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**Sippy Cups Being Recalled due to Toxic Mold Risk**

More than 3 million spill-proof cups for children between 4 and 12 months old are being recalled by Mayborn USA because of the risk of mold that could cause sickness. This recall involves five types of spill-proof Tommee Tippee Sippee cups, all with a removable, one-piece white valve.

Click [here](#) to read the article.

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**Mold Takes Hold – Family Finds Nowhere to Turn**

Joaquin and Stephanie Waldroop of Lincoln City think they have been living with mold-infested walls for years, but the insidious problem became obvious to them only a few months ago.

*By then, they say, their health problems had started multiplying: body rashes, severe headaches, nosebleeds, colds that refused to quit. A child with kidney stones. Their baby’s teeth started to decay. Even their dog and cat had skin trouble.*

They didn’t realize, they said, that they smelled moldy, too. Friends and family didn’t want to mention it.

The family has lived in their southeast Lincoln City apartment for six years. In March, they said, the property owners finally responded to their long-standing complaint about a leak in the kitchen.

When a maintenance worker tore the wall open, he found a leak in an upstairs bathroom drain.

*By then, mold and fungus were blooming in the walls.*

“We notified four different onsite managers before anyone came to look at our wall,” Joaquin said. “After they saw the mold, workers came wearing haz-mat suits.”

In April, the Waldroops abandoned their home.

The biggest frustration, Joaquin said, was the feeling that they had nowhere to turn, no one who cared enough or who had power enough to help. Calls to the city were fruitless.

Click [here](#) to read the entire article.

See *Toxic Tort Statute of Limitations* page 2
Toxic Tort Statute of Limitations

Toxic tort cases may involve claims of injuries arising months or years after the date of alleged exposure. A recent Appellate Division Third Department decision addressed the application of the toxic tort statute of limitations in latent exposure cases.

Under CPLR § 214-c(2), the plaintiff in a personal injury action for damages must commence an action within a three-year statute of limitations. Unlike the normal three-year statute of limitations for personal injuries, which runs from date of injury, the CPLR § 214-c(2) time period begins to run from (a) the "date of discovery of the injury" by plaintiff, or (b) the date the injury should have been discovered by plaintiff through the exercise of reasonable diligence, whichever is earlier.

In Malone v Court W. Developers, Inc., 2016 N.Y. App. Div. LEXIS 3422 (3d Dep’t, May 5, 2016), plaintiff commenced an action alleging that he was exposed to toxic mold contamination in a building owned by defendant. Plaintiff alleged that this exposure caused personal injuries in the form of asthma and permanent allergies. The trial court granted defendant’s summary judgment motion and dismissed plaintiff’s complaint, reasoning that the action was barred by CPLR § 214-c(2) because plaintiff was aware of the primary symptoms of his injuries for more than three years prior to commencement of the lawsuit.

The Appellate Court disagreed and reversed the trial court’s decision. The Court held that the evidence showed that the plaintiff was exposed to the toxic mold within three years prior to the commencement of the action, and if plaintiff’s injury was due to this exposure, it would be time-barred by CPLR § 214-c(2). The Court then considered the possibility that plaintiff was exposed more than three years before commencement of the action, which presented the question of whether plaintiff discovered or should have discovered his injury more than three years before suit. The Court found that defendant failed, as a matter of law, to prove that plaintiff should have discovered his injuries more than three years before he filed suit. Although the plaintiff exhibited some modest physical symptoms at the time of exposure, plaintiff did not seek medical treatment or miss work because of these symptoms until months later. The Court thus found that plaintiff’s initial symptoms "were too intermittent and inconsequential to trigger the running of the statute of limitations pursuant to CPLR § 214-c(2)." [1]

This ruling may complicate defenses based on CPLR § 214-c(2) in latent exposure cases where a litigant’s symptoms remain comparably mild for an extended period of time.

Click here to read the article. (The contractors have been sentenced to a year in prison. Click here.)

Update on Boy Poisoned by Pesticide

GIHN Note: This story was originally covered in our October 1, 2015, newsletter.

Peyton McCaughey still puts on his baseball uniform and cleats, but he has to sit on the bench for the game. The 10-year-old is sidelined from much of what used to be his life.

Last August, just before his birthday, McCaughey was poisoned by a pesticide used to fumigate his family's Palm City, Florida, home.

The family says Terminix and a subcontractor called Sunland Pest Control, which has since shut down, botched a fumigation at their home. They say doctors told them the pesticides have caused Peyton brain damage and an unpredictable recovery.

It was the second time in a year that a Terminix job went terribly wrong. Just six months before McCaughey's poisoning, a Delaware family on vacation in the U.S. Virgin Islands fell horribly ill after methyl bromide was improperly sprayed in an adjacent vacation home without warning. That family suffered severe neurological injuries that keep them from having full control of their bodies.

Peyton is slowly getting better. He's able to go to school part-time, but he spends most of his days in intense therapy.

"We don't know if he can fully recover 100 percent or not. We have no idea," his mother said.

Click here to read the article. (The contractors have been sentenced to a year in prison. Click here.)
Stachybotrys spp. and the Guttation Phenomenon

The following abstract is from a paper titled “Stachybotrys spp. and the Guttation Phenomenon” by Dr. Manfred Gareis and Dr. Christoph Gottschalk.

Abstract:

The formation of guttation droplets is a long known property of various fungi. However, their composition, biological function and metabolism in fungi have hardly attracted deeper research interest. The highly toxic mould Stachybotrys (S.) chartarum chemotype S is supposed to play—amongst other factors such as endotoxins and microbial volatile organic compounds (MVOCs)—an important role in indoor air toxicity, mainly after water damage. The way of toxins becoming airborne and leading to exposure via inhalation, however, is still under discussion.

We hypothesised that guttation may be a factor for exudation of toxins into the environment. Therefore, selected isolates (n=15) of our own culture collection of Stachybotrys spp. (S. chartarum chemotype S, S. chartarum chemotype A, S. chlorohalonta) originating from various habitats were cultivated on malt extract agar for 3 weeks. All strains but one produced different amounts of guttation droplets, which were collected quantitatively and subjected to various independent analytical techniques like ELISA, effect-based bioassay (MTT cell culture test) and tandem mass spectrometry (LC-MS/MS).

Actually, the toxigenic isolates (n=5) produced highly toxic guttation droplets, which was confirmed by all methods. The concentration of macrocyclic trichothecenes, such as satratoxin G and H, ranged between the LOD and 7,160 ng/ml exudate and 280 and 4,610 ng/ml as determined by LC-MS/MS, respectively.

According to our knowledge, the ability of S. chartarum to produce toxic exudates is reported for the first time, which possibly plays an important role regarding its toxic potential in indoor environments.

Click here to read the full paper.

Research Paper on Penicillium and Guttation

This paper is titled “Guttation droplets of Penicillium nordicum and Penicillium verrucosum contain high concentrations of the mycotoxins ochratoxin A and B.” It was written by Dr. Manfred Gareis and Dr. Eva-Maria Gareis. Here is the abstract:

Eight of eleven ochratoxigenic isolates of Penicillium nordicum and Penicillium verrucosum produced guttation droplets when grown on Czapek yeast extract (CYA) agar for 10–14 days at 25 C. Parallel cultivation of one strain each of P. nordicum and P. verrucosum on malt extract agar demonstrated that higher volumes of exudate are produced on this agar. However, HPLC analyses revealed higher concentrations of ochratoxin A (OTA) and B (OTB) in droplets originating from cultures on CYA. [a portion of the abstract is not shown due to space constraints]

Extracts from exudates and corresponding mycelia as well as fungal free agar were analyzed by HPLC for the occurrence of ochratoxin A (OTA) and B (OTB). Mean concentrations ranging between 92.7–8667.0 ng OTA and 159.7–2943.3 ng OTB per ml were detected in the guttation fluids. Considerably lower toxin levels were found in corresponding samples of the underlying mycelia (9.0–819.3 ng OTA and 4.5–409.7 ng OTB/g) and fungal free agar (15.3–417.0 ng OTA and 12.7–151.3 ng OTB/g). This is the first report which shows that high amounts of mycotoxins could be excreted from toxigenic Penicillium isolates into guttation droplets.

Click here to read the full paper.

See Mold causes inflammatory responses on page 4
NIEHS Acknowledges that Mold Causes Inflammatory Responses

The potential health effects of mold contamination in buildings are of growing concern, especially after the flooding associated with Hurricane Katrina and Superstorm Sandy. Scientists have moved one step closer to understanding these effects with a study that reported, for the first time, mechanisms associated with both allergic and inflammatory responses in the lungs of mice exposed to mold through inhalation.

The paper, published in the journal Clinical and Experimental Allergy, was made possible by innovative methods used in a collaboration between the National Toxicology Program (NTP) and one of its member agencies, the National Institute for Occupational Safety and Health (NIOSH). The findings have implications for treatment of illnesses associated with mold exposure.

Response triggered by germination of spores

Researchers found that after inhaling spores from the mold Aspergillus fumigatus, the lungs of mice developed significant adverse changes, linked with both allergic and inflammatory processes.

Germination of the mold appears to play a key role in the process. “Until now, there has been very limited evidence that germination is necessary for these responses,” said Dori Germolec, Ph.D., leader of the NTP Systems Toxicology Group. The project was conducted in collaboration with Ajay Nayak, Ph.D. and Brett Green, Ph.D., of the NIOSH Health Effects Laboratory Division (HELD), and Donald Beezhold, Ph.D., HELD director.

“We need to consider germination as an important component of potential toxicity when studying fungi,” Germolec stressed. “However, while we have found germination necessary for Aspergillus, it may not be necessary for all fungi,” she said. “Some, for example, have much larger conidia, which may not even get into the lung.” Conidia are fungal spores involved in reproduction.

Treatment should consider both allergy and inflammation

The findings have important implications for treatment of individuals living or working in moldy environments. “We now understand more about the kind of disease that can develop,” Germolec said. “The findings suggest that treatment should not target inflammation or allergy alone, but should consider both.”

Researchers found that animals that experienced subchronic exposure, which lasted 13 weeks, showed changes in the lungs consistent with the development of allergic responses, although the mice were not previously allergic. Cells in the lungs and airways experienced chronic inflammation and expressed a cytokine called interleukin-13, which is a hallmark of allergic response and plays a key role in allergic inflammation and airway diseases.

This is a critical finding, as it demonstrates that a significant fraction of the T cells [immune response cells] that drive anti-fungal responses also contribute to the allergic outcomes,” the authors wrote.

…continued on page 5
NIEHS Acknowledges that Mold Causes Inflammatory Responses (continued from page 4)

These results provide valuable insights for treatment of individuals exposed to moldy environments, whether a school, business, or home,” said Stavros Garantziotis, “M.D., lead researcher for the NIEHS Natural History of Asthma with Longitudinal Environmental Sampling, or NHASE, study. He was not involved in the present research.

Innovative method overcomes earlier limitations

According to the authors, earlier studies were hampered by limited ability to control the dose of fungal particles, and by use of anesthesia in delivery of the substances. This team used a device, developed by NIOSH scientists, that can create and disperse dry mold spores at concentrations more like real-world human exposures.

NIOSH researchers previously used the device, an acoustical generator system, in studies of nanomaterials and silica. Its use in repeat dose toxicity studies for mold was tested and reported in the journal PLoS One in 2014.


Click here to read the article.

Click here to read the full paper from the 2014 study titled “A Murine Inhalation Model to Characterize Pulmonary Exposure to Dry Aspergillus fumigatus Conidia.”

Repeated Mouse Lung Exposures to Stachybotrys chartarum Shift Immune Response from Type 1 to Type 2

Here’s the abstract:

After a single or multiple intratracheal instillations of Stachybotrys chartarum (S. chartarum or black mold) spores in BALB/c mice, we characterized cytokine production, metabolites, and inflammatory patterns by analyzing mouse bronchoalveolar lavage (BAL), lung tissue, and plasma. We found marked differences in BAL cell counts, especially large increases in lymphocytes and eosinophils in multiple-dosed mice. Formation of eosinophil-rich granulomas and airway goblet cell metaplasia were prevalent in the lungs of multiple-dosed mice but not in single- or saline-dosed groups. We detected changes in the cytokine expression profiles in both the BAL and plasma.

Multiple pulmonary exposures to S. chartarum induced significant metabolic changes in the lungs but not in the plasma. These changes suggest a shift from type 1 inflammation after an acute exposure to type 2 inflammation after multiple exposures to S. chartarum. Eotaxin, VEGF, MIP-1α, MIP-1β, TNF-α and the IL-8 analogs MIP-2 and KC had more dramatic changes in multiple- than in single-dosed mice, and parallel the cytokines that characterize humans with histories of mold exposures versus unexposed controls. This repeated exposure model allows us to more realistically characterize responses to mold such as cytokine, metabolic and cellular changes.

Click here to read the abstract.

See Iowan fears his cancer caused by mold on page 6
Iowan Fears his Cancer Caused by Moldy State Building

There doesn’t seem to be any disagreement from state leaders that something has to be done about the leaking, moldy state office buildings. But to no surprise, they’ve had tremendous disagreement on how to fix the issues.

Rod Van Wyk gave 35 years of his life to public service in law enforcement in Ankeny. Now, he’s sick.

The 65-year-old said since he retired, he’s faced a number of health problems. He had a stroke the day after Christmas in 2014. Then last May, he wasn’t feeling so well.

“They sent me in for some tests and they found enlarged lymph nodes. I was later diagnosed with Hodgkin’s lymphoma,” Van Wyk said.

But that’s not where his health issues stop.

“There’s been some other issues with kidney stones and heart issues. Things I didn’t expect. I’m 65-years-old, I’m no spring chicken anymore, but I expected to be a little bit healthier than this.”

Van Wyk worked at one of the four buildings state leaders say are in much need of improvements: The Iowa Capitol, State Historical Building, Wallace Building and now the law enforcement academy on Camp Dodge in Johnston.

Van Wyk said he knew there was mold and moisture problem “simply because we had a myriad of leaky pipes and leaky roofs.” He went on to describe that there would be turkey pans below the leaking panels to catch the water.

Van Wyk’s case is not unique.

“One instructor died from a rare lung ailment. A secretary just retired that has exactly the same rare lung disease that worked in proximity with him,” Van Wyk said.

Potentially Deadly Mould in Royal Hobart Hospital Demountables

Builders at the hospital have been putting together a demountable building as part of construction work at the site.

The completion of the demountable has been plagued by delays after mould was discovered in at least 18 out of the 64 modules.

The $22 million building is designed to house patients while a major hospital redevelopment continues, but the building is yet to be declared fit for purpose.

Opposition Leader Bryan Green has now claimed in State Parliament an "illness cluster" has been identified among builders working on the demountable.

"These workers are now suffering respiratory conditions because you allowed them to be exposed to potentially deadly mould," he said.

He told Parliament sick workers had been sent home and work shut down.

"Anyone on the site must now wear a fully protective suit," Mr. Green said.

In a previous Question Time, Labor’s health spokeswoman Rebecca White revealed mould had been discovered in 18 out of 64 modules in the temporary building and the roof needed to be replaced.

Click here to read the article.

See Spain takes additional steps for MCS on page 7
Spain Continues to Take Steps for Multiple Chemical Sensitivity

Spain has incorporated Multiple Chemical Sensitivity (MCS) to its new International Classification of Diseases or ICD, released on January 1st 2016 under the name of ICD-10-ES.

Spain has thus consolidated its official recognition of the disease (expressed in 2014 through its explicit desire to include it in the existing classification at the time); and reaffirms its interest in moving forward for official protection of sufferers.

The procedures have been carried out by MP María del Carmen Quintanilla, member of Popular Party (PP) in collaboration with the Multiple Chemical Sensitivity and Environmental Health Information Service (SISS).

Daily suffering in solitude

"MCS is a tough disease —the MP points out— and limits enormously the quality of life of those affected by it, since it is characterized by the loss of tolerance to many synthetic substances present everywhere nowadays: food, tap water, clothing, cosmetics, paint, air fresheners, personal care products, cleaning products..."

María José Moya, head of the SISS and severely affected by MCS, corroborates this fact: "Indeed. It’s not like an allergy, where the individual can avoid what causes the problem since this is caused by only one substance."

When asked about this matter, Dr. Adrián Martínez, president of the Association for the Study of Food and Environmental intolerances of Alicante, stresses that "although there are different degrees of MCS, and besides the fact that some symptoms can vary among individuals depending on their body toxic loads, their previous health state and the chemical environment in which they live, sufferers often need to wear a mask if they go out since even low levels of exposure can affect them."

"Avoidance is vital—continues María José Moya—, because once MCS appears, the neuronal excitability that it causes increases reactivity, and this again reinforces excitability. It is a vicious cycle that tends to increase the number of intolerances, and at the same time to expand into other areas besides the 'synthetic'. For example, issues with gluten, lactose or natural irritating 'scents' are common."

The Popular MP provides figures on the problem: "In Spain it is estimated that MCS affects between 0.5% and 1% of the population."

"The most serious cases—warns Dr. Martínez— are forced to live in isolation at home, having to use extreme preventive measures in order to avoid contact with whatever harms them. However, instead of receiving support from their environment with such a complicated situation, they often encounter suspicion and lack of cooperation as result of the absence of empathy and understanding of the disease from those who act in such way."

MCS affects the central nervous system, which frequently produces neurocognitive alterations, migraines, dizziness, chronic fatigue and sensorineural intolerance (for example, to bright light). In addition to this, other systems such as respiratory, gastrointestinal or the heart can suffer dysfunctions.

Click here to read the article.
UPMC mold situation update: Use of Negative Pressure Rooms and Reconstruction of CTICU Before the CDC Arrived

The federal Centers for Disease Control and Prevention has yet to conclude the investigation it began last September of why four transplant patients at UPMC contracted mold infections and later died.

But its 17-member investigative team made clear in a “Notes from the Field” report it put online Thursday that it is still focused on the negative pressure room that three of the four patients stayed in at UPMC Presbyterian — and it is recommending that other hospitals not do what UPMC did.

Negative pressure rooms are designed for patients with an infectious disease to stay in so that any air they might infect does not get into the corridors or rooms where other immunocompromised patients are staying in an intensive care unit.

“Negative-pressure rooms are recommended for isolation of patients with a suspected or confirmed airborne infectious disease; this investigation highlights how unnecessary placement of immunocompromised patients in negative pressure rooms could result in net harm and therefore should be avoided,” the CDC wrote, in part.

All three of the Presbyterian patients — two heart transplants and one double-lung transplant — have died and all stayed in the only negative pressure room in its cardiothoracic intensive care unit before they became infected by a type of deadly mold called mucormycetes.

None of the three patients had an infectious disease and were only staying in the negative pressure room in UPMC Presbyterian because the cardiothoracic ICU there was full and there was nowhere else to place them, UPMC has said.

In response to Thursday’s CDC report, UPMC’s chief quality officer Tami Minnier said in an emailed statement, in part: “Our hope is that other medical centers will learn from our experience and implement the rigorous controls we voluntarily put in place to ensure patient safety.”

The CDC clearly pointed out that their investigation was likely somewhat hamstrung by UPMC taking on a reconstruction of the CTICU before they got there.

UPMC mold situation update: Use of Negative Pressure Rooms and Reconstruction of CTICU Before the CDC Arrived (continued)

In its preliminary report in December on the mold cluster at UPMC Presbyterian, the CDC also noted the role it believed the negative pressure room played in the infection and told UPMC it should no longer place immunocompromised patients in them. UPMC complied immediately.

The report also noted that after these infections UPMC changed the antifungal medication it gave transplant patients from voriconazole — which is ineffective against mucormycetes — to isavuconazole, which has been shown to be effective against the mold.

Brendan Lupetin, a Pittsburgh attorney representing the family of Che DuVall, 70, the double-lung transplant patient who died after contracting an infection at UPMC Presbyterian, was drawn to another paragraph in the report that noted that UPMC had already deconstructed the ICU before the CDC began its investigation.

“I thought it was interesting that the CDC clearly pointed out that their investigation was likely somewhat hamstrung by UPMC taking on a reconstruction of the CTICU before they got there,” he said.

Click here to read the article.

Click here to read the article about the $1.35 million settlement to the family of one of the patients who died.
Electronic cigarettes will now be regulated much like tobacco cigarettes and their sale to children banned, according to a new federal rule issued Thursday.

Under the rule, the U.S. Food and Drug Administration would have to approve all tobacco products not currently regulated that hit stores after February 2007. The e-cigarette industry was virtually non-existent before then.

Premium, hand-rolled cigars, as well as hookah and pipe tobacco, are also included in the new regulation, which federal officials call "historic." The rule prohibits selling "covered tobacco products" to people younger than 18, and buyers must show photo ID. It also requires health warnings be displayed on cigarette tobacco, roll-your own tobacco, and covered tobacco product packages and in advertisements; and bans free samples and the sale of covered products in vending machines not located in adult-only facilities.

The Tobacco Control Act of 2009 sets Feb. 15, 2007, as the latest date by which all tobacco products would have to have been grandfathered in. Mitch Zeller, head of the FDA's Center for Tobacco Products, has said publicly that he couldn't choose a later date, although industry officials disagree.

That means nearly every e-cigarette on the market — and every different flavor and nicotine level — would require a separate application for federal approval. Each application could cost $1 million or more, says Jeff Stier, an e-cigarette advocate with the National Center for Public Policy Research and industry officials.

An amendment to appropriations legislation working its way through the House would change the date so more e-cigarettes would be grandfathered in. White House Press Secretary Josh Earnest said Thursday that President Obama "takes a very dim view of attaching ideological riders to appropriations bills," but stopped short of threatening a veto of any legislation.

The proposed rule was released more than two years ago, in April 2014, and the final rule gives the industry two additional years to comply. The industry will have had "plenty of time to submit their applications," says Robin Koval, CEO of the Truth Initiative, an anti-tobacco health group.

However, stores have to comply with the rule in about three months (90 days from its publication May 10), and Zeller says contractors tasked with enforcement will be ready to "hit the ground running" on Day 91.

Ellen Hahn, a professor at the University of Kentucky College of Nursing and co-chair of the UK Tobacco-free Task Force, said the new rule is a good first step toward controlling e-cigarettes. "From a health perspective, to reduce the social acceptance of them is good because frankly, it's the wild, wild West out there," she says. "Vape stores are everywhere."

She says so-called "vaping" can get kids hooked on nicotine and threatens to prolong "the tobacco epidemic." E-cigarette use has been rising steadily, especially among youth. According to the U.S. Centers for Disease Control and Prevention, e-cigarette use among high school students rose from 1.5% in 2011 to 16% in 2015.

Matthew Myers, president of the Campaign for Tobacco-Free Kids, says the rule announced Thursday falls short in protecting children because it doesn't restrict the use of sweet e-cigarette flavors such as gummy bear and cotton candy even though the FDA's own data show flavors play a big role in youth use.

Click here to read the article.

See E-cigarette poisonings in kids on page 10
E-Cigarette Poisonings in Kids Skyrocket

The number of children under 6 poisoned by nicotine in e-cigarettes rose by nearly 1,500% between 2013 and 2015, and one child died, according to an analysis of calls to the National Poison Data System published in the journal Pediatrics.

More than 90% of the children swallowed the nicotine-laced liquid, known as e-juice, that is smoked inside e-cigarettes. Nearly half of the exposed children were under the age of 2.

The number of children exposed to e-cigarette products each month rose from 14 in January 2012 to 223 in April 2015.

"On average, every three hours, a poison center receives a call about a young child exposed to an e-cigarette or liquid nicotine," said the study's senior author, Dr. Gary Smith, director of the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio. "That's more than seven children each day."

The numbers of accidental poisonings skyrocketed because of the explosive popularity of e-cigarettes, Smith said. Their use among U.S. adults doubled between 2010 and 2013, and tripled among high school students from 2013 to 2014. That trend continues: Total sales are predicted to top $10 million by 2017.

Children in contact with e-cigarettes were 5.2 times more likely to be admitted to a health care facility and 2.6 times more likely to have a severe reaction than those exposed to traditional cigarettes.

"Liquid nicotine is very concentrated and easily absorbed into the body," Smith explained, "and can cause serious poisoning and death among young children after even small doses."

E-Cigarette Poisonings in Kids Skyrocket (continued)

Once nicotine enters the body, it rapidly affects the heart and circulation system, as well as the gastrointestinal and nervous systems.

"In this study," Smith said, "children exposed to e-cigarettes and liquid nicotine more commonly experienced severe clinical effects, such as seizure, coma and respiratory arrest, than children exposed to cigarettes."

"It is unacceptable," Smith said, "that children are being rushed to emergency departments in coma, with seizures or breathing failure, and dying. Child safety should be put first."

Click here to read the article.

Quick Links:

Website: http://globalindoorhealthnetwork.com

Health Effects: http://www.globalindoorhealthnetwork.com/health-effects


Next Newsletter: July 1, 2016