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Photo Credit to Amanda Mills
New Data on Autism Spectrum Disorder

New data from CDC’s Autism and Developmental Disabilities Monitoring (ADDM) Network show that the estimated number of children identified with autism spectrum disorder (ASD) continues to rise, and the picture of ASD in communities has changed. These new data can be used to promote early identification, plan for training and service needs, guide research, and inform policy so that children with ASD and their families get the help they need. CDC will continue tracking the changing number and characteristics of children with ASD, researching what puts children at risk for ASD, and promoting early identification, the most powerful tool we have now for making a difference in the lives of children. Learn the 10 things you need to know about CDC’s latest ADDM Network report. You can also read the full report here.

10 Things You Need To Know About CDC’s Latest Report from the Autism and Developmental Disabilities Monitoring Network

The following estimates are based on information collected from the health and special education (if available*) records of children who were 8 years old and lived in areas of Alabama, Arizona, Arkansas, Colorado, Georgia, Maryland, Missouri, New Jersey, North Carolina, Utah, and Wisconsin in 2010:

1. About 1 in 68 children (or 14.7 per 1,000 8 year olds) were identified with ASD. It is important to remember that this estimate is based on 8-year-old children living in 11 communities. It does not represent the entire population of children in the United States.

2. This new estimate is roughly 30% higher than the estimate for 2008 (1 in 88), roughly 60% higher than the estimate for 2006 (1 in 110), and roughly 120% higher than the estimates for 2002 and 2000 (1 in 150). We don’t know what is causing this increase. Some of it may be due to the way children are identified, diagnosed, and served in their local communities, but exactly how much is unknown.

3. The number of children identified with ASD varied widely by community, from 1 in 175 children in areas of Alabama to 1 in 45 children in areas of New Jersey.

4. Almost half (46%) of children identified with ASD had average or above average intellectual ability (IQ greater than 85).

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5. Boys were almost 5 times more likely to be identified with ASD than girls. About 1 in 42 boys and 1 in 189 girls were identified with ASD.

6. Less than half (44%) of children identified with ASD were evaluated for developmental concerns by the time they were 3 years old.

7. Black and Hispanic children identified with ASD were more likely than white children to have intellectual disability. A previous study has shown that children identified with ASD and intellectual disability have a greater number of ASD symptoms and a younger age at first diagnosis. Despite the greater burden of co-occurring intellectual disability among black and Hispanic children with ASD, these new data show that there was no difference among racial and ethnic groups in the age at which children were first diagnosed.

8. White children were more likely to be identified with ASD than black or Hispanic children. About 1 in 63 white children, 1 in 81 black children, and 1 in 93 Hispanic children were identified with ASD.

9. Most children identified with ASD were not diagnosed until after age 4, even though children can be diagnosed as early as age 2.

10. About 80% of children identified with ASD either received special education services for autism at school or had an ASD diagnosis from a clinician. This means that the remaining 20% of children identified with ASD had symptoms of ASD documented in their records, but had not yet been classified as having ASD by a community professional in a school or clinic.

Why is this information important and how can it be used?

CDC has been at the forefront of documenting changes in the number of children identified with ASD over the past decade. CDC data have motivated research to understand who is likely to develop ASD, why ASD develops, and how to best support individuals, families, and communities affected by ASD. More is understood about ASD than ever before, including which children are more likely to be identified, at what age they are likely to be diagnosed, and what factors may be putting children at risk for ASD. However, there remains an urgent need to continue the search for answers and provide help to people living with ASD.

The ADDM Network’s latest information directs the focus on what we know now and what else we need to know to further characterize and address the needs of children with ASD and their families. Service providers (such as healthcare organizations and school systems), researchers, and policymakers can use ADDM Network data to support service planning, guide research into what factors put a child at risk for ASD and what interventions can help, and inform policies that promote improved outcomes in health care and education.

As a professional who works with children, what should I do if I think a child might have ASD?

You are a valuable resource to parents. They look to you for information on their child, and they trust you. You can follow a child’s development, and encourage parents to do the same, by looking for developmental milestones—that is, how he or she plays, learns, speaks, acts, and moves. Visit CDC’s “Learn the Signs. Act Early.” website for free milestone checklists and other resources to help you track children’s development.

The American Academy of Pediatrics recommends that children be screened for general development using standardized, validated tools at 9, 18, and 24 or 30 months and for ASD at 18 and 24 months or whenever a parent or provider has a concern. Learn more at www.cdc.gov/ncbddd/childdevelopment/screening.html.

Additional Resources

- To learn more about autism spectrum disorder, visit www.cdc.gov/autism
- To learn more about CDC’s “Learn the Signs. Act Early” program, visit www.cdc.gov/ActEarly
- To learn more about CDC’s Study to Explore Early Development, visit www.cdc.gov/SEED
- “Education records were either not available or available for only some children in 5 of the 11 sites.

Source: http://www.cdc.gov/features/dsautismdata/
About 1 out of 10 people has had a seizure. Do you know what to do if someone has a seizure near you? Read below to learn more.

About 1 out of 10 people has had a seizure. That means seizures are common, and one day you might need to help someone during or after a seizure. But would you know what to do?

First aid for seizures involves keeping the person safe until the seizure stops by itself.

When most people think of a seizure, they think of a generalized tonic-clonic (grand mal) seizure. In this type of seizure, the person may cry out, lose consciousness, fall to the ground, and have rigidity and muscle jerks that last a few minutes. Here are things you can do to help someone who is having that type of seizure:

- Keep calm and reassure other people who may be nearby.
- Prevent injury by clearing the area around the person of anything hard or sharp.
- Ease the person to the floor and put something soft and flat, like a folded jacket, under his head.
- Remove eyeglasses and loosen ties or anything around the neck that may make it hard to breathe.
- Turn the person gently onto one side. This will help keep the airway clear.
- Time the seizure. If the seizure continues for longer than 5 minutes without signs of slowing down, or if the person has trouble breathing, appears to be injured, in pain, or recovery is unusual in some way, call 911.
- Stay with the person until the seizure ends naturally and he is fully awake.
- Be friendly and reassuring as consciousness returns.
- Offer to call a taxi, friend, or relative to help the person get home if he seems confused or unable to get home without help.

Here are some important things NOT to do:

- Do not hold the person down or try to stop his movements.
- Do not put anything in the person’s mouth. Efforts to hold the tongue down can injure the teeth or jaw. A person having a seizure cannot swallow his tongue.
- Do not attempt artificial respiration unless the person does not start breathing again after the seizure has stopped, which is unlikely.
- Do not offer the person water or food until he is fully alert.

There are also other types of seizures. Here are some things you can do to help someone who is having a seizure that appears as blank staring or loss of awareness, and may have involuntary blinking, chewing, or other facial movements

- Stay calm and speak reassuringly.
- Guide him away from dangers.
- Block access to dangerous items, but don’t restrain the person.
- Stay a distance away if he is agitated, but close enough to protect him until full awareness has returned.

Consider a seizure an emergency and call 911 if any of the following occurs:

- The seizure lasts longer than 5 minutes without signs of slowing down or if a person has trouble breathing after, appears to be in pain, or recovery is unusual in some way.
- The person has another seizure soon after the first one.
- The person cannot be awakened after the seizure activity has stopped.
- The person became injured during the seizure.
- The person becomes aggressive.
- The seizure occurs in water.
- The person has a health condition like diabetes, heart disease, or is pregnant.

More Information

- Find additional information on epilepsy (http://www.cdc.gov/epilepsy).

Source: http://www.cdc.gov/features/getseizuresmart/
Spring is the time of year when many things change—including the weather. Temperatures can swing back and forth between balmy and frigid. Sunny days may be followed by a week of stormy weather. Sometimes extreme weather changes can occur even within the same day. Mark Twain once said, “In the spring I have counted one hundred and thirty-six kinds of weather inside of four and twenty hours.” Thunderstorms cause most of the severe spring weather. They can bring lightning, tornadoes and flooding. Whenever warm, moist air collides with cool, dry air, thunderstorms can occur. For much of the world, this happens in spring and summer.

Because spring weather is so unpredictable, you may be unprepared when severe weather hits—particularly if you live in a region that does not often experience thunderstorms, tornadoes or flooding. And when severe weather hits unexpectedly, the risk of injury and death increases. So planning ahead makes sense; prepare for storms, floods, and tornadoes as if you know in advance they are coming, because in the spring, they very likely will.

Advance planning for thunderstorms, lightning, tornadoes and floods requires specific safety precautions. Still, you can follow many of the same steps for all extreme weather events. You should have on hand:

• A battery-operated flashlight, a battery-operated NOAA Weather Radio, and extra batteries for both
• An emergency evacuation plan, including a map of your home and, for every type of severe weather emergency, routes to safety from each room
• A list of important personal information, including
  • telephone numbers of neighbors, family and friends
  • insurance and property information
  • telephone numbers of utility companies
• medical information
  • A first aid kit may include
  • non-latex gloves
  • assortment of adhesive bandages
  • antibiotic ointment
  • sterile gauze pads in assorted sizes
  • absorbent compress dressings
• tweezers
• scissors
• adhesive cloth tape
• aspirin packets (81 mg each)
• First aid instruction booklet

( NOTE: Customize your first aid kit to meet your individual and family needs http://www.redcross.org/prepare/location/home-family/get-kit/anatomyExternal Web Site Icon)

• A 3–5 day supply of bottled water and nonperishable food
• Personal hygiene items
• Blankets or sleeping bags
• An emergency kit in your car

Prepare your family members for the possibility of severe weather. Tell them where to seek appropriate shelter as soon as they are aware of an approaching storm. Practice your emergency plan for every type of severe weather. Show family members where the emergency supplies are stored, and make sure they know how to turn off the water, gas, and electricity in your home.

Unfortunately, few of us get much advance notice of a severe weather event. Often by the time we are aware of an approaching storm, we have little if any time to prepare for it. But we do know that when spring arrives, thunderstorms, tornadoes, and floods are real possibilities. So why not take the surprise factor out of severe weather and prepare yourself, your family, and your home? Of course, you may not have to deal with extreme weather this spring, but if thunderstorms, tornadoes and floods do occur, you’ll be ready for them.

More Information

• Natural Disasters and Severe Weather (http://emergency.cdc.gov/disasters)
• Floods (http://emergency.cdc.gov/disasters/floods/)
• Tornadoes (http://emergency.cdc.gov/disasters/tornadoes/)

Source: http://www.cdc.gov/features/SpringWeather/
Reminder for RNs:

All Registered Nurses (RN), it’s time to renew your license. Please ensure a copy is sent to the office after you receive your new license from the State of Illinois. If your license has not been renewed by 05/31/14, you will not be allowed to work as a nurse until the license has been renewed. Please visit [www.idfpr.com](http://www.idfpr.com) for more information.