



THE Georgia Pediatrician

Volume 25, Issue 3, Fall 2015
 Evelyn Johnson, MD, FAAP, President
www.GAaap.org

Georgia Chapter
 American Academy of Pediatrics



From the President

Happy New Year to All!!! By now I guess we are all settled back into the joys and chores of work. I must say that I really enjoyed the slowed pace for a couple of weeks. We are absolutely back in full swing though now. And I am absolutely sure once I see all the hoopla for awards and recognition in the entertainment field: the Golden Globes, the Oscars, the People's Choice, the Critic's Choice, the Emmys, the Grammys, and it goes on and on. Wow! So much competition and to think, their success in their craft is judged so randomly by multiple people who are only tangentially their peers and who follow no "standard of craft," so to speak in judging.

Our position as pediatricians gives us the second best seat to see the babies grow up!

Well, I will take my career as a pediatrician any day over theirs. Don't get me wrong, I enjoy movies and music, but I feel so fortunate that my positive feedback comes from the happy kids (who really do say the darnedest things) and the thankful parents who let us know each and every day that we have "worth and value." And now, as I inch upon that 20-year milestone, it is even more astonishing to see the variety of young women and men who have grown up in my practice. Our position as pediatricians gives us the second best seat to see the babies grow up! I

am going to most certainly assert that this job is worth more than any statue those folks in Hollywood get.

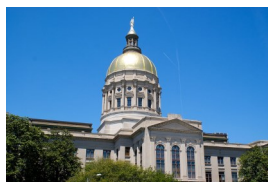
The Chapter staff is back in full gear also. With multiple quality improvement projects going on through National's CQN program everyone is busy. We have completed the Asthma CQN which was successful in improving the care for the kids involved as well as offering our pediatricians an up to date educational opportunity in Asthma management as well as the QI opportunity. The ADHD CQN is ready to start, with the Bright Futures and Adolescent CQN still recruiting and poised to start shortly. It is still amazing that we have been afforded the opportunity to participate in these QI projects which utilize local physician experts as well as those through National AAP. These are the type of projects we hope will afford our pediatricians exactly what they need to continue to provide excellent care for Georgia's children.

The Chapter also continues on a path to work with our fellow colleagues in Public Health as well as the state and federal programs of WIC and Head Start. As always we continue vigilant with educational efforts on enhancing immunization rates, partic-



Evelyn Johnson MD, FAAP
 President

Legislative Day at the Capitol



February 11, 2016, State Capitol, Atlanta

For more information, call 404-881-5091 or
 visit www.gaaap.org

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The Georgia Pediatrician is the newsletter of the
Georgia Chapter/American Academy of Pediatrics

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From the President...Continued

ularly with HPV. We have been able to pair up with our OB-GYN colleagues as well in this effort. The Commissioner of Public Health, Dr. Brenda Fitzgerald, has offered us an opportunity to join in their efforts to increase breastfeeding rates and reverse our rates of SIDS and SRD by participating in aggressive educational efforts with the states' Birthing Centers.

We continue to serve as a conduit for information on changes as they occur in pediatric practice. This year that has included in the Fall, a webinar on the process of establishing protocols for our doctors to provide access to medical cannabinoid oil as outlined through the changes approved by the State legislature last session. And with the new changes on reporting of NAS (neonatal abstinence syndrome), we are planning a webinar soon with the Department of Public Health on exactly what is required. Dr. Natalie Lane, of MCG, and our Emergency Medicine committee chair, is engaged in a statewide effort to develop a Disaster Preparedness program. I also encourage you to check out the website frequently as we often will note links to national webinars though our

We are indeed fortunate to have many ties at the national level. The expertise this places in our state is an enormous benefit for our kids and pediatricians.

collaboration with Dr. Stephanie Walsh from CHOA who sits on the NCE planning committee for the Section of Obesity. We are also planning an HPV QI project this spring in Albany and Columbus. Of note, Drs. Lane and Melinda Willingham also sit on their respective committee at the National AAP level. We are indeed fortunate to have many ties at the national level. The expertise this places in our state is an enormous benefit for our kids and pediatricians.

On the state political level, you recall that through the concerted efforts last session of the entire Georgia AAP led by Dr. Melinda Willingham, Chair Legislative Committee, and Mr. Rick Ward, we were able to help our legislators understand the dire straits primary care physicians faced after the enhanced reimbursement rates for the prior 24 months were lost from the federal level. We all helped them see what we do is often a complex job, for such "little people--and not having a raise in 15 years had placed us all in a precarious economic position. We made some progress in getting Medicaid/Medicare parity, but no statutes/or laws were passed to maintain or increase reimbursement rates, so we are going to have a challenge ahead of us this year again. You will likely receive this after Legislative Day, and hopefully we will have an even better show than last year. We will have to remain diligent to continue the push for parity, so please follow closely for any special activity that may be necessary with your state legislators.

New this year, is the change of the Jim Soapes Charity Golf Classic to a Spring event, on April 26. Living in the South gives us the opportunity to actually have and enjoy spring at its best, so come on out and play. You deserve it, and of course it is for a good cause. Again, I give a call out to each of you to let us know if you have a particular interest in a committee or taskforce. We can always use an extra hand and I promise you will have fun! I'll close for now. Enjoy your "Awards!" See you soon.

Peace,
EJ

Evelyn Johnson, MD, FAAP
Chapter President

Public Health News & Chapter Updates

Immunization News

Metro Atlanta Practices Wanted for Sentinel Pertussis Surveillance

Georgia is one of seven Emerging Infection Program (EIP) states selected by the Centers for Disease Control and Prevention (CDC) to participate in an Enhanced Pertussis Surveillance (EPS) Project. The objectives of the project are as follows:

- To determine the incidence and epidemiologic characteristics of *Bordetella pertussis*;
- To characterize the molecular epidemiology of circulating strains of *Bordetella pertussis*; and
- To monitor the impact of pertussis vaccines

The project also endeavors to determine

Georgia is one of seven Emerging Infection Program states selected by the CDC to participate in an Enhanced Pertussis Surveillance Project.

the epidemiologic characteristics of other *Bordetella* species (specifically, *B. parapertussis*, *B. bronchiseptica*, and *B. holmsesii*) and characterize the molecular epidemiology of circulating strains of these other *Bordetella* species.

Since its inception, data collected through the EPS system has maintained a higher level of completeness than surveillance data reported through the National Notifiable Disease Surveillance System (NNDSS). Additionally, EPS now serves as the key source of *B. pertussis* isolates for CDC, accounting for more than 50% of isolates received annually during 2011-2013.

In Georgia, EPS is conducted in the 8-county metropolitan area of Atlanta, which includes Fulton, DeKalb, Gwinnett, Newton, Rockdale, Cobb, Douglas and Clayton counties. As part of Georgia's EPS activities, the Georgia Department of Public Health (DPH) and EIP staff investigate and collect enhanced case report information on all reported pertussis cases. Additionally, the DPH

and EIP seek to maximize acquisition of isolates and other specimens from suspect pertussis cases by promoting centralized testing at the Georgia Public Health Laboratory (GPHL) and establishing a network of pertussis sentinel site providers.

The DPH, in collaboration with EIP and the CDC, is actively recruiting pediatric practices in the 8-county metropolitan area of Atlanta to participate as sentinel providers for EPS. These sentinel sites will play a critical role in early detection, characterization and control of pertussis in Georgia. Sentinel sites will be asked to notify public health when a case of pertussis is suspected, collect specimens for culture and/or PCR for all suspect cases, and submit them to the GPHL.

Specimen collection kits, shipping and testing will be provided by DPH. Additionally, continuing education units (CEUs) will be available for any sentinel provider staff associated with the project.

If your practice is interested or would like additional information on becoming a pertussis sentinel site provider, please contact Ebony S. Thomas at Ebony.Thomas@dph.ga.gov or Jessica Tuttle at Jessica.Tuttle@dph.ga.gov or by calling 404-657-2588.

Georgia WIC Update

New Food Package Issuance Rule

As of January 1, 2016, Georgia WIC will only issue a child's food package with milk or toddler/children's formulas to participants after their first birthday. Previously, WIC allowed infants to transition to whole milk, or milk alternative, during their eleventh month. This new rule will result in participants being issued formula and infant foods on vouchers issued through their first birthday.

Medical Documentation Form Update: Release of Information for Participants

In April 2016 the Georgia WIC Medical Documentation Form will be revised to include a section for participant Release of Information. This allows the WIC participant and/or caregiver to authorize the prescribing health care provider and

Georgia WIC to coordinate care and discuss feeding needs. When possible, please have the participant complete this section at the provider's office prior to faxing the form to the clinic. The Georgia WIC Medical Documentation Form and other resources are available at: www.dph.georgia.gov/wic-formula-resources

If you have any questions or comments regarding the information provided, please contact Kyla Crane, RD, LD, the Chapter's Nutrition Coordinator at kcrane@gaaap.org or call 404-881-5093.

Registration Open for the Spring Session of the Pediatric Growth & Endocrinology ECHO® Program!

In July, the Chapter launched Project ECHO® (Extension for Community Healthcare Outcomes) a virtual model of health care education and information sharing through an educational grant received from the American Academy of Pediatrics-supported by Novo Nordisk. Community pediatricians, nurses, and other clinical staff participate in bi-monthly "virtual clinics" with our pediatric endocrinology expert. This is an educational approach that differs from telemedicine; as ECHO® clinics focus on tele-mentoring & education rather than direct clinical care.

Community pediatricians, nurses, and other clinical staff participate in bi-monthly "virtual clinics" with our pediatric endocrinology expert.

This project is designed to expand the capacity of primary care practices to provide evidence-based, pediatric growth & endocrinology care in Georgia. Practices are given access to a subspecialist to provide consultation on all

(Continued on page 4)

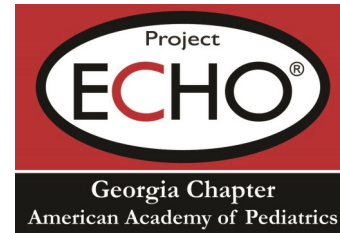
Public Health News & Chapter Updates

topics within pediatric endocrinology. Our expert, Farah Khatoon, DO, MPH, a pediatric endocrinologist at Navicent Health –The Children’s Hospital in Macon, GA, is our lead faculty. In each clinic, Dr. Khatoon leads the group with an introduction, a didactic presentation, followed by a case study shared from a practice. The learning group meets for 8 clinics within each learning session. Clinics are offered twice a month- the second & fourth Thursday of every month from 12:30-1:30 pm.

This program provides benefits to practices throughout the state - those that are located in an area with limited subspecialist and also within areas where subspecialist are available but may have long wait times for patients to be seen. We encourage all primary care providers & staff including: pediatricians, family physicians, physician assistants, nurse practitioners, nurses, and medical assistants to participate. As an additional benefit, complimentary CME is provided as 1 hr. per clinic (A maximum 8

This project is designed to expand the capacity of primary care practices to provide evidence-based, pediatric growth & endocrinology care in Georgia.

CME Credits per learning session), and we also offer nursing credits to encourage participation from nurses within your practices.



Register Now Pediatric Growth & Endocrinology ECHO® Spring Session (March-June 2016)

Registration forms are available online at www.Gaaap.org.

Please contact Kyla Crane, RDN, LD at kcrane@gaaap.org or 404-881-5093 for more information.

This Continuing Medical Education (CME) Program is brought to you by the American Academy of Pediatrics-supported by an educational grant from Novo Nordisk.

The Georgia Chapter of the American Academy of Pediatrics is accredited by the Medical Association of Georgia to offer continuing medical education to physicians. The Georgia Chapter of the American Academy of Pediatrics designates this live internet activity for a maximum of 8.0 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pediatrics by the Sea & Pediatric Coding Conference

June 8-11, 2016

The Ritz Carlton, Amelia Island, FL

For more information, visit www.GAAap.org or call 404-881-5091.

Georgia AAP Member Practices Complete Asthma CQN4 Project!

2015 Asthma QI Learning Collaborative Ends with Measurable Improvements in Asthma Care

In January 2015, twenty Georgia AAP member practices led by Brad Weselman, MD and Dixie Griffin, MD embarked on an 11-month journey to transform asthma care in their pediatric practices. We are pleased to announce that their journey is complete and they have successfully implemented changes in their practices that have improved the care of their asthma patients and their families.

Under the guidance and coaching of the national AAP Chapter Quality Network (CQN) leadership team, participating clinicians were able to learn and utilize quality improvement techniques to improve office workflows and treatment protocols of their asthma patients. Jonathan Popler, MD, Georgia Pediatric Pulmonology Associates, served as the asthma expert for the the project. His

Participation in the Asthma CQN4 Learning Collaborative has empowered both the chapter and its members to utilize quality improvement initiatives...

expertise helped guide the participants in obtaining a better knowledge and understanding about utilizing Spirometry with their asthma patients. Opportunities were also gained in improving support of families through increasing the use of self-management education materials.

There was a 24% average increase of eligible asthma patient encounters that met the Optimal Asthma Care criteria: 1) stepwise approach used to identify treatment options or adjust therapy, 2) patient has a current asthma action plan, 3) on a controller medication, if patient has persistent asthma. This is documented in

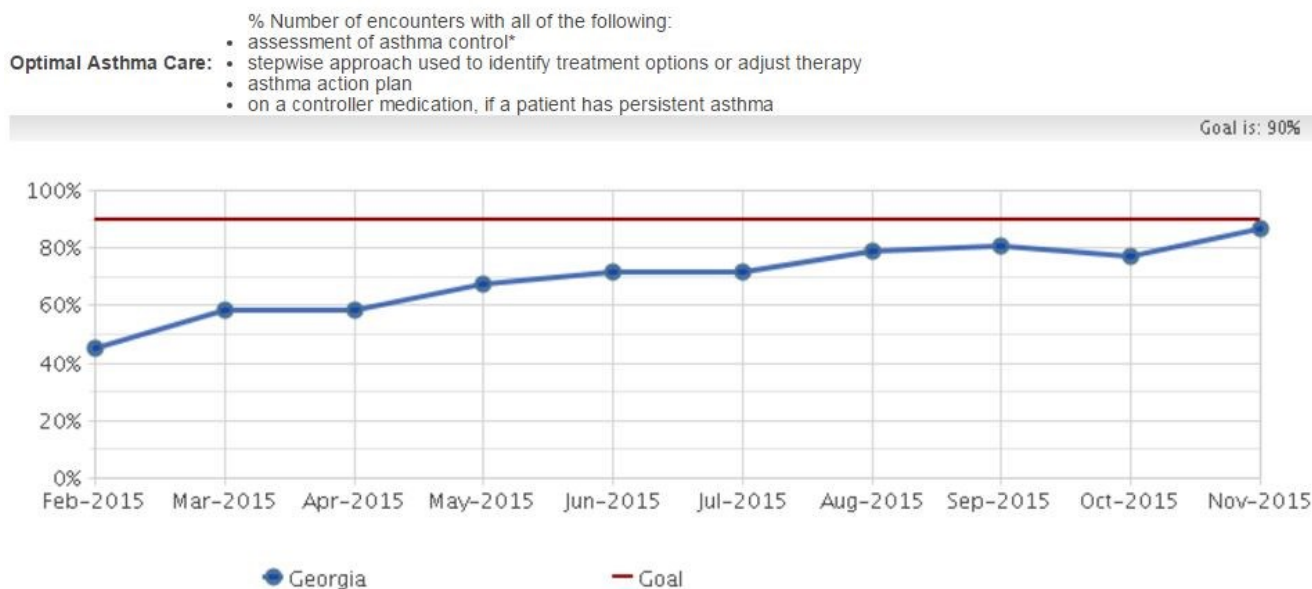
the graphic below.

Congratulations to all the participating practices! Affinity Pediatrics - Tifton; All About Kids Pediatrics - Lawrenceville; Ayman Al-Jabi MD, PC - Brunswick; Children's Medical Group - Atlanta; Decatur Pediatric Group - Clarkston; Dr. Soos Pediatrics - Dublin; Dunwoody Pediatrics - Dunwoody; Grayson Pediatrics - Grayson; Johns Creek Pediatrics - Suwanee; Peachtree Park Pediatrics - Atlanta; Pediatric Associates - Marietta; Pediatric Associates of Johns Creek - Suwanee; Pediatric Associates of North Atlanta – Peachtree Corners; Pediatrics Village – Peachtree City; Peds Care – Dalton; Rivertown Pediatrics - Columbus; Roswell Pediatrics - Alpharetta; Southern Family Medical Center - Augusta; Wellstar Towne Lake Pediatrics - Woodstock; White's Pediatrics - Dalton.

Participation in the Asthma CQN4 Learning Collaborative has empowered both the chapter and its members to utilize quality improvement initiatives to “attain optimal physical, mental, and social health and well-being for all children”. Georgia AAP has continued its commitment to quality improvement by offering four new learning collaboratives for 2016 – ADHD, Adolescent Substance Use, Bright Futures, and HPV.

Brad Weselman, MD, FAAP
Metro Atlanta Physician Lead
Atlanta

Dixie Griffin, MD, FAAP
Outstate Georgia Physician Lead
Tifton



Tobacco News: AAP Section Releases New Policies & Technical Reports

This fall, the Section on Tobacco Control, which was formed in 2012 as a provisional section, became an official section of the AAP. Its mission is to prevent tobacco initiation and exposure, to treat dependence, and to eliminate children's exposure to tobacco, including secondhand smoke and nicotine. All AAP members and non-AAP members (Affiliate Members) may join without paying any dues. To become a member, complete an application at this website: <http://www2.aap.org/richmondcenter/SOTCo/HowToJoin.html>

The Department of Housing and Urban Development proposed a rule in November 2015 that would require all public housing agencies in all states to make public housing smoke-free.

In October 2015, the White House received the "deeming regulation," which extends The Food and Drug Administration (FDA)'s authority to regulate electronic cigarettes, hookahs, and little cigars. Finalization of this rule will prevent new tobacco products from being sold to minors or from being given

away as free samples. If finalized, these products will require warning labels about health hazards and will require registration with the FDA for review.

In October 2015, the Section on Tobacco Control released three policy statements (Clinical Practice Policy and Public Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke, plus Electronic Nicotine Delivery Systems) and one technical report (Protecting Children From Tobacco, Nicotine, and Tobacco Smoke), all of which can be accessed at <http://www2.aap.org/richmondcenter/sotco/resources.html>.



Alice Caldwell, MD

On January 1, 2016, Hawaii became the first state to raise the legal smoking age to 21. The new law also bans the sale, purchase or use of electronic cigarettes for people under the age of 21. New York City has also raised the age to 21, while other states are considering similar legislation. Since 90% of cigarette smokers begin by age 18, this legislation has the potential to impact early smoking initiation. The AAP advocates for raising the legal smoking age through its Tobacco21 program.

The Department of Housing and Urban Development proposed a rule in November 2015 that would require all public housing agencies in all states to make public housing smoke-free. According to the CDC, second hand smoke exposure is higher in persons of low income (60.5% of people living below the poverty line in 2007-2008).¹ Children, who live in multi-unit housing, where no one smokes inside, have 45% higher cotinine levels than children living in single-family homes. The ban would include lit tobacco products, but not electronic cigarettes, in all residences, common areas and administrative offices, all in an attempt to eliminate secondhand smoke exposure, particularly in children and the elderly.

Alice Little Caldwell, MD, MPH, FAAP
Editor, The Georgia Pediatrician
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Augusta

1. CDC. 2015. Secondhand Smoke (SHS) Facts. August 20, 2015. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

Mark Your Calendars!



Georgia Pediatric Practice Managers & Nurses Association Spring Meeting

April 29, 2016
Middle Georgia State College, Conference
Center, Macon

For more information visit www.GAaap.org or call
404-881-5067.

Important Nutrition Stories for 2015

Last year brought us many papers, review, & studies not unlike previous years. Here are five studies that stood out as especially significant in pediatric nutrition.

A low FODMAP diet (Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols) **is helpful in pediatric irritable bowel syndrome (IBS).** [1] In a double-blind, cross-over trial, children with Rome III IBS completed a 1-week baseline period then they were randomized to a low FODMAP diet or typical American childhood diet. After a 5-day washout period, the 33 children, who completed the study, crossed over to the other diet. In childhood IBS, a low FODMAP diet was found to decrease significantly abdominal pain frequency. Gut microbiome biomarkers, were also studied. This study extends the observation of this diet's efficacy in many adults with irritable bowel syndrome and/or 'gluten sensitivity.' [2, 3]

Curcumin has been shown to be helpful for mild to moderate ulcerative colitis (UC). [4] The findings were summarized by the Nutrition4Kids blog ("Curcumin Helps [A Lot] in Ulcerative Colitis: Curcumin Helps Induce Remission in Mild-to-Moderate Ulcerative Colitis"). That's big news for many reasons: first, this Indian spice (derived from tumeric) is inexpensive and well-tolerated; second, in a well-designed scientific study, curcumin showed that it was more effective than some medicines; and third, it showed, again, that careful trials of long-used herbs can be done with important results being shown. This new study compared curcumin to a placebo in patients who were not doing well on the standard therapy (mesalamine) for mild to moderate UC. With a single daily dose of 3 grams of curcumin in capsule form, 65% responded (compared to 12% with a placebo) and 54% actually went into remission with essentially no symptoms. Perhaps even, more importantly, 38% of those taking the curcumin showed improvement in the intestinal tissue when a colonoscopy was performed. These results are comparable or better compared to some of the medications that are being used.

Exclusive enteral nutrition is an effective alternative treatment for Crohn's disease. [5]. The findings of a recent study have been highlighted by the GutsandGrowth blog ("Head-to-Head: Nutritional Therapy versus Biological Therapy in Pediatric Crohn's Disease"). In this prospective study, the authors studied treatment initiation in children (n=90), comparing partial enteral nutrition (PEN, n=16), exclusive enteral nutrition (EEN, n=22), and anti-TNF therapy (n=52). **Results:** Clinical response, defined by PCDAI (Pediatric Crohn's Disease Activity Calculator) reduction ≤ 15 or final PCDAI ≤ 10 , was achieved by 64% PEN, 88% EEN, and 84% anti-TNF. Fecal calprotectin ≤ 250 was noted in 14% PEN, 45% EEN, and 62% anti-TNF. Because of the discrepancy between EEN and PEN, the authors speculate that the "efficacy of EEN may be a consequence of elimination of table food rather than providing a uniquely therapeutic method of delivering nutrients." They note that "choice of formula has not impacted the efficacy of enteral nutrition." Overall, Anti-TNF therapy was as effective or more effective than EEN. And, "for patients who prefer treatment with a nutrition-based therapy, EEN seems superior to PEN."

Early enteral nutrition & early aggressive intravenous fluids to improve outcomes of pediatric pancreatitis.[6]

The findings were summarized in a recent GutsandGrowth blog ("Changing Practice Patterns with Pediatric Pancreatitis"): Starting in January 2014, Cincinnati Children's began re-summing enteral nutrition within 48 hours for children presenting with acute pancreatitis. This retrospective study assessed this practice in 201 patients & compared with prior experience dating back to 2009. To be included, patients had to have mild acute pancreatitis based on the Atlanta criteria (Gut 2013; 62: 102-11).



Jay Hochman, MD

Most patients were orally fed. **Key Finding:** Length of stay was 2.9 days in the early EN group compared with 4.4 days in the NPO group ($P < .0001$). It is noted that the NPO group did include 24% with severe acute pancreatitis compared with 6% in the early EN group. The authors note that "EN remains an integral part of management which has been associated with a lower incidence of infection, multiorgan failure, lower mortality rates, and a shorter hospital stay in adult patients with AP [acute pancreatitis]... Our study shows that oral feeds represent a safe and a feasible strategy in mild AP." Because this is a retrospective study, this limits the interpretation of these findings.

The LEAP (Learning Early About Peanut) Study showed that early introduction of peanuts lowers the risk of peanut allergies.

One last study: **The LEAP (Learning Early About Peanut) Study which showed that early introduction of peanuts lowers the risk of peanut allergies.** [7] For those who missed this story, a good summary is available at the NEJM blog (<http://blogs.nejm.org/now> search "peanut allergy") or 1 minute video summary: <http://nejm.md/1ATy9oZ>

Jay Hochman, MD

Chair, Committee on Nutrition

Georgia AAP

Blog: gutsandgrowth.wordpress.com

1. Chumpitazi BP, et al. Randomised clinical trial: gut microbiome biomarkers are associated with clinical response to a low FODMAP diet in children with the irritable bowel syndrome. *Aliment Pharm Ther* 2015; 42: 418-27
2. EP Halmos. A Diet Low in FODMAPs Reduces Symptoms of Irritable Bowel Syndrome. *Gastroenterol* 2014; 146: 67-75
3. JR Biesiekierski et al. No Effects of Gluten in Patients With Self-Reported Non-Celiac Gluten Sensitivity After Dietary Reduction of Fermentable, Poorly Absorbed, Short-Chain Carbohydrates. *Gastroenterol* 2013; 145: 320-28
4. A Lang et al. Curcumin in Combination With Mesalamine Induces Remission in Patients With Mild-to-Moderate Ulcerative Colitis in a Randomized Controlled Trial. *Clinical Gastroenter Hepatol* 2015; 13: 1444-9.
5. D Lee et al. Comparative Effectiveness of Nutritional and Biological Therapy in North American Children with Active Crohn's Disease. *Inflamm Bowel Dis* 2015; 21: 1786-93.
6. FK Szabo et al. Early Enteral Nutrition and Aggressive Fluid Resuscitation are Associated with Improved Clinical Outcomes in Acute Pancreatitis. *J Pediatr* 2015; 167: 397-402
7. G Du Toit et al. Randomized trial of peanut consumption in infants at risk for peanut allergy. *NEJM* 2015; 372: 803-13

The Future of Pediatrics

It is an interesting time to be a Pediatrician. The pace of change in the business of practicing Pediatrics equals or exceeds the rate of clinical developments. Here are some predictions about the future of our profession:

Paper records will become an endangered species. There will continue to be holdouts, just as there are a few people who still use typewriters or play records, but more and more Pediatricians will move to electronic records. In the past decade paper records have gone from the overwhelming majority to a small minority. Electronic records are clearly superior for recording and retrieving information, both clinical and administrative.

The ability to collect and analyze data (both clinical and administrative) will be essential for assessing current practices, implementing changes and measuring improvement.

Retail-based clinics (RBC) will reach a saturation point. Consumers love convenience. RBCs satisfy the desire for care when and where the parent wants it. Pediatric offices can certainly make their services more consumer oriented, but they cannot compete with RBCs on location and hours. Eventually, parents will realize the limitation of RBCs and will learn to value the quality, consistency and long-term relationship that the Pediatric office provides. Most parents eventually realize that McDonalds is an occasional necessity, but home-cooked meals (or an intimate family restaurant) are better for their family.

Quality will be king. Everyone is sure they practice high

quality medicine, but until you measure and compare yourself to benchmarks you can't really know. The Maintenance of Certification process from the American Board of Pediatrics has generated a lot of comments and criticism. However, their focus on Quality and the Quality Improvement (QI) process should be welcome by Pediatricians as these are necessary skills for you and your practice to survive and thrive. Fortunately, these days most Pediatric residents receive training in QI as part of their curriculum so they enter practice expecting to utilize QI on a regular basis. This should help narrow the "Quality Chasm" where it can take 10 years or more for changes in clinical recommendations to be widely adopted.



Robert Wiskind, MD

Successful practices will be able to demonstrate they provide quality, cost-effective care. It will no longer be sufficient for Pediatricians and practices to have good reputations and practice quality medicine; they will need to prove this to insurers and consumers. The move towards value-based measurements makes sense as health care expenditures continue to grow and the gap between the cost of care and the benefit provided widens for many treatments. The ability to collect and analyze data (both clinical and administrative) will be essential for assessing current practices, implementing changes and measuring improvement.

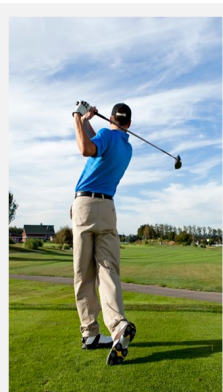
Pediatricians will band together to prove their value. Solo physicians and small group practices will continue, but they will need to affiliate with larger groups to survive. Clinically integrated networks, accountable care organizations and other collaborative efforts allow solo and small groups to realize the economies of scale that larger groups enjoy. They can provide clout in contracting and other financial arrangements. They can provide the information technology infrastructure and analytic capabilities that are necessary to demonstrate quality and cost effectiveness. If Pediatricians want to maintain their autonomy they need to figure out how to collaborate and get bigger.

Unlike Nostradamus, I don't expect these predictions to be studied by scholars in years to come. If you have a short retirement horizon (3-4 years) you can continue practicing Pediatrics the way you always have. If not, you should care about the future of Pediatrics, conduct your own analysis of what will be needed for your practice and our profession to survive and thrive in the future and work towards those goals. If you do, you will feel more in control of your own destiny. I am supremely confident in that final prediction.

Robert Wiskind, MD, FAAP
Past President, Georgia AAP
Atlanta

FORE!

JIM SOAPES
CHARITY GOLF
CLASSIC
*moves to the
Spring!*



April 26, 2016
Cherokee Run, Conyers

For more information visit www.GAaap.org or call
404-881-5067.

How ‘Healthy Beginnings’ Can Improve Effectiveness of the Medical Home

Poverty is a critical risk factor for poor developmental outcomes in children, with deficits detected as early as infancy. Poorer cognitive outcomes, school performance, antisocial behaviors, and mental disorders are all linked to poverty. Social determinants of children’s health are also known to contribute to gaps in school readiness. To close this gap, early childhood programs with health components are needed, especially ones that improve the effectiveness of the Medical Home.

The goal of *Healthy Beginnings* is to ensure that children are healthy, developing on track, and thriving socially and emotionally, to achieve academic success.

Healthy Beginnings seeks to bring about health equity through community-based, coordinated care that ensures all children in the program have health insurance, and receive ongoing health care including timely immunizations in their Medical Home. The child’s developmental progress is monitored and, where indicated, they are referred for early intervention or special education services. Families are supported in addressing issues

...seeks to bring about health equity through community-based, coordinated care that ensures all children in the program have health insurance, and receive ongoing health care...

related to social determinants of health known to limit their ability to raise healthy children.

Healthy Beginnings, a United Way of Greater Atlanta program, was initially developed with the Sheltering Arms Educare Atlanta early learning program in southwest Atlanta, and has since expanded into two additional childcare programs in the area.

Healthy Beginnings Pillars

Health Navigation/Care Coordination. The Health Navigator, a registered nurse employed by Children’s Healthcare of Atlanta, is located in community childcare programs. During a family health intake, the navigator identifies health needs and potential barriers to address those needs, while developing a nonjudgmental relationship with the family. Using knowledge of community resources, they serve as a liaison between the family and the Medical Home, often translating and validating prescribed health promoting interventions. Using *Bright Futures* from the American Academy of Pediatrics, the navigator prepares parents to navigate successfully the important offerings of the Medical Home, including ongoing surveillance for healthy growth and development.

Health Education. The Health Navigator works with families to provide health education based on their specific needs. The Health Educator, a United Way of Greater Atlanta AmeriCorps

member, coordinates workshops provided by health experts from the community. Through a community needs assessment, health-related education surfaced as an opportunity to empower families in actively taking control of their journey to health and wellness. From learning about the effect of housing on asthma, for example, to normal developmental milestones, families actively participate in free, interactive workshops.

Community Partnerships/Advisory Board. An Advisory Board representing a network of community organizations includes members from the early education, pediatric, behavioral health, education, and public health fields as well as state and federal agencies to provide overall governance for the program. The strong relationship between *Healthy Beginnings* and community organizations—such as Federally Qualified Health Centers, workforce development programs, and social service agencies—facilitates the ability to connect families to these services.

Multidisciplinary Team Approach. This process identifies high priority children and families who require additional support. The team consists of childcare staff, a Health Navigator, a Health Educator, a Behavioral Health Specialist, and other community partners. An individual plan is developed and serves as a contract between the family and team members, with activities, timelines, and staff responsible for completion outlined. The team meeting may also result in referrals to early

The team consists of childcare staff, a Health Navigator, a Health Educator, a Behavioral Health Specialist, & other community partners.

intervention, special education, or behavioral health supports. Recommendations made by the team are shared with the Medical Home through the Health Navigator.

Behavioral Health/Social-Emotional Development. Successful social and emotional development of the young child is a key component of the program. As such, a close partnership with Fulton County’s Oak Hill Child, Adolescent and Family Services was developed. Where indicated, behavioral health specialists provide on-site support to children, families, and teachers to ensure the social-emotional health of the child.

Data Collection/Evaluation. All *Healthy Beginnings* activities are collected in a database. This allows staff to track child-specific actions to determine progress and identify areas for program improvement. Annual evaluation reports are created that include performance measures and overall program development.

As a result of *Healthy Beginnings* support during the 2014-

(Continued on page 11)

Importance of Play in Children's Development

Editor's Note:

This article shares information on the importance of play in children's development. The American Academy of Pediatrics will be releasing formal recommendations in the coming year on the role of media in children's lives, which will be the focus of the Pediatrics for the 21st Century (Peds21) program prior to the 2016 AAP National Conference & Exhibition.

Play is critical for children's development because it provides time and space for children to explore and gain skills needed

When children play, they...enhance their problem solving and flexible thinking, learn how to process and display emotions, manage fears, and interact with others.

for adult life. Children's playtime has steadily decreased due to limited access to play spaces, changes in the way children are expected to spend their time, parent concerns for safety, and digital media use. Between 1981 and 1997, the amount of time children spent playing dropped by 25 percent.¹ During this same time period, children ages 3-11 lost 12 hours a week of free time and spent more time at school, completing homework, and shopping with parents.²

Play can be defined as "any spontaneous or organized activity that provides enjoyment, entertainment, amusement or diversion."³ When children play, they engage with their environment in a safe context in which ideas and behaviors can be combined and practiced. Children enhance their problem solving and flexible thinking, learn how to process and display emotions, manage fears, and interact with others.⁴ Free, unstructured play allows children to practice making decisions without prompted instructions or without having to achieve an end goal. They can initiate their own freely chosen activities and experiment with open-ended rules.

Social changes and new technologies have greatly impacted the way children play and the amount of free time they are given. Children's playtime continues to decrease as a result of:

- Emphasis on academic preparation at an early age-30% of American kindergarteners no longer have recess.¹
- Electronic media replacing playtime- 8-10 year olds spend nearly 8 hours a day engaging with different media, and 71% of children and teenagers have a TV in their bedroom⁵
- Less time spent playing outside-a study following young children's play found that kids under 13 years old sometimes spend less than 30 minutes a week outside.
- Perceived risk of play environments-in one study, 94% of parents cited safety concerns, e.g. street traffic and stranger danger, as a factor influencing where their children's play.¹
- Limited access to outdoor play spaces-only 20% of homes in the U.S. are located within a half-mile of a park.¹

As a result of reduced playtime, children are spending less time being active, interacting with other children, and building essential life skills, such as executive functioning skills, which they will use as adults.⁶ During well-child visits, healthcare professionals can inquire about children's playtime and media usage, and provide suggestions to promote quality playtime. The American Academy of Pediatrics recommends health professionals pick two targeted questions to ask parents at well-child visits such as:

- The number of hours the child spends engaged in screen time
- The presence of digital devices in the child's bedroom.⁵

Children's play behaviors may vary based on cultural norms and family preferences. While some cultures emphasize individualism and independent play, others engage in more parent-directed play and activities. This can influence how children play with toys and interact with their peers and family members.⁷ To help provide advice to families with different values, styles of play, and communication, health professionals can offer these recommendations from the American Academy of Pediatrics:

- Allow for 1 hour a day of unstructured, free play⁵
- Limit child's media time to less than 1 to 2 hours a day
- No media usage for children under 2
- Establish "Screen free zones" by keeping TVs, computers and video games out of children's bedrooms
- Limit "background media" use during playtime and family activities because it is distracting for children and adults
- Establish a plan for media use, e.g. when and where media is used and length of time child uses media

About Pathways.org:

Pathways.org is a national not-for-profit dedicated to maximizing children's development by providing free tools and resources for medical professionals and families. To help parents learn about important topics in development and milestones for their child, Pathways.org provides free supplemental materials for well child visits and parent classes.

[1] Bishop, Ronald. Go out and play, but mean it: Using frame analysis to explore recent news media coverage of the rediscovery of unstructured play. *The Social Science Journal*. 2013; 50(4): 510-520.

[2] S. Hofferth, J.F. Sandberg, Changes in American children's time, 1981-1997

[3] Parham, D & Fazio, S. *Play in Occupational Therapy for Children: Second Edition*. Mosby, inc; 2008.

[4] Ginsburg, Kenneth R. "The importance of play in promoting healthy child development and maintaining strong parent-child bonds." *Pediatrics*. Jan. 2007: 182. *Academic OneFile*. Web. 23 Feb. 2015.

[5] Children, Adolescents, and the Media. From the American Academy of Pediatrics: policy statement. *Pediatrics*. 5 Nov. 2013; 132 (5): 958-961.

[6] Lillard, A. Peterson, J. The Immediate Impact of Different Types of Television on Young Children's Executive Function. *Pediatrics*. 1 Oct. 2011.

[7] Farver, J.M., Y.K., & Lee, Y. Cultural Differences in Korean- and Anglo-American Preschoolers' Social Interaction and Play Behavior. *JSTOR*. Aug 1995: 66(4); 1088-1099.

How 'Healthy Beginnings' Can Improve Effectiveness of the Medical Home...continued

2015 school year, 97% of children participating in *Healthy Beginnings* had health insurance coverage, a primary care provider, with a visit to their provider at least annually. 96% of children were immunized against childhood disease, indicating successful program implementation.

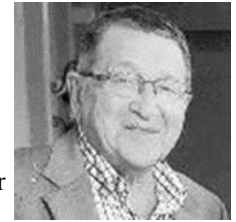
The relationship between the Medical Home and *Healthy Beginnings* is symbiotic-- to better meet their goals, the Medical Home provider has a community outreach partner in *Healthy Beginnings*; and *Healthy Beginnings* has an expert care delivery partner in the Medical Home.

Yasmin Tyler-Hill, MD, FAAP

Chair, Department of Pediatrics,
Morehouse School of Medicine
Chair, Communication & Public Awareness Committee of the
Healthy Beginnings Advisory Board
Atlanta

In Memoriam

Marvyn Cohen, MD, 85, of Valley, Ala. died December 1, 2015. Dr. Cohen practiced as a pediatrician and allergist in Columbus, Georgia for 47 years and opened his first office in Phenix City, Alabama. He treated four generations of patients, and once estimated that he ordered 40,000 lollipops a year to give to young patients who feared shots. Dr. Cohen served as President of the Muscogee County Medical Society, was member of the Georgia Chapter of the American Academy of Pediatrics and the Medical Association of Georgia. He taught nurses as an adjunct professor at Columbus State. As the host of a weekly medical call in segment of The Rozelle Show on a local Columbus radio station, he answered questions on the air, providing stellar and often entertaining responses. Dr. Cohen was a graduate of Emory University Medical School, and his undergraduate degree was from his cherished University of Alabama. He is survived by his wife of 56 years, Gloria Greenberg Cohen; children and host of family and friends.



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Photo Review: Pediatrics on the Parkway

The Chapter's Fall CME Meeting, Pediatrics on the Parkway, was held on November 3-5, 2015 at the Cobb Galleria Centre in Atlanta. The meeting featured outstanding National Faculty and many of our local experts as well. The pre-conference seminars on Adolescent Medicine, Nutrition and Coding were outstanding and well received. The Annual Awards Luncheon highlighted the spectacular accomplishments of our Chapter members and community leaders.



Ben Spitalnick, MD (l) Chapter Vice President is pictured with some of this year's award recipients. Holly Ranney (Friend's of Children Award), Yameika Head, MD (Young Physician of the Year Award), Dixie Griffin, MD, (Outstanding Achievement Award), Evelyn Johnson, MD, Brad Weselman, MD, (Outstanding Achievement Award and Cynthia Lee, LPC (Friends of Children Award).



During the Saturday Plenary Session, Larry Pickering, MD presented a *Red Book Update* and is joined here by Evelyn Johnson, MD and AAP Past President Joe Zanga, MD (Columbus).



The Nutrition Seminar was very well attended and received. Dr. Johnson is pictured above (center) with the faculty which included (l to r) Stanley Cohen, MD, Chapter District Representative Jeffery Lewis, MD, Dr. Johnson, AAP Pediatric Nutrition Handbook Editor Ronald Kleinman, MD (Boston), and Chapter Nutrition Committee Chair Jay Hochman, MD. This seminar was supported in part by an educational grant from Nutricia.



AAP Community Pediatrics Training Initiative (CPTI) Jeff Kaczoroski, MD, FAAP presented the Martin Michaels Memorial Lecture on Advocacy and is joined here by the National Reach Out & Read Medical Director Perri Klass, MD, FAAP and Program Committee Member Anna Kuo, MD.

Photo Review: Pediatrics on the Parkway...continued

At right: The conference seminars featured National Faculty and our own local faculty from around the state. Pictured here are (l to r) Richard Tuck, MD (Zanesville, OH), AAP Past President Renee Jenkins, MD (Hampton, VA), Chapter Committee of Adolescence Chair David Levine, MD (Atlanta), and Robert Pendergrast, MD (Augusta).

Below: Some of the award winners are pictured here (from right) Dr. Spitalnick, Dr. Johnson, Leila Denmark Lifetime Achievement Award recipient Elma Steves, MD, Legislators of the Year State Majority Leader Sen. Bill Cowsert and House Speaker Pro Tempore Rep. Jan Jones along with Mike Papciak, MD a long time friend of Rep. Jones and the Chapter.



At right: Chapter Practice Management Committee Chair Keith Seibert, MD (Savannah) is joined here by Chapter Vice President Ben Spitalnick, MD (Savannah) and the Chapter Subspecialty Section Chair Cyrus Samai, MD (Atlanta).

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Reach Out & Read Helps Pediatricians Adhere to AAP Literacy Recommendations & Improves Patient/Doctor Relationships, Research Shows

Last year, the AAP issued a policy statement on literacy promotion, entitled *Literacy promotion: An essential component of primary care pediatric practice*. It stated that “reading regularly with young children stimulates optimal patterns of brain development and strengthens parent-child relationships at a critical time in child development, which, in turn, builds language, literacy, and social-emotional skills that last a lifetime.”

The statement went on to issue five recommendations for pediatric providers to capitalize on their unique position to encourage parents to engage in this important and enjoyable activity. The recommendations suggested pediatricians advise all parents that reading together can enhance relationships, counsel parents on developmentally appropriate reading activities, and provide developmentally appropriate books.

“Pediatricians have a unique opportunity to evaluate and encourage early literacy for our patients. This work may be amongst the most important that pediatricians accomplish.”

For Reach Out and Read, the recommendation was cause for celebration. Reach Out and Read has the infrastructure in place to help pediatricians fulfill these recommendations and step into their responsibility to help parents become their children’s first teacher.

During regular pediatric checkups, Reach Out and Read pediatricians give new developmentally appropriate books to children ages 6 months to 5 years. They also advise parents about the importance of reading aloud to children from infancy to prepare them for school.

“Reading is the gateway to opportunity but for far too many children the gateway is closed,” said Reach Out and Read Georgia Medical Director, Dr. Terri McFadden. “Pediatricians have a unique opportunity to evaluate and encourage early literacy for our patients. This work may be amongst the most important that pediatricians accomplish.”

This model is a proven intervention supported by 15 independent, published research studies that show the positive impact on children of the program and the physicians that adopt it.

Multiple studies have shown that involvement in the program improves provider-parent relationships and enhances the perceptions parents and pediatricians hold of each other.

According to “The value of book distribution in a clinic-based literacy intervention program” published in *Clinical Pediatrics* (2000), parents participating in Reach Out and Read were more likely to rate their child’s pediatrician as helpful than those not participating. Pediatricians in the Reach Out and Read group were more likely to rate parents as receptive.

A study called “The role of clinic culture in implementation of primary care interventions: The case of Reach Out and Read” published in *Academic Pediatrics* (2009) found that successful implementation of the Reach Out and Read program was related to the culture of the clinic.

Staff at clinics that struggled to implement Reach Out and Read found their jobs burdensome and reported lacks in communication. However, staff at successful Reach Out and Read program sites worked as a team and expressed strong commitments to their communities.

Finally, parents at clinics that have implemented Reach Out and Read have been shown to believe that the books and advice offered promoted the habit of reading but also demonstrated respect the staff felt for families and children, an important aspect to the clinician-parent relationship. *Journal of Health Care for the Poor and Underserved* (2008). “Reach Out and Read brings the pediatric office into close harmony with successful early education,” said Jay Berkelhamer, MD, FAAP, national board member and Past President of the AAP. “The synergy of health care delivery and early education is obvious as we learn more about the science of brain development.”

The body of published research supporting the efficacy of the Reach Out and Read model is more extensive than for any other psychosocial intervention in general pediatrics.

Reach Out and Read partners nationwide with nearly 5,000 program sites and distributes 6.5 million books per year, including over a million books given to the most at risk children and their families in Georgia since 1994. Reach Out and Read Georgia partners with 78 medical locations in 28 counties across the state. To become a program site, contact Amy Erickson at amy.erickson@reachoutandread.org, or 770-401-6852 or visit www.reachoutandread.org/georgia/.

Amy Erickson
Executive Director
Reach Out and Read Georgia

Pediatric Healthcare Improvement Coalition Update

As we enter our fourth year of operation it seems appropriate as we begin a new year with an update to the Georgia AAP newsletter. The Pediatric Healthcare Improvement Coalition (PHIC) Board held their December meeting in Atlanta hosted by Children's Healthcare of Atlanta. It was a great time to reflect on our 2015 accomplishments and strategically look forward to 2016 with setting goals.

Some of the highlights since our spring update include, five of the ten participating practices in the asthma demonstration are currently live on a Health Information Exchange (HIE). The Asthma Committee, chaired by Drs. Burt Lesnick and Dennis Ownby, is in the process of finalizing the project and will have results available in January 2016.

The Emergency Preparedness Committee, chaired by Dr. Natalie Lane, attended a two day Pediatric Disaster Response and Emergency Preparedness Training in November. Front-line physicians, medical staff from the five children's hospitals and others from the community were in attendance.

Our Health IT committee, chaired by Drs. Joe Zanga and Wes Lindsey, will embark on a survey of the five children's hospitals to see what they are currently doing now and want to do in the future in regard to telemedicine & telehealth. This committee is also investigating to learn more about the new trends in the healthcare arena including the "teladoc" program.

We look forward to a new productive year. You can make a difference in improving the healthcare of children in our state.

Kathryn Cheek, MD, FAAP
Chair, The Pediatric Healthcare Improvement
Coalition of Georgia, Inc.
Columbus

Shortened Interval for Postvaccination Serologic Testing of Infants Born to Hepatitis B-Infected Mothers

An estimated 800 infants are born to hepatitis B-infected mothers each year in Georgia. Before the widespread availability of postexposure prophylaxis, up to 90% of infants born to HBsAg-positive mothers developed hepatitis B virus (HBV) infection. Postexposure prophylaxis is highly effective in preventing perinatal HBV transmission. In recent years in the United States, approximately 1% of infants receiving postexposure prophylaxis still develop infection. Approximately 25% of infants with HBV infection acquired perinatally will die prematurely as a result of complications of cirrhosis or liver cancer.

Infants born to hepatitis B-infected mothers must receive post-exposure prophylaxis to reduce their risk for perinatal HBV infection. Postexposure prophylaxis consists of hepatitis B (HepB) vaccine and hepatitis B immune globulin administered within 12 hours of birth, followed by completion of the 3-dose or 4-dose HepB vaccine series. Postvaccination serologic testing (PVST) assesses an infant's response to HepB vaccination and has typically occurred at age 9–18 months. PVST consists of two tests: hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs).

Infants born to hepatitis B-infected mothers must receive postexposure prophylaxis to reduce their risk for perinatal HBV infection.

The Centers for Disease Control and Prevention published an article in the October 9, 2015 *Morbidity and Mortality Weekly Report* (MMWR), updating the recommendation for post-vaccination serologic testing (PVST) of infants born to hepatitis B-infected mothers. The updated recommendation shortened the interval to conduct PVST from age 9-18 months to **age 9-12 months**. The rationale is a result of the discontinuation of the combination Hib/HepB vaccine (Comvax) and new data that show lower detectable levels of anti-HBs associated with increased intervals between receipt of the last vaccine dose and post-vaccination serologic testing. The MMWR article can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a6.htm?s_cid=mm6439a6_w.

Physicians should order PVST (consisting of hepatitis B surface antigen [HBsAg] and antibody to HBsAg [anti-HBs]), for infants born to HBsAg-positive mothers, at age 9–12 months (or 1–2 months after the final dose of the vaccine series, if the series is delayed). Questions or concerns can be directed to the Georgia Perinatal Hepatitis B Prevention Program at (404) 651-5196.

Tracy Kavanaugh, MS, MCHES
Perinatal Hepatitis B Program Coordinator
Acute Disease Epidemiology Section
Georgia Department of Public Health



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CALENDAR

Visit the Chapter website for more information
regarding these events...www.GAaap.org

Legislative Day at the Capitol

February 11, 2016
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Middle Georgia College & University
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Jim Soapes Charity Golf Classic

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April 26, 2016
Cherokee Run Golf Club, Conyers
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Pediatrics by the Sea & Pediatric Coding Conference

Summer CME Meeting
June 8-11, 2016
The Ritz Carlton, Amelia Island, FL
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