vaccination series, beginning with a birth dose of HepB, be changed from a routine recommendation to individual-based decision-making (also known as shared clinical decision-making) for children born to mothers known to be hepatitis B surface antigen (HBsAg) negative (e.g., not actively infected with HBV)
- ACIP voted to suggest that parents ask their healthcare provider about drawing blood from their infant to test for hepatitis B antibody levels before administering each dose in the three-dose HepB series
- ACIP voted to align the Vaccines for Children (VFC) resolution to match the new recommendations; the alignment does not change access to HepB vaccine for eligible infants and children

Additional details and exact wording of the votes are provided below.

Meeting Materials
Presentation slides from the meeting are available online and may be downloaded. Video recordings of the ACIP's December 4 session and December 5 session are archived on YouTube.

HepB Birth Dose (vote)

Background
An estimated 2.4 million people in the United States are chronically infected with hepatitis B virus (HBV), half of whom are unaware of their infection. HBV is transmitted through contact with infected blood or body fluids or through contact with environmental surfaces contaminated by even microscopic amounts of infected blood or body fluids. The virus can remain viable on surfaces for up to seven days after leaving the body.

Babies born to HBV-infected mothers have up to an 85 percent chance of acquiring HBV infection without intervention. Babies also can be infected by exposure to the virus from the blood or body fluids of another person, such as an infected household contact, caregiver, or another child. If a baby is infected, regardless of the source of infection, the likelihood of developing chronic infection is about 90 percent. All chronically infected people need a lifetime of medical monitoring and care for their condition; about 25 percent of those chronically infected die prematurely due to liver disease or cancer.

Screening of mothers for HBsAg during pregnancy is routinely recommended, but about 15 percent of U.S. mothers are not screened before delivery, often because of limited or no prenatal care. Mothers with unknown status and mothers known to be infected are recommended to receive hepatitis B immune globulin (HBIG) and a birth dose of HepB (within 24 hours) to reduce the risk of mother-to-child transmission by approximately 94 percent. A dose of HepB alone within 24 hours of birth reduces the risk of infection by about 75 percent.

CDC has recommended routine infant HepB immunization since 1991. In 2021, CDC estimated that almost 18,000 infants were born to HBV-infected mothers in the United States.

Immunization Action Coalition

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Discussion
ACIP members heard several presentations related to modification of the longstanding hepatitis B recommendations.

A presentation on the burden of hepatitis disease was made by Cynthia Nevison, a climate and autism researcher who is now a CDC contractor. Mark Blaxill, MBA, now working in the office of the CDC director, gave a presentation on HepB vaccine safety. No specific evidence of harm from HepB vaccination was presented, beyond the documented extremely rare incidence of acute allergic reactions. No evidence was provided that delaying HepB vaccination would improve safety. Delaying the first dose of HepB would not prevent unrecognized mother-to-child transmission, a principal benefit of the birth dose. As part of the discussion, ACIP liaisons reiterated the success of the HepB vaccination program, resulting in a 99 percent reduction in acute HepB disease among children and teens. As a result of decades of high levels of effective HepB vaccination coverage, it is not possible to estimate the risk of transmission of HBV to an unvaccinated infant born to an uninfected mother, but the risk is likely very low. Some voting members during the discussion period took the position that the low immediate risk to infants born to uninfected mothers justified not routinely vaccinating all infants. Others, including liaisons, noted that the current program dramatically reduced the lifetime incidence of HBV infection among people of all ages who were vaccinated during infancy and, in the absence of evidence of harm from HepB vaccination, changes were not indicated and would increase the risk of unprotected infant exposure to HBV and the consequences of chronic lifelong infection.

Questions about durability of protection from infant HepB immunization were addressed. The CDC Division of Viral Hepatitis representative and a voting member of ACIP each noted that there had not been any reports of acute hepatitis B illness or chronic infection in any person who was successfully fully immunized against hepatitis B at any time before exposure, with data from population studies in Alaska showing protection at least 35 years from the time of vaccination.

There was less discussion of the second vote related to recommending that parents discuss with their healthcare providers whether to draw blood to check for antibody levels between the doses of HepB vaccine and to consider stopping the series if the antibody concentration was at least 10 mIU/mL, considered a protective level. Members and liaisons noted that such testing would not necessarily be covered by insurance, despite an ACIP recommendation that it ought to be. Such testing would necessitate additional medical visits and invasive procedures; further, the presence of maternal antibodies in the first months of life could produce misleading results. Studies have not verified whether a protective antibody titer after an incomplete series of one or two doses would reliably confer the same durable, potentially lifelong protection from HBV illness and chronic infection that a complete three-dose series is demonstrated to provide.

Representatives from the VFC program and the Centers for Medicaid and Medicare Services (CMS) provided brief presentations indicating the costs associated with complete hepatitis B vaccination of infants, including the birth dose, would continue to be covered by VFC, Medicaid, state children's health insurance plans (CHIP), and private insurance if the proposed recommendations were passed.

Immunization Action Coalition

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Votes
ACIP voted on the following recommendations related to use of hepatitis B vaccine in infants:

Vote 1 (eight yes, three no)
For infants born to HBsAg-negative women: ACIP recommends individual-based decision-making, in consultation with a health care provider, for parents deciding when or if to give the HBV vaccine, including the birth dose.* Parents and health care providers should consider vaccine benefits, vaccine risks, and infection risks. For those not receiving the HBV birth dose, it is suggested that the initial dose is administered no earlier than two months of age.

*Parents and health care providers should also consider whether there are risks, for example, such as a household member is HBsAg-positive or when there is frequent contact with persons who have emigrated from areas where hepatitis B is common.

Vote 2 (six yes, four no, one abstain)
When evaluating the need for a subsequent HBV vaccine dose in children, parents should consult with health care providers to determine if a post-vaccination anti-HBs serology testing should be offered. Serology results should determine whether the established protective anti-HBs titer threshold of $\geq$ 10 mIU/mL has been achieved. The cost of this testing should be covered by insurance.

VFC Vote (eight yes, three abstain)
ACIP updated the VFC resolution for prevention of hepatitis B to match the updated ACIP recommendations.

Additional notes on votes

Vote 1
The entire HepB vaccine series, not just the timing of dose 1, is recommended using individual-based decision making (shared-clinical decision making) in children whose mothers tested negative for HBV infection during pregnancy. These changes will not alter VFC access or insurance coverage for those who choose the birth dose and completion of the series as previously recommended.

Vote 2
The vote language only suggests that parents consult with a healthcare provider about blood draws and checks of antibody levels before the hepatitis B vaccine series is complete. These additional steps are not routinely recommended, and the vote language does not recommend that healthcare providers initiate such a discussion. In addition to the issues described earlier concerning the lack of studies of the duration of protection following one or two doses of a three-dose HepB series, the vote of ACIP to recommend that insurance cover infant blood draws for antibody level checks is not binding. By federal law, ACIP recommendations trigger insurance coverage for vaccinations only.

Next Steps
The ACIP votes do not become official until they are accepted by the acting CDC director. The December 5, 2025, [HHS press release announcing the ACIP votes]() does not constitute official acceptance of the recommendations.

Immunization Action Coalition

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Additional Presentations

Andrew Siri, a lawyer specializing in vaccine injury lawsuits, provided his perspective on the evolution of the child/adolescent vaccine schedule in the United States. Tracy Beth Hoeg, FDA ex officio representative to ACIP and acting director of FDA's Center for Drug Evaluation and Research, presented information comparing the recommended vaccine schedules in the United States with those in other selected developed countries, with a focus on Denmark, which currently routinely recommends childhood protection against fewer diseases than the United States. Denmark has a population of approximately 6 million people with a universal healthcare system. The United States has a heterogeneous population of over 330 million with different disease epidemiology and does not have a universal healthcare system.

The meeting concluded with a brief overview of vaccine adjuvants (ingredients in many vaccines that help them produce an effective immune response) and consideration of whether a dedicated ACIP work group on the topic of adjuvants should be established in the future.

Next Meeting
The ACIP website currently states the next ACIP meeting will be held on February 25–26, 2026. Information about past and future ACIP meetings may be found on the ACIP website

Statements from Professional Healthcare Organizations Following the December 2025 ACIP Meeting
Several professional membership organizations representing healthcare providers and public health professionals issued statements following the conclusion of the December 2025 ACIP meeting. Their statements may be accessed by clicking on the links below.

- American Association of Immunologists
- American Academy of Pediatrics
- American Medical Association
- American Nurses Association
- American Pharmacists Association
- American Public Health Association
- California Medical Association
- Infectious Diseases Society of America (cosigned with 44 other health organizations)
- National Association of County and City Health Officials
- National Medical Association
- Pediatric Infectious Diseases Society

Several professional membership organizations representing healthcare providers and public health professionals issued statements following the conclusion of the December 2025 ACIP meeting.

Children's Safety Network

Holiday Safety
December is recognized as Safe Toys and Gifts Month, and at the Children's Safety Network, we are highlighting key steps families and caregivers can take to ensure a safe, joyful season.

The U.S. Consumer Product Safety Commission reports that each year approximately 230,000 children are treated in U.S. emergency departments for toy-related injuries, with children under age 4 at the greatest risk. To help prevent these injuries, CSN supports guidance from Prevent Blindness and others to choose toys that are age-appropriate, durable, non-toxic, and free of small parts that could pose choking hazards.

Pay special attention to:

- **Button batteries**, found in electronics, light-up toys, musical cards, watches, and light up shoes, can cause internal burns if swallowed.
- **High-powered magnets**, which can lead to life-threatening injuries if ingested.
- **Toys with small parts**, which can pose choking hazards for young children, especially those under age 3.
- **Riding toys**, such as scooters, tricycles, or balance bikes, which should always be used with well-fitted helmets and, when appropriate, knee and elbow pads.

Beyond toys, a safe home environment is essential, especially when young children visit family members during the holidays. We encourage you to explore CSN's curated resources on home safety, and Safe Kids Worldwide's guidance for grandparents and other caregivers who may not have childproofed their homes.

Holiday gatherings often mean busy households and kitchens, which can be another source of injury. In our recent infographic, Non-Fatal Burn Injuries in U.S. Infants, Children, and Adolescents: Statistics and Prevention Tips, children ages 1–4 made up 51.5% of burn injuries among the <1 to 19 age group. The hand was the most commonly affected area for non-fatal burn injuries among <1 to 19 year olds, and hot water was the leading cause. More than 56% of burn injuries involved cooking and food-related items like cookware, ovens, microwaves, and mugs. Close supervision and keeping children at a safe distance during food preparation and serving can prevent many of these injuries.

The U.S. Consumer Product Safety Commission reports that each year approximately 230,000 children are treated in U.S. emergency departments for toy-related injuries, with children under age 4 at the greatest risk.

Wisconsin Asthma Coalition

Help the Wisconsin Asthma Coalition by taking this **quick, 2-question survey** about stock albuterol!
The Wisconsin Asthma Coalition is hoping to gauge how many school districts currently have stock albuterol and how many are currently working on implementing it. Please take 30 seconds to answer 2 questions using the survey link below. Thank you in advance for helping us learn more!

https://www.surveymonkey.com/r/TQTLB3H Survey will be open until 1/31/26.

Medscape®

Infectious Diseases Update: Measles, Hand-Foot-Mouth Disease Rates Increasing
Although the CDC reports that the fall flu season in the US is currently mild, measles and hand-foot-mouth disease (HFMD) are surging this fall, according to recent data from Epic Research. Read article.

Twelve Former US FDA Commissioners Express Deep Concern About Agency's Vaccine Change
Read article.

American Academy of Pediatrics

Fact Checked: Febrile Seizures Do Not Cause Brain Damage or Long-Term Health Effects
The AAP has a library of "Fact Checked" articles about immunizations, such as "Febrile Seizures Do Not Cause Brain Damage or Long-Term Health Effects".
https://www.aap.org/en/news-room/fact-checked/fact-checked-febrile-seizures-do-not-cause-brain-damage-or-long-term-health-effects/?utm_medium=email&utm_source=govdelivery

Miscellaneous

Recording of Getting READDY at School: Collaborating with School Nurses for Diabetes Healthcare Transition Success Available
The recording from the Youth Health Transition Initiative Learning Community on lessons from the field, "Getting READDY at School: Collaborating with School Nurses for Diabetes Healthcare Transition Success" with Drs. Tracy Bekx and Victoria Nicksic from UW Health is now available. You can find it at [Health Transition Learning Community – Health Transition Wisconsin – UW–Madison](#).

Wisconsin Cancer Collaborative Resource for Schools
The Wisconsin Cancer Collaborative has compiled various resources tailored to educational staff looking to incorporate cancer topics into their school environments. Here is the link to this resource: https://wicancer.org/wp-content/uploads/2025/11/Cancer-Resources-for-Educational-Settings-1.pdf

Fox Valley group aims to end stigma on menstruation. Period.
Wisconsin Public Radio
The collaborative gives free period products to students.

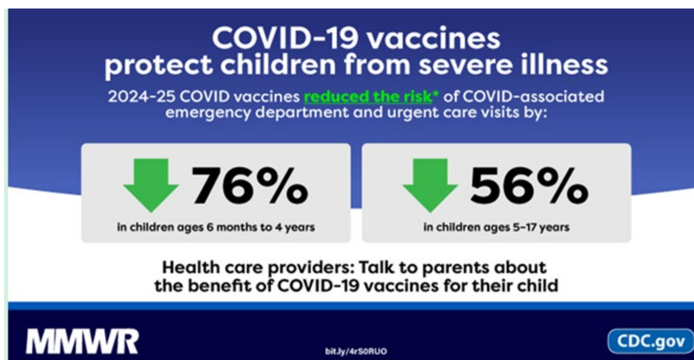
Winter Period Care: Staying Comfortable in Cold Weather
There's something about winter that makes periods feel different. Maybe it's the way cramps seem more intense when you're cold, or how fatigue hits harder during short, dark days. If you've noticed that your winter periods feel more challenging than your summer ones, you're not imagining things. Cold weather genuinely affects how your body experiences menstruation, and understanding this connection helps you take better care of yourself during the coldest months of the year. Read more.

Gov. Evers Signs Bipartisan "Bradyn's Law" to Create New Crime for Extortion
Gov. Tony Evers signed "Bradyn's Law," Assembly Bill 201, now 2025 Wisconsin Act 48, creating a new crime of sexual extortion in Wisconsin. Gov. Evers signed the bill in honor of late D.C. Everest Junior High School student Bradyn Bohn, whose tragic death by suicide inspired his family to advocate for passing "Bradyn's Law" to help penalize sexual extortion perpetrators. Read press release.

Gov. Evers, Wisconsin Office of Violence Prevention Launch New $10 Million Grant Program to Reduce Crime and Violence and Keep Kids, Families, and Communities Safe
Gov. Tony Evers and the Wisconsin Office of Violence Prevention launched a new grant program to support initiatives and programs at school districts, law enforcement agencies, domestic violence organizations, firearm retailers, and local governments, among others, to help crack down on crime and prevent violence, including intimate partner and gun violence, across Wisconsin.

Additional information about the Wisconsin Office of Violence Prevention grant program, including guidelines and application procedures, is available on the Wisconsin Department of Administration's webpage here. **Applications are due Friday, Jan. 16, 2026, by 2 p.m.**

MMWR



Effectiveness of 2024–2025 COVID-19 Vaccines in Children in the United States— VISION, August 29, 2024–September 2, 2025
Weekly / December 11, 2025 / 74(40);607–614

Summary
What is already known about this topic?
In June 2024, CDC's Advisory Committee on Immunization Practices recommended 2024–2025 COVID-19 vaccination for all persons aged ≥6 months to provide additional protection against severe COVID-19.

What is added by this report?
During August 29, 2024–September 2, 2025, within a multisite network including nine states, vaccine effectiveness of 2024–2025 COVID-19 vaccination was an estimated 76% against COVID-19–associated emergency department or urgent care (ED/UC) visits among immunocompetent children aged 9 months–4 years and an estimated 56% among children and adolescents aged 5–17 years, compared with those who did not receive a 2024–2025 vaccine.

What are the implications for public health practice?
In a population with some persons having preexisting levels of protection from previous vaccination, previous infection, or both, 2024–2025 COVID-19 vaccination provided children with additional protection against COVID-19–associated ED/UC encounters compared with no 2024–2025 vaccination.

Diabetes in School Health

Upcoming DiSH Sessions

Sessions are held on the 3rd Wednesday of the month, from 3-4 PM, CST.

January 21, 2026
Supporting Success: How to Empower Teens to Thrive with Diabetes

February 18, 2026
Stronger Together: Partnering with School Leaders to Support Diabetes Care

March 18, 2026
Diabetes Technology

April 15, 2026
Innovation in Immunotherapy: Hope for What's to Come in Diabetes Care

May 20, 2026
Diabetes Emergencies

School Nurse Blog

The Relentless School Nurse: This Is Not Public Health
By Robin Cogan, MEd, RN, NCSN, FNASN, FAAN on December 6, 2025

The news coming out of our national health agencies is arriving so fast and so full of spin that it barely gives anyone time to ask the most basic question: Does any of this match the evidence? Read blog.

The Relentless School Nurse: Expanding Advocacy and Storytelling on Substack
By Robin Cogan, MEd, RN, NCSN, FNASN, FAAN on December 11, 2025

The Relentless School Nurse began with a restless question: How can we effectively tell the story of school nursing? This space was created to say, "Here we are. This is our work. This is what it looks like when school nurses stand in the gap for children, families, and communities." Read blog.

Your Local Epidemiologist Blog

Why CDC health data are still reliable
...even amid challenges to communications and integrity
By KATELYN JETELINA, HANNAH TOTTE, MPH, AND MARISA DONNELLY
Public health data—the public information used to estimate disease, hospitalization, and death rates, for example—are a vital resource. Their value lies in their purity, reliability, accuracy, and accessibility. Read blog.

ACIP key takeaways: What really happened and what it means for you
By KATELYN JETELINA Dec 05, 2025
Read blog.

Practice Points

By Louise Wilson, MS, BSN, RN, LSN, NCSN, FNASN

Data Points, Ethics, and AI

In December I usually share the data points that will be collected next spring in the School Health Services Survey. I wanted to stay on that schedule so attached to this newsletter is a copy of the data points. In the #5 DPI School Nurse Update from 12/21/2023 I shared how collecting and submitting data to the voluntary School Health Services Survey help school nurses meet School Nursing Standards of Care.

The School Health Services Survey is voluntary, meaning there is no statutory requirement school districts submit aggregated data. The survey will open in the Spring of 2026 and asks information about how school health services were delivered to students in your district (one report per district) during the 2025/2026 school year. I share the data points now, so you can think about how you will collect this information. You do not need to submit data for every question. Submit information on those data points for which you do have information. Data does not exclusively mean numbers. It can mean answering a yes or no question. More on the survey will be shared at the state school nurse conference and in future newsletters.

Much like collecting, reporting ,and analyzing data are core school nursing standards and a component (Quality Improvement) of the Framework for School Nursing Practice™, so is staying current on topics related to nursing. My team at DPI was recently discussing guidance we could provide student services personnel surrounding the use of Artificial Intelligence (AI) in our practices and the effect of AI on students. No matter how you feel about AI it is here to stay and school nurses need to understand the impact and proper use of AI in our nursing profession.

I noted this guest article in the November Board of Nursing newsletter and thought I would share in case you missed it. Gina is the Executive Director of the Wisconsin Nurses Association. She has graciously given permission for me to share her article.

School nurses are registered nurses who practice the specialty of school nursing. The National Association of School Nurses Board of Directors adopted a Code of Ethics in June 2024. The School Nurse Code of Ethics is based upon the American Nurses Association's (ANA) Code of Ethics for Nurses with Interpretive Statements which establishes an ethical foundation for all nurses. Gina points to the updated (2025) ANA codes of ethics in her article.

Much like collecting, reporting ,and analyzing data are core school nursing standards and a component (Quality Improvement) of the Framework for School Nursing Practice™, so is staying current on topics related to nursing… school nurses need to understand the impact and proper use of AI in our nursing profession.

Ethical Considerations for Utilization of Artificial Intelligence (AI) for Nurses
Submitted for the Wisconsin Board of Nursing Newsletter by Gina Dennik-Champion, MSN, RN, MSHA

The use of artificial intelligence (AI) is a rapidly evolving technology that is frequently embedded and integrated into our nursing practice. The application of AI in the delivery of nursing care creates challenges and opportunities. One area that needs further examination by nurses is understanding the convergence of AI and nursing practice from an ethical perspective. The purpose of this article is to provide an overview of the ethical considerations for nurses as it relates to delivery of safe and appropriate nursing care.

Nurses are using Artificial Intelligence to:

- Enhance patient care for personalizing treatment plans, more effective monitoring, and data sharing that support predicting and preventing adverse events.
- Improve efficiency resulting in more time for delivering direct patient care through automating repetitive and administrative tasks.
- Support decision-making using data-driven tools that provide insights and evidence-based recommendations.
- Facilitate remote care for patient monitoring and virtual consulting utilizing AI enhanced telehealth platforms which allow for more timely access to patient encounters.

The recent release of *The Code Ethics for Nurses*, (American Nurses Association, 2025)[i] includes the ethical principles to evaluate nursing's role and responsibility when utilizing AI. Within the ANA Code of Ethics for Nurses document you will find ethically related values to guide our delivery of care and patient relationship. Below you will find the ethical principle, a definition as it applies to use of AI, and considerations for nurses.

1. **Beneficence - acting in the best interest of your patient[i] and Nonmaleficence - to do no harm.[iii]**(Varkey B. (2021)

- Question? How are you using AI in ways that promote patient well-being and avoid harm.
- Nurses must be assured that the AI tools are safe, evidence-based, and appropriate before integrating them into care.
- Tip! Nurses are to be alert to biases in AI systems that could cause inequities or harm.

The use of artificial intelligence (AI) is a rapidly evolving technology that is frequently embedded and integrated into our nursing practice. The application of AI in the delivery of nursing care creates challenges and opportunities.

2) **Patient Autonomy - the right of patients to make decisions about their medical care without experiencing undue influence from their health care providers**.[iv] (Ubel, 2016)

- Nurses participate in shared decision-making with their patients that includes explaining when AI is being used, how it informs care, and the choices patients have.
- Nurses respect patients' rights to make informed decisions about their care.
- Nurses ensure AI supports decision-making but… does not replace human judgment or override patient preferences.
- AI cannot be moral agents or bearers of duties and are unable to respect or disrespect.
- *Patients should be informed and consent to sharing their information with AI assisted technology*. Nurses ensure that informed consent has been obtained by the patient and acknowledged and carried through.

3. **Justice - the ethical and legal principle that AI systems should operate in a manner that promotes fairness, equality, and the prevention of bias and discrimination**. [v](AI Ethics Lab, 2025) **Justice is a social ideal and a moral necessity embedded in human dignity.** [vi] (Tembo AC, 2025)

- The use of big data to form algorithms that support nursing care delivery may have a negative impact on patient outcomes of care.
- Justice requires continual auditing and monitoring of AI systems to detect and mitigate biases.
- Nurses can advocate for equitable access to AI-supported care.
- Nurses can monitor for and call out disparities (e.g., if an algorithm underperforms for certain racial, ethnic, or socioeconomic groups).
- Nurses support work that reduces health inequities to avoid inappropriately applied decision-making by AI.
- AI does not recognize bias; it is a human responsibility.

4. **Accountability - to be answerable to oneself and others for one's choices, decisions, and actions as measured against a standard**.[vii] (American Nurses Association, 2025)

- Nurses remain professionally responsible for patient care, even when AI is used.
- Nurses do not rely blindly on algorithms but use clinical judgment to validate AI recommendations.
- Transparency about AI limitations is critical. However it is next to impossible to determine the source of clinical algorithms development and sources used in the development of care as companies view this as proprietary and is therefore unable to access.

5. **Privacy and Confidentiality - safeguarding data in healthcare includes technological advancements, legal frameworks, and organizational strategies that commit to the importance of implementing security measures, complying with regulations, and fostering a culture of privacy awareness within healthcare institutions employees.**[viii] (Turkstani,HA 2025)

- Nurses protect patient data used by AI systems, ensuring compliance with HIPAA and other privacy laws.
- Nurses should understand what data is being collected, how it is stored, and who has access.
- Nurses avoid unnecessary sharing of identifiable data with AI platforms.

6. **Fidelity and Trust (Fidelity) - faithfulness to a formal or implied agreement that includes loyalty, fairness, truthfulness, promise keeping and dedication to relationships. (Trust) - AI involves not only reliance on the system itself but also trust in the system's developers. AI systems should be recognized as sociotechnical systems, where the people involved in designing, developing, deploying, and using the system are as important as the system for determining whether it is trustworthy**[ix] (Duenser, 2023)

   - Nurses are encouraged to maintain patient trust by being honest about AI use in care delivery.
   - Nurses clearly communicate the role of AI regarding decision-making support and compared to autonomous decision-making.
   - Ensure that our patients know that human care and compassion remain central to care delivery.
   - AI chatbots cannot provide empathy, even though there may be generated sentences that seem empathetic, but it does not care about responses from the patient. The three types of empathy, cognitive, emotional (or affective) and compassionate are provided by nurses.
   - Nurses are the most trusted and ethical profession according to Gallup polling reports[x]. (Gallup, 2025) AI generated Avatars (chatbots) are being referred to as "nurses" during patient encounters including pre-op and follow-up after discharge. *AI use of Avatars cannot be empathetic it is the human nurse that begins to explore emotional responses and vulnerabilities during the patient encounter*.[xi] (Wisconsin Nurses Association, 2024)
   - The titles Registered Nurse and Licensed Practical Nurse are protected under State Statute 441.06(4). The language in the statute is focused on persons or individuals i.e. humans. Non-human forms of technology where AI chatbots are referred to as "nurse" should be prohibited in state statute. [xii] This has been accomplished in the State of Oregon.

7. **Professional Competence - is a complex integration of knowledge including professional judgment, skills, values and attitude. It is an intelligent practical skill set that integrates or combines different factors and issues in complex ways, specific to each circumstance**.[xiii] (Fukiada, 2018)

   - Nurses acknowledge that they must continually educate themselves on AI tools, their applications, and their risks.
   - Nurses stay updated on evolving best practices, regulatory guidance, and ethical standards in AI use.
   - Nursing's scope of practice is comprised of competency (education, training and experience), laws and regulations, and employer policies.

Conclusion

As artificial intelligence in its many forms will continue to be introduced and embedded in health care. AI will provide nurses with the opportunity for more time for patient engagement because of the efficiencies generated in care delivery. We know that patients will always need a real human presence, genuine compassionate conversations, soothing and purposeful touch, and interventions developed and delivered by a critically thinking nurse. It is now more important than ever that we as nurses demonstrate our core ethical values as AI continues to emerge. Afterall, nurses are the heartbeat of healthcare.

References

[i] Varkey B. (2021). Principles of Clinical Ethics and Their Application to Practice. *Medical Principles and Practice*, *30*(1), 17-28. https://doi.org/10.1159/000509119
[ii] Varkey B. (2021). Principles of Clinical Ethics and Their Application to Practice. *Medical Principles and Practice*, *30*(1), 17-28. https://doi.org/10.1159/000509119
[iii] Varkey B. (2021). Principles of Clinical Ethics and Their Application to Practice. Medical Principles and Practice, 30(1), 17-28. https://doi.org/10.1159/000509119
[iv] Ubel PA, Scherr KA, & Fagerlin A. (2018). Autonomy: What's Shared Decision Making Have to Do With It? *American Journal of Bioethics*, *Feb;18*(2), W11-W12. https://www.tandfonline.com/doi/full/10.1080/15265161.2017.1409844
[v] AI Ethics Lab at Rutgers. (2025) *Justice in AI*. https://aiethicslab.rutgers.edu/e-floating-buttons/justice-in-ai/#:~:text=Justice%20in%20the%20context%20of,prevention%20of%20bias%20and%20discrimination
[vi] Tembo AC. (2025) Reclaiming Justice as Lived Praxis: A Phenomenological Critique of Social and Relational Justice in Nursing Practice. *Nursing Philosophy*, *26*(4), https://onlinelibrary.wiley.com/doi/abs/10.1111/nup.70038
[vii] American Nurses Association. (2025). Code of ethics for nurses. American Nurses Association. https://codeofethics.ana.org/home
[viii] Turkstani, HA, Almutawah, FN, et.al. (Jan 2025). Privacy and Confidentiality in Healthcare: Best Practices for Protecting Patient Information. *Journal of Healthcare Sciences*, *5*(1). https://www.researchgate.net/deref/http%3A%2F%2Fdx.doi.org%2F10.52533%2FJOHS.2025.50106?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6InB1YmxpY2F0aW9uIn19
[ix]Duenser, A. & Douglas,A.M. (2023) Whom to Trust, How and Why: Untangling Artificial Intelligence Ethics Principles, Trustworthiness, and Trust. *IEEE Intelligent Systems*, *38*(6).19-26. https://doi.ieeecomputersociety.org/10.1109/MIS.2023.3322586
[x] Saad,L (2025, January 13). *Americans' Ratings of U.S. Professions Stay Historically Low*. Gallup. https://news.gallup.com/poll/655106/americans-ratings-professions-stay-historically-low.aspx
[xi] Kreitmair, K., Hauser, AL., Lothary, B., & Schroeter, K. (2024). Exploration of Ethics in AI and Nursing Care. [Recorded Webinar]. Wisconsin Nurses Association. https://www.wisconsinnurses.org/?event=exploration-of-ethics-in-ai-and-nursing-care
[xii] State of Wisconsin Statute 441.06(4), (September 2025). *Title Protection for Nurses*. Retrieved from: https://docs.legis.wisconsin.gov/statutes/statutes/441/i/06/4
[xiii] Fukada M. (2018). Nursing Competency: Definition, Structure and Development. *Yonago Acta Medica*, *61*(1).1-7. https://doi.org/10.33160/yam.2018.03.001

This publication is available from:
Learning and Support
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(608) 266-8857
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December 2025 Wisconsin Department of Public Instruction

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Is your child missing school due to anxiety?

Definition of anxiety: feeling of fear and uneasiness about everyday situations.

If your child is suffering from anxiety, you are not alone. The good news is that in most situations, anxiety is normal and temporary. Anxiety becomes a concern if it persists — it can affect relationships with family, peers and teachers, contribute to academic challenges, and lead to school avoidance/refusal. Addressing anxiety is important for a child's overall well-being, not just attendance.

In addition, if your child starts to complain of symptoms like a headache or stomachache, it is important to ***quickly determine*** whether this is related to anxiety or a physical illness that might require missing school. If the challenge is anxiety, staying home may worsen the situation.

What are the symptoms of anxiety?

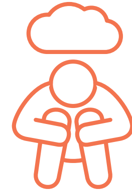
Persistent anxiety can present in many ways, making it difficult to recognize. Symptoms may vary depending on the age of the child, and some children may keep worries to themselves or have difficulty explaining their feelings making it hard to identify symptoms. Anxiety symptoms can include, but aren't limited to, the following:

- Feeling tired, irritable or easily tearful
- Having trouble separating from parents
- Experiencing difficulty sleeping or frequent nightmares
- Having trouble getting out of bed or dressed for school
- Lacking appetite
- Having trouble concentrating, which may lead to difficulty starting tasks, problems with homework and falling behind in school
- Experiencing physical symptoms, including stomachaches and headaches
- Avoiding activities they previously enjoyed
- Having negative or continuous thoughts that something bad is going to happen

What can families do?

Here are some tips that you can use to help your child get through these challenges, by intervening as quickly as possible, and return to school:

- Do not punish your child for refusing to go to school, as this can worsen things.
- If possible, avoid letting your child stay home. Though staying home from school may provide short-term relief for your child, continued absence from school will lead to the feeling of being disconnected from classmates and teachers, cause your child to fall behind academically and only make it harder to return.
- Speak with your child. Try to understand what's bothering them and why they are avoiding school. If you are feeling a similar anxiety, it may help to share this with your child and to explain what you are doing to get through it.
- Make it clear that you are there to help your child and that you believe they can face their fears and get through this problem.



Take advantage of school resources.

Working through your child's anxiety issues can be difficult and scary, and you shouldn't have to do it alone. Take advantage of the resources at your child's school:

- Talk with the school nurse, counselor, social worker and/or psychologist to discuss the student's challenges, identify what can help your child and develop a return-to-school plan.
- For some students, this may need to happen gradually (one or two classes initially and eventually a full day).
- In certain situations, a 504 plan or Individualized Education Program may be needed to ensure your child receives appropriate support and resources.

If symptoms persist or are very severe, your child's anxiety may be due to an underlying behavioral health disorder (i.e., anxiety disorder, panic disorder), an undiagnosed learning disability or the result of a physical or chronic health condition and should be evaluated by your child's medical provider.

Finally, remember to take care of your own physical and emotional well-being!

Resources where you can find more information on anxiety and school avoidance

Separation Anxiety in Babies, Toddlers and School-Aged Children: Causes, Signs and What to Do
Anxiety and Depression CDC
Understanding Anxiety in Children
School Avoidance Alliance: School Avoidance 101
School Refusal: When a Child Won't Go to School
The Ultimate Guide to Working With Your School

Keep Students Healthy and in School!

Healthy students are more likely to attend school, are better able to focus and stay engaged, and are more likely to be ready to learn.

Below are strategies that districts, schools and community partners can use to help keep students healthy and avoid unnecessary absences from school.

Nutrition, Sleep and Exercise

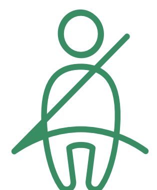
- Involve students and families in guiding the schools/district's food policy.
- Offer flexible options and encourage families and students to participate in the school's free breakfast and lunch programs.
- Ensure that foods offered outside of school meal programs meet smart snacks criteria.
- Provide access to clean drinking water throughout the day.
- Incorporate physical education into the curriculum.
- Offer regularly scheduled recess.
- Ensure playground equipment is safe and age appropriate.
- Establish later school start times for middle and high school students so they can get the appropriate amount of sleep.

Hygiene

It takes a team approach to encourage these practices so work to ensure appropriate protocols and resources are in place to reduce the spread of germs and create a healthy and safe learning environment. Share messaging (posters, handouts, etc.) with school/district staff and families that reinforce the importance of:

- Hand washing, particularly before eating and after using the restroom.
- Dental hygiene and brushing teeth twice a day.
- Avoiding close contact with individuals who are sick.
- Not sharing cups, utensils, hair brushes or combs.
- Covering coughs and sneezes with a tissue, or coughing/sneezing into an elbow.

Safety



- Develop a plan to create a safe and supportive learning environment that helps prevent bullying and allows for inclusion and respect.
- Work with appropriate staff to develop a school or district crisis, emergency and disaster plan.
- Train staff to recognize students in need of mental health supports, and create protocols to connect students and families with appropriate resources.
- If students walk to school, help them find a safe route and encourage walking with a friend. Arrange for a walking school bus, and share this handout to help families create backup plans.

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National Association of School Nurses

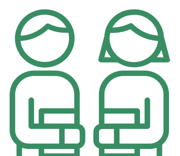
Keep Students Healthy and in School!

Wellness

- Share information about available community resources and remind families to visit their health care provider for:
  - A physical once a year.
  - All recommended immunizations, including flu and COVID-19.
  - Addressing chronic health issues such as asthma, diabetes, etc.
  - Dental checkups twice a year.
- Ensure that systems are in place to collect health information and data and share data as needed.
- Support the establishment of school or district health team that regularly assesses school health needs.
- Communicate with families about scheduling non-urgent medical appointments outside of school hours and to return to school if appointments are earlier in the day.
- Determine if families have health and dental insurance. If they don't, connect them with school nurse or social worker.
- Train appropriate school/district staff to work closely with students with disabilities, their families and health care providers to ensure they receive appropriate support and services.
- Work with the local health department to ensure that protocols are in place to address communicable diseases.
- Develop protocols for students with compromised immune systems or those at high risk for complications from common illnesses. These would enable the school or school nurse to create a plan with the family and the child's health-care provider to keep the student healthy and safe while attending school.
- Advocate for adequate nursing and behavioral health supports in every school.
- Invest in improving air quality in school.

Engagement

Students who feel safe and connected to school are more likely to attend every day. This starts with creating a welcoming environment for students and families.



- Support the development of after school activities which can impact a student's overall health and engagement in school.
- Increase supports for children who may be dealing with anxiety or other behavioral health issues.
- Using email, handouts, text or on district/school websites communicate clearly and regularly with families about health-related policies including about COVID-19.
- Support development of educational resources for students who need to stay home due to prolonged illness.
- Keep families informed about their child's attendance and academic progress.

Wisconsin School Health Services Survey
Year Long Data Collection Tool (2025/2026)

DATA POINT	**DEFINITION CRITERIA** **RN=Registered Nurse** **LPN=License Practice Nurse LVN=Licensed** **UAP= Unlicensed Assistive Personnel (non RN or non LPN)** **FTE=Full-time Equivalent (based on teacher FTE)**	**DATA POINT**
Number of enrolled students in district	**Enrolled students**: Use district's official (third Friday count) number. Count all enrolled students no matter mode of instruction. **This number will self populate once you enter the name of your public school district.**	
	District Health Services Practices	
Does the school district bill Medicaid for School Based Services Nursing/Health Services?	Yes/No	
Does your district stock albuterol?	Yes/No	
Does your district stock emergency epinephrine?	Yes/No	
Does your district stock an opioid antagonist?	Yes/No	
Does your district stock over-the -counter analgesics?	Yes/No	
Do any of your schools have an AED?	Yes/No	
If your district has an AED, where do you store/house your AED?	High school(s) Middle school(s) Elementary school(s) Traveling AED(s) for sporting events	
If you have AEDs, how did you acquire them?	AEDs were donated AEDs were purchased with district funds District obtained a grant	
Does your district have a (physician) medical advisor? *If so, what is the physician's practice specialty?*	Yes/No List specialty	
Does your district provide a substitute school nurse for days the school nurse is out ill or on leave?	Yes/No	

Do you have the ability to track and report disposition data (if student went home, back to class, EMS transport?	Yes/No	
Which entity employs the school nurses?	School district Public Health Department Other agency	
Who supervises the school nurse?	Another Registered Nurse A non-nurse administrator	
What certifications or licenses does your school nurse(s) hold beyond a nursing license?	Mark each that applies: National Certification in School Nursing (NCSN) DPI School Nurse License (LSN) None	
Which of the following statements best describes your model(s) of practice?	• RN provides direct care to students on a daily basis (RN assigned to one building) • RN + LPN/LVN or UAP team provides direct care to students on a daily basis (RN assigned to one building) • RN provides direct care to students on a daily basis (RN assigned to more than one building with no LPN/LVN or UAP/Health Aide covering when the RN is not present) • RN +LPN/LVN (s) team provide direct care to students on a daily basis (RN assigned to more than one building) • RN + UAP/Health Aide team assigned to the health office provide direct care to students on a daily basis (RN assigned to more than one building) • RN trains UAP/Health Aide (including secretaries) to perform routine procedures needed in the schools (RN assigned to more than one building) • RN + Advanced Practice/Nurse Practitioner team provides care to students on a daily basis • Other (please specify)	

What procedures are delegated to UAPs in your district? (Medication administration is not considered a delegated procedure according to Wis. Stat. sec. 118.29.) *Note question does not mean an endorsement of the ability of a registered nurse to delegate this item in a school setting. Asked for informational purposes only.*	Mark each that applies: Urinary catheterization Diabetes blood sugar monitoring Diabetes carbohydrate counting and insulin calculation Gastrostomy tube feeding Nasogastric tube feeding Oral suctioning Tracheostomy suctioning Oxygen administration Wound care Peritoneal dialysis Monitoring of PICC lines Reinsertion of G-tube or G-button	
	Health Personnel Information	
Total number **of RN FTEs** with an assigned caseload providing **direct services**	**Direct services.** Means responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes case management, health screenings and health promotion activities. Direct services also include care provided by members of a health care team including LPNs or unlicensed assistive personnel.. Include long-term substitutes. **Do not include RNs, LPNs, UAPs working with medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).** **Do not include % of administrative assignment for RN. Case management FTEs included under administrative or supervisory FTEs.**	
Total number **of RN FTEs** with **special assignment**	Include RNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of **RN FTEs** providing **administrative or supervisory** school health services	RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, UAPs, or conducting other administrative health services that does not involve direct care of student(s), e.g. program management.	
Total number of **LPN FTEs** with an assigned caseload providing **direct services**	See definition of direct services above.	
Total number of **LPNs FTEs** with **special assignment**	Include LPNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of **UAP FTEs** with an assigned	See definition of direct services above. This number should reflect only those whose main assignment is health related.	

caseload that includes providing **direct health services**	Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides IF it is included as a specific part of their responsibility (i.e. cover health office regularly).	
Total number **of UAPs FTEs** with **special assignment**	Include UAPs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number **of assistant FTEs** providing administrative **support services** to RNs or LPNs	Assistants providing administrative support services to RNs or LPNs/LVNs, e.g. clerical assistance. Do not include FTEs spent doing non-health related clerical activities.	
	Screenings	
Screenings:	If your district/school did not perform screenings this year or did not collect this information, then enter **DNC**.	
Vision Screening **Screened** for vision	Report number of students with a health population screening at school, regardless of which staff or agency conducts the screening.	
Referred for vision		
Hearing Screening **Screened** for hearing.	Report number of students with a health population screening at school, regardless of which staff or agency conducts the screening.	
Referred for hearing		
	CHRONIC HEALTH CONDITIONS	
Record the number of students in each category with a medical diagnosis from a healthcare provider.	**Medical Diagnosis refers to documentation of a diagnosis from a licensed healthcare provider/prescriber.** For example, if parents say their child has asthma, etc., but does NOT provided documentation from a healthcare provider, the child should NOT be included in this count. A medication order is considered provider documentation. Count students who were enrolled at any time during the current school year even if they have withdrawn or dropped out. Count students no matter the mode of instruction. Count students who had diagnosis at start of school year or were diagnosed at any point during the school year. **Student may be counted in more than one category if they have multiple diagnoses**. Lists of possible conditions for inclusion are not exhaustive or all inclusive. **If your district/school does not collect this information, then enter DNC. If information collected but, no students have a condition enter a numerical zero (0).**	

Life threatening Allergic Disorder (Student has medically diagnosed severe allergy that has the potential to cause death.)	See definition above.	
Asthma	See definition above.	
Diabetes Type 1	See definition above.	
Diabetes Type 2	See definition above.	
Seizure Disorders (known medically diagnosed)	See definition above.	
Number of students with a diagnosis of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) from a health care provider	See definition above.	
	Additional Questions	
What were your main three areas of concern this school year?		
What percentage of your district's students qualify for free or reduced lunch?	Your business office would have this information	
What percentage of your district's students are English Language Learners (ELL)?	Your director of curriculum or special education director should have this information	

Medicaid School-Based Services (SBS) Expansion Overview for School Nurses

Medicaid School-Based Services (SBS) Expansion Overview

Purpose of this Document

As of the 2025-2026 school year an expansion of school-based services (SBS) for Medicaid-enrolled students (between 3 and 21 years of age) is in effect. Guidance from the Centers for Medicare and Medicaid Services encourages states to increase student access to SBS beyond individualized education plan (IEP) services. This guidance is related to the Bipartisan Safer Communities Act Public Law 117-159.

This document is intended to outline key information about the expansion for school nurses. A companion document exists for school counselors, school social workers, and school psychologists. It is not meant to be a comprehensive guide to Medicaid SBS.

What is Medicaid SBS?

Wisconsin's SBS program was created as Act 27 of the 1995-97 State Budget. SBS is a program that allows public school districts to bill Wisconsin Medicaid for medically necessary services provided to Medicaid-enrolled children provided by qualified personnel in Wisconsin public schools. Wisconsin school nurses and registered nurses working in schools have been (and continue to be) included in the list of qualified personnel able to bill for SBS. Historically, schools have billed SBS provided by these professionals for school nursing and school health services defined as related services in Individual Education Programs (IEP).

What is the Purpose of the Medicaid SBS Expansion?

This expansion increases a school's ability to bill Medicaid for health care services by broadening member eligibility, introducing new provider types, and adding or expanding covered services. This expansion is aimed at better supporting the needs of Medicaid-enrolled students ages 3 to 21. Schools may now bill for services provided to all Medicaid enrolled students and not just those receiving special education services.

Broadening Member Eligibility

Previously, all SBS had to be tied to an "educational need" in the IEP. With this expansion, Medicaid school-based services may be billed when provided to any Medicaid-enrolled student, when medical necessity is established and documented through a written plan. Examples of plans eligible for SBS would be: Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), 504 Plan, Individualized Health Plan (IHP), Student Health Plan, (SHP), Behavioral

Health Plan or other plans that establish medical necessity. Medical orders and medication orders are examples of other plans that establish medical necessity.

New Provider Types

School nurses and registered nurses working in schools have been (and continue to be) included in the list of qualified personnel able to bill for SBS. Now, licensed mental health clinicians, physicians and nurse practitioners, and dental professionals working within their legal scope of practice can participate in delivering SBS. All SBS providers must be employed by or contracted with a local education agency, such as a school district, Cooperative Educational Service Agency (CESA), County Children with Disabilities Education Board, or charter school. Some provider types require licensing by the Wisconsin Department of Public Instruction (DPI) such as mental health clinicians working with schools. School nurses billing for Medicaid services are not required to have a DPI license.

Added or Expanded Covered Services

All services that were covered continue to be covered with the expansion. Students can now access more comprehensive medical and dental care directly through school-based providers. Services include evaluations, treatments, and even preventive oral health care. Attendant care services including preparing food and assisting with eating, toileting, and assisting with transfers are now services billable to Medicaid. All medically necessary nursing services may now be billed for Medicaid enrolled students.

Mental and behavioral health offerings are also expanded, including counseling, therapy, and substance use disorder services. Billing for services provided at school does not affect the amount of money for services that can be billed by the child's other community providers outside of SBS.

What Must Be Included in Eligible Plans?

Plans must include a justification of medical need or a disability condition statement, a list of services being provided, start and end dates, and scope, frequency, and duration of services. There may be additional documentation requirements, depending on the services being provided. For more information refer to ForwardHealth Resources for School-Based Providers webpage .

What is "medically necessity"?

Medical necessity refers to the justification of medical services or procedures as essential based on clinical standards and patient needs. Medicaid SBS requires services to be medically necessary. An SBS is considered medically necessary when the service: Identifies, treats, manages, or addresses a medical problem, or a mental, emotional, or physical disability. For more information on medical necessity refer to ForwardHealth Resources for School-Based Providers webpage .

National Provider Identifier

All professionals who recommend services within their scope of practice must have their own National Provider Identifier (NPI) number. Starting July 1, 2026, when schools submit claims for reimbursement, they must provide the individual NPI number of the professional who

recommended the service. Amongst others, school nurses and registered nurses are eligible to obtain an NPI number. More information on obtaining an NPI number will be forthcoming.

What are Covered Nursing Services Defined by ForwardHealth?

Nursing services must be appropriate for the child's medical needs. Services include, but are not limited to, the following:

- Evaluation and management services, including screens and referrals for health needs
- Treatment
- Medication management
- Explanations given of treatments, therapies and physical or mental conditions to family members or school district or CESA staff.

Services must be performed by a registered nurse, a licensed practical nurse licensed (as supervised by a registered nurse or other healthcare practioner), or be delegated by a registered nurse to unlicensed assistive personnel pursuant to ch. N 6.

Does Every Public School Bill for SBS?

No, the decision to bill for Medicaid school-based services is a local decision. Not all school districts bill for Medicaid school-based services for various reasons. Professionals are encouraged to understand their local practices around billing, and to ensure school leaders understand the extent to which school nursing services are billable. The majority of the funds go directly back to the school districts providing the service and may provide valuable income for a district. School nurses may wish to engage with district leadership about how Medicaid school-based services reimbursement is utilized in their school district.

Where Could I Learn More?

- Wisconsin Department of Health Services (DHS) Forward Health School-Based Services Resources for School-Based Services Provider – This webpage is updated when new resources become available. It includes links to such resources as ForwardHealth updates on Medicaid school-based services, a school-based services expansion checklist, and a recorded training video and slide decks.

- For general SBS policy and coverage information and requirements, refer to the School-Based Services area of the ForwardHealth Online Handbook.

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