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Georgia Chapter

The GEORGIA Pediatrician

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President's Letter

Greeting from the Georgia Chapter of the AAP!

Ben Spitalnick, MD, MBA, FAAP

Happy late New Year, and Greetings from the AAP Georgia Chapter! Plenty going on from our Headquarters on West Peachtree Street and across the state, so thanks for giving me a few moments to reconnect and catch up.

Those that attended our fall conference, Pediatrics on the Parkway in November enjoyed one of our largest Fall meetings ever. Thank you Dr. Rebecca Reamy and your entire committee for an exceptional program! National faculty included Dr. Bernard Cohen, Baltimore in Dermatology, Dr Julia Pillsbury, Dover, Del., reviewing coding, Dr Joseph Bocchini, Shreveport, La. covering Infectious Diseases, and Dr Laurel Leslie, Boston, gave the Marty Michaels Advocacy Lecture. Along with our amazing Georgia faculty, it was quite an event. And congrats to the winning Resident Jeopardy team from Morehouse School of Medicine (see p. 14), and to Jud Miller, MD for his 10th year (and counting) hosting the challenge.

Over the Fall, your Chapter has kept a close eye on legislative issues, both locally and nationally. The reauthorization of CHIP has had most of our attention, and we are pleased to see that congress recently passed this. Some states are running out of funds for this critical program that helps insure the children that come from families that fall in the gap between qualifying for Medicaid and being able to afford private insurance. If there's one thing Pediatricians agree on, it's that all children deserve access to medical care.

On the state level, our annual Legislative Day at the Georgia state Capitol is coming up Thursday February 15th, and if you have not attended, let this be your year. And if you have attended, love to have you back! It's an inspiring day of connecting with our elected leaders, and with each other, about issues important to taking care of children.

Continued on next page.

Managing Obesity in Primary Pediatric Care: *Asking for Endocrine Help*

Pediatric endocrinologists offer expertise to children who have a hormonal etiology or complication of obesity. This simplified guide aims to help primary care pediatricians decide when their obese patients will benefit from endocrine consultation.

Does my patient have an endocrine etiology of obesity?

Differential Diagnosis: genetic (e.g. pseudohypoparathyroidism, Prader-Willi syndrome), hypothyroidism, growth hormone deficiency, Cushing syndrome

Growth Pattern: Weight gain that is tracking at a normal or rapid rate while height is falling to a lower percentile suggests the possibility of an endocrine or genetic etiology of weight excess. In simple obesity, weight percentile scores increase while height percentiles stay the same or increase modestly.

Hypothyroidism: Children with hypothyroidism tend to gain truncal fat. The appearance of peripheral and facial fat may be exaggerated by coexisting myxedema. Growth retardation is typical of obesity caused by hypothyroidism.

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President's Letter

Continued from the cover

And because we do this event as part of our Patient Centered Physician Coalition (PCPC) with the Family Practice, OB/GYN, Internal Medicine, and the Osteopathic Society, this is THE biggest physician day on the hill all legislative session. Hope you can be a part of it.

This March, Chapter VP Dr Terri McFadden, Exec. Director Rick Ward, and I will head to the annual meeting known as "the ALF" (AAP Annual Leadership Forum). It's an amazing weekend if you ever have a reason to attend…we meet with leadership of other AAP Chapters, Sections, Councils, and Committees to debate potential resolutions to help improve our profession, and the care of children. Hot topics this year expect to involve Maintenance of Certification, child safety, and ways to improve access to care. Also, Chapter Past Presidents Dr Bob Wiskind and Dr Evelyn Johnson will be shaping the ALF, as they have both risen into national leadership roles representing the District that Georgia belongs to.

As part of ALF, personally some of us are hoping to visit the AAP's brand new national headquarters, now in Itasca, Illinois, just a few exits away from our previous home at Elk Grove Village. It looks pretty fantastic. This new facility should be "future ready" for many years to come, and let us communicate and interact with National AAP in ways that were not possible before. We are at the cusp of reaching a fundraising goal for a named "Georgia Room" at the National Headquarters! But it's not too late to help us reach this goal. Please join the effort, and go to the AAP's "For Our Future" campaign on the web to contribute! (and, please enter "Georgia Chapter" in the naming box).

And speaking of ways to give back, the Chapter's greatest achievement is of course the Pediatric Foundation of Georgia. This is the philanthropic arm of the Chapter, to help promote the health, safety, and well-being of children in our state. Funds donated to it are only used for children's charities or medical student interest in pediatrics, not for any Chapter activities. The annual Jim Soapes Golf Classic is coming up this Wednesday, April 25th at the Cherokee Run Golf Club in Conyers…visit the Chapter website to learn how to get your team signed up! AND, as we are in the 20th year of the Foundation, look for information about a special commemorative event later in the year!

Also in March, the Chapter will hold the Pediatric Infectious Disease and Immunizations Conference. This conference will be held on March 24th at the Atlanta Marriott Buckhead Hotel and will feature presentations from Drs. Walt Orenstein, Harry Keyserling, Larry Pickering and more. The conference includes presentations on vaccine hesitancy, vaccine coding and billing, influenza, and much more. Be sure to visit the Chapter website for more information to join us for this outstanding conference!

Finally, not far away is Pediatrics by the Sea in Amelia Island. It's a tradition for so many members of our Chapter, and is becoming a draw well beyond Georgia. Planning is well underway, and this year's program chairs Drs. Pat Frias and Dan Salinas have quite the program lined up highlighting both national and CHOA faculty. It's June 13th-16th, and yes the room block is open for reservations. Visit the Chapter website for more information, soon!

And as always, anything the Chapter can do, or anything I can ever do, please reach out. Savannah is as close as your laptop or cellphone. Look forward to seeing you, and one of the many events coming up this Winter! Or just tweet me, @DrBenSpitalnick.

Ben Spitalnick, MD, MBA, FAAP

Chapter News & Updates

What's in a name? Autism Screening in the Pediatric Practice

As you may know by now, Georgia Early Periodic Screening Diagnosis and Treatment (EPSDT – formerly Health Check) began reimbursing for autism screening on July 1, 2017. a Reimbursement can be provided at the 18 or 24- month visits or when a parent expresses a concern. The purpose of this article is to outline use of the M-CHAT-Revised with Follow-up (M-CHAT-R/F); for the best Medicaid reporting guidelines, please refer to the Georgia EPSDT manual on the Medicaid web portal. Georgia EPSDT indicates that the M-CHAT is the recommended tool.

The M-CHAT-R/F is a validated autism 2-stage screening tool for toddlers between the ages of 16 and 30 months of age to identify children who may benefit from a more thorough developmental and autism evaluation. Note that developmental screening using a standardized developmental screening tool is recommended within the American Academy of Pediatrics' Bright Futures Periodicity schedule at the 9, 18 and 30- month visits. Georgia EPSDT follows this periodicity schedule for all well child exams covered under Medicaid.

The M-CHAT-R/F is available at http://mchatscreen.com/wp-content/uploads/2015/09/M-CHAT-R_F.pdf. As part of efforts to enhance the reliability of this tool, the M-CHAT-R/F includes follow-up questions. Physicians are encouraged to use these follow-up questions as described below. It may be helpful to note that the Follow-Up questions are only needed for a small number of toddlers; the majority of toddlers score in the Low Risk range.

• LOW-RISK: Total Score is 0-2; if child is younger than 24 months, screen again after second birthday. No further action required unless surveillance indicates risk for ASD.

• MEDIUM-RISK: Total Score is 3-7; Administer the Follow-Up (second stage of M-CHAT-R/F) to get additional information about at-risk responses. If M-CHAT-R/F score remains at 2 or higher, the child has screened positive. Action required: refer child for diagnostic evaluation and eligibility evaluation for early intervention. If score on Follow-Up is 0-1, child has screened negative. No further action required unless surveillance indicates risk for ASD. Child should be rescreened at future well-child visits.

• HIGH-RISK: Total Score is 8-20; It is acceptable to bypass the Follow-Up and refer immediately for diagnostic evaluation and eligibility evaluation for early intervention.

We hope this information has been helpful to you.

We recommend working with your staff to implement the most up-to-date version of the tool. Additionally, the American Academy of Pediatrics offers additional information on screening and technical support at its Screening & Technical Assistance and Resource Center also known as STAR Center. The link to the site is: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/default.aspx. If you need additional information, please contact Fozia Khan Eskew at feskew@gaaap.org.

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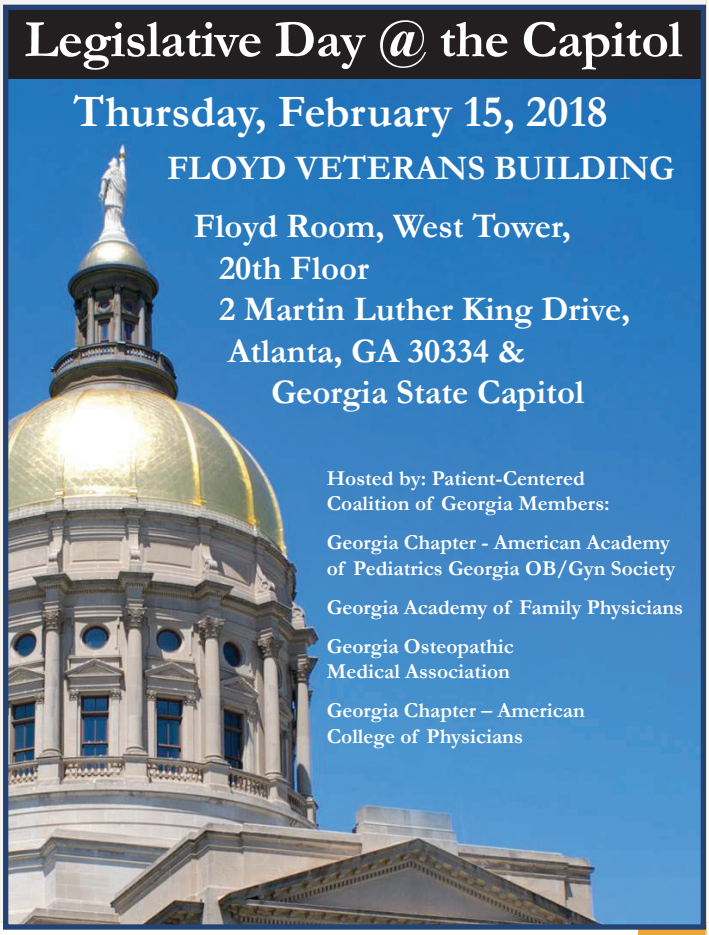

Chapter News & Updates

EPIC Breastfeeding Program Has a New Advisory Chair

Our EPIC Breastfeeding Program has been very fortunate to have had Kathryn McLeod, MD as our EPIC Advisory Chair for the past seven years. Dr. McLeod is a pediatric hospitalist in Augusta, GA. Her passion has always been to make sure Georgia residents receive breastfeeding education and training so they will have the knowledge to manage the breastfeeding dyad.

Kathryn McLeod MD, FAAP

In 2011 she received an award for her work on "The Effect of a New Breastfeeding Curriculum on Resident Confidence, Comfort and Skills". She is stepping down to become more involved in her job as a pediatric hospitalist. We will really miss her but are glad that she has agreed to continue as an EPIC breastfeeding trainer.

Tarayn Fairlie, MD

Although we lose Kathryn we gain another wonderful pediatrician, Tarayn Fairlie, MD to serve as our new EPIC Advisory Chair. Dr. Fairlie attended Harvard Medical School and did her residency at Tufts University Pediatric Residency Program. She is employed at Kaiser Permanente in Gwinnett County. She has published several articles on breastfeeding and has extensive experience working with her breastfeeding patients. She is an EPIC trainer and an IBCLC. She is the proud mother of three breastfed girls. Please welcome her to our board.

If you work in a hospital and are interested in us presenting please contact Arlene Toole, atoole@gaaap.org. to request a program or go to our website www.gaepic.org. to download an EPIC program request form. Remember our programs are free and we provide continuing education for you and your staff.

Georgia offers Parents Option of Newborn Screening for Krabbe

In the spring of 2017, the Georgia Legislature mandated that all parents in Georgia be made aware of their option to access Krabbe screening for their infants. Krabbe disease is a very rare condition that can cause severe neurological problems or even death. The Georgia Department of Public Health's Newborn Screening program has developed educational materials about optional Krabbe screening and this information is being disseminated to birthing facilities and health departments across the state.

Krabbe disease is a very rare condition that can cause severe neurological problems or even death.

Krabbe specimens must be collected within a few days of birth and sent immediately to the chosen screening lab. Therefore, it is essential that parents establish a plan for this screening prior to the birth of their child. More information on optional Krabbe screening, including a list of accredited laboratories, can be found at the following website https://dph.georgia.gov/NBS.

If your office receives an abnormal result for Krabbe screening, please contact the geneticist on call through the Children's Healthcare of Atlanta paging service at 404-785-7778. If you have any questions regarding this information, please contact Fozia Khan Eskew at the Chapter office via email at feskew@gaaap.org or via phone at 404-881-5074.

Chapter News & Updates

Georgia AAP Member Practices Complete the Chapter Quality Network (CQN) U.S. Immunizations Project

In February 2017, thirteen Georgia AAP member practices began the CQN Practice Improvement process to address infant immunization rates. The project was led by the national office of the American Academy of Pediatrics (AAP). The chapter leadership team included myself, Dixie Griffin, MD as physician lead, and Flavia Rossi, MD, as co-physician lead, along with Dr. Harry Keyserling as the immunization expert. Also, Georgia Chapter staff members Shanrita McClain and Noreen Dahill assisted us with project management needs. The aim of the project was for all the participants to make improvements in vaccination rates for children up to two years of age.

The project timeline spanned 12 months and included four learning sessions, monthly practice calls, and 12 months of data collection. The data collected supported the reporting of project measures which included improving missed opportunities rates, raising individual coverage rates in the HEDIS Combination Childhood Immunization Status (CIS) to reach or exceed the state average of Healthy People 2020 goals by 90%, showing improvement in the HEDIS Combination 3 (CIS) Composite (DTaP, IPV, MMR, HIB, HepB, VZV, PCV) and recalling targeted patients that are not up-to-date on childhood vaccines. The practice teams had the opportunity to learn and assist each other as they shared their successes and barriers in achieving their quality improvement measures.

The project used the Institute of Healthcare Improvement (IHI) Breakthrough Series Model for Improvement. A QI framework for rapid change using learning sessions, acting period, and Plan-Do-Study-Act (PDSA) for rapid action change process was used. Monthly measurements of the data showed that all practices were able to implement positive change and sustain that change through the 12-month life of the project. The model for improvement included working collaboratively so that practices could learn from each other. Some practices reported adding daily huddles to their workflow, pre-visit planning, rapid-cycle testing of ideas, and creating tools for better communication with their patients as examples of gains from their participation.

Nationally six AAP Chapters participated in the CQN Immunizations Project; Georgia lead all chapters with the highest number of practices participating in the project at thirteen. Each practice implemented recall methods and decreased missed opportunities to vaccinate. The single greatest barrier encountered was reaching the 90% coverage rate for DTaP. The DTaP average for all thirteen practices was 84% while all other project measures were exceeded. Georgia was recognized by the CQN Immunizations Project Leadership as the only Chapter to reach 7 of the 8 project measurement goals for coverage rates surpassing all other five AAP Chapters.

We congratulate the participating practices on their successful completion of the CQN Immunizations quality improvement project.

Participating practices:

1. Uptown Pediatrics
2. Intown Pediatrics
3. First Georgia Pediatrics – Fayetteville
4. First Georgia Pediatrics – Peachtree City
5. Harbin Clinic Pediatrics
6. Kids & Teens Primary Healthcare
7. Pediatric Associate of Newnan
8. Decatur Pediatrics Group – Smyrna
9. Decatur Pediatrics Group – Lithonia
10. Dunwoody Pediatrics
11. Jonesboro Pediatrics – McDonough
12. Jonesboro Pediatrics – Jonesboro
13. Children's Hospital of Georgia at Augusta University

CQN CHAPTER QUALITY NETWORK
A program of the American Academy of Pediatrics

Dixie Griffin
MD, FAAP

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Chapter News & Updates

CQN Immunization Project (continued)

Georgia AAP Leadership Team:

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MD, FAAP
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Harry Keyserling
MD, FAAP
Chair, Infectious Diseases Committee
Georgia AAP

Learning Session 3

Nutrition Update Winter 2018

Jay Hochman, MD

Several important nutrition articles have been published recently which may be of interest to Georgia pediatricians.

1. ZJ Ward et al. (NEJM 2017; 377: 2145-53) pooled observations from 41,567 children and adults. They extrapolated this data to create 1000 virtual populations of 1 million children through the age of 19 years. They performed simulations to predict future obesity levels. Key findings: The authors predict 57.3% of today's children will be obese at the age of 35 years. They defined obesity for adults as BMI ≥35 and for children as 120% or more of the 95th percentile. About half of the total prevalence of obesity at age 35 years begins in childhood in these models.

2. AF Kagalwalla, et al. (Clin Gastroenterol Hepaot, 2017; 1698-1701) prospectively examined the effectiveness of a 4-Food elimination diet (4-FED) in 78 children. Key findings: 64% (n=50) had remission (Eos <15/hpf) with the 4-FED. In addition, symptom scores decreased in 91% of the histologic responders. The most common food reactions were to cow's milk (85%), eggs (35%), and wheat (33%). Among those (n=25) who completed challenges to all four foods, reactions occurred to a single food-group in 64%. This study shows that the 4-FED provides similar efficacy to the six-food elimination diet (6-FED) and is less restrictive. It offers the prospect of less time to complete food reintroduction and fewer upper endoscopies

3. Xu L, et al. (Aliment Pharmacol Ther. 2017;46:780-789) This systematic review with meta-analysis examined breastfeeding and the risk of Crohn's disease and ulcerative colitis. A total of 35 studies were included in the final analysis, comprising 7536 individuals with CD, 7353 with UC and 330,222 controls. Key finding: Ever being breastfed was associated with a lower risk of CD (OR 0.71, 95% CI 0.59-0.85) and UC (OR 0.78, 95% CI 0.67-0.91). There was a dose–response protective effect of the duration of breastfeeding on inflammatory bowel disease. There is as much as an 80% reduction in risk for both Crohn's disease and ulcerative colitis for breastfeeding more than 12 months.

4. V Takyar et al. (Hepatology 2017; 66: 825-33) studied a total of 3160 subjects enrolled in 149 clinical trials from 2011-2015. Key findings: 27.9% (n=881) of these healthy volunteers had presumed NAFLD. These patients also had higher triglycerides, low-density lipoprotein, cholesterol and HbA1c (P<0.001 for all). Thus, many patients with presumed NAFLD are often enrolled in research studies as healthy controls and this can affect study outcomes.

5. A Riskin et al.(J Pediatr 2017; 189: 128-34) examined the effectiveness of routine testing of gastric residual volumes. In this study of preterm infants ≤34 weeks gestation, 239 infants were studied prior and 233 studied after dropping routine checks of gastric residuals. Key findings: Selective evaluation of gastric residuals was associated with achieving full enteral nutrition 1 day earlier. In addition, the rate of NEC (stage ≥2) was actually lower in the selective evaluation group (1.7% vs 3.3%) compared to the historic control group.

Selective checking of gastric residuals was prompted by the following: abdominal distention, vomiting or large regurgitation, bilious regurgitation or emesis, abnormal behaviors like restlessness, somnolence or apathy, increased apnea/bradycardia, or change in vital signs. Overall, the authors conclude that selective checking of gastric residuals is sufficient.

6. TD Adams et al. (NEJM 2017; 377: 1143-55) determined the outcomes of bariatric surgery after 12 years. Key findings: At 12 yrs, mean change from baseline body weight was -35 kg in the surgery group (n=418), compared with -2.9 kg in nonsurgery group 1 (n=417) and 0 kg in nonsurgery group 2 (n=321). Type 2 diabetes remitted in 75% at 2 yrs and remained remitted in 51% at 12 yrs in the surgery group. The surgery group had higher remission rates of hypertension and dyslipidemia as well. One troubling finding was the increased rate of suicide. There were 7 deaths by suicide (all of whom had undergone bariatric surgery).

Jay Hochman, MD
Chair, Nutrition Committee
Georgia Chapter of AAP

Blog site: gutsandgrowth.wordpress.com

Managing Obesity in Primary Pediatric Care: *Asking for Endocrine Help*

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Andrew Muir, MD

Confusion arises in the 10-15 percent of obese children who have mild elevations of TSH (between 5 to 8 mIU/L), but no true thyroid disease. The thyroid exam is normal (although cervical fat can confound a thyroid examination) as is the serum free T4 concentration. Autoantibodies against thyroid peroxidase (TPO) and thyroglobulin (Tg) drawn at the time of confirmatory thyroid testing are negative. The abnormal TSH results return to normal either spontaneously over months or after weight loss. Approximately 10 percent of the obese children with minimally elevated TSH have circulating autoantibodies, indicating the presence of autoimmune thyroiditis. Obese children who have a TSH>9.0 mIU/L or circulating TPO or Tg autoantibodies should be evaluated by an endocrine consultant.

Growth hormone deficiency: This rare cause of obesity is always associated with low growth velocity. Weight gain caused by growth hormone deficiency is predominantly in the trunk and rarely severe. The co-existence of short stature/low growth velocity and obesity without an obvious cause should always prompt consultation with an endocrinologist.

Cushing Syndrome: Most obese children with Cushing Syndrome have an obvious cause (e.g. chronic glucocorticoid use) or multiple features of the syndrome (e.g. slow growth, decreased muscle mass, proximal muscle weakness, severe or unusually distributed striae, hypertension, hyperglycemia). A serum cortisol below 2.0 mcg/dL when drawn between 7:00-9:00 AM on the day after taking a single oral dose of dexamethasone (15 mcg/kg; max 1 mg) at 23:00 to midnight may obviate the need for endocrine consultation. Children with multiple features of Cushing syndrome or those with an abnormal overnight dexamethasone suppression test should be evaluated by an endocrinologist.

Does my patient have an endocrine complication of obesity?

Diabetes: The best method for diagnosing diabetes or pre-diabetes is to measure blood glucose or hemoglobin A1c (HbA1c). Hyperinsulinemia is a poor predictor of future diabetes. Asymptomatic, obese children who are 10 to19 years old and who have one or more of the high risk features in Table 1 should be screened for diabetes every 3 years. A clinician may choose any of the following tests for diabetes screening: 1) fasting serum glucose, 2) random serum glucose, 3) HbA1c, 4) oral glucose tolerance test. Aids for test interpretation are published. (http://www.ndei.org/ADA-diabetes-management-guidelines-children-adolescents-type-1-diabetes-type-2-diabetes.aspx.html)

Consultation with an endocrinologist is advised for screening tests that indicate diabetes. Pre-diabetes may be managed by lifestyle counseling and repeat testing in 6 months. If abnormalities of glycemia persist, consultation with an endocrinologist is advised.

Dyslipidemia: Screening for dyslipidemia is recommended for all obese children over 2 years. Non-fasting blood samples can be used for initial lipid screening in obese children, but abnormal results should prompt 2 fasting samples drawn 2-12 weeks apart. Typically, children with obesity have modest elevations of triglycerides and modest depressions of HDL. Referral to an endocrinologist or other specialist with expertise in lipid disorders should be considered when the mean triglyceride concentration of 2 fasting samples is over 300 mg/dL. A mean LDL cholesterol over 160 mg/dL also merits consultation.

Polycystic ovary syndrome (PCOS): Obesity is common among girls with PCOS. The inter-individual variability of puberty can confound the diagnosis of PCOS in adolescents. Menstrual irregularity, hirsutism, severe acne, and high serum free testosterone concentrations support the diagnosis. Endocrine consultation is helpful to evaluate other causes of hyperandrogenemia and to provide a stepped approach to therapy.

Table 1. Risk factors for developing type 2 diabetes in obese children

- First- or second-degree relative with Type 2 diabetes
- High-risk population
  - African American, Latino, Asian, Native American or Pacific Islander
- Insulin resistance
  - Any one of the following: acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome or history of small for gestational age at birth

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AAP Recommends Infants Receive First Hepatitis B Dose Within 24 Hours of Birth

The American Academy of Pediatrics (AAP) recently released a policy statement recommending all medically stable newborns with a minimum birth weight of 2000 grams (about 4 pounds 6 ounces) receive the first hepatitis B vaccine within the first 24 hours of birth.1 This updated statement comes as an effort to reach the US Department of Health and Human Services' goal of zero perinatal hepatitis B transmission in the United States by 2020.2 According to Harry Keyserling, MD, FAAP and Infectious Disease Committee Chair for the Georgia Chapter of the AAP, "This new policy will be an essential step toward eradicating perinatal hepatitis B infection and reaching the 2020 goal."

Hepatitis B is a viral infection attacking the liver and resulting in acute and possibly chronic disease. The virus can be transmitted perinatally if the mother has the hepatitis B virus (HBV). Infants infected at birth have a 90% risk of becoming chronically infected with the disease. Chronic infection can lead to liver damage and failure, hepatocellular carcinoma, and eventually death.

There are approximately 1000 new cases of perinatal hepatitis B infection identified annually in the United States.1 The Centers for Disease Control and Prevention (CDC) estimates that approximately 700 infants are born annually to HBV-infected women in Georgia. According to Georgia's Perinatal Hepatitis B Program Coordinator, Tracy Kavanaugh, "Only half of these infants are reported to the Georgia Department of Public Health (DPH), with the other half failing to be identified and, therefore, missing critical public health interventions." Administering the birth dose within 24 hours of birth serves as a safety net to prevent HBV transmission for infants not identified due to errors in maternal hepatitis B surface antigen (HBsAg) testing, interpretation of test results, and transcription of test results.

Prevention of perinatal hepatitis B transmission begins with routine HBsAg testing of all pregnant women during each pregnancy and treating with antiviral therapy before delivery for those HBV-infected women with viral loads above 200,000 IU/mL.

The mother's hepatitis B status should be communicated at the time of birth and documented in the newborn's records.

Infants born to hepatitis B negative mothers should be given the first dose of hepatitis B vaccine within 24 hours after birth.3 The first dose is delayed until one month after birth or at the time of discharge (whichever comes first) for an infant below 2000 grams.

The birth dose can prevent infection of infants born to HBV-infected mothers in cases where the mother's results were never obtained or were misinterpreted or falsely negative. The dose also covers inaccurate transcription or reporting errors to the infant care team as well as protects infants at risk from household exposure after the perinatal period.

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AAP Recommends Infants Receive First Hepatitis B Dose Within 24 Hours of Birth

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If the mother is HBsAg-positive, the first dose should be given within 12 hours of birth followed by hepatitis B immune globulin (HBIG) regardless of weight or other health issues. Prenatal antiviral therapy and newborn prophylaxis with hepatitis B vaccine and immunoglobulin have been shown to significantly reduce perinatal hepatitis B virus transmission.4

Finally, it is important that infant vaccination is documented accurately in hospital records and in the Georgia Registry of Immunization Transaction and Services (GRITS) database. All healthcare providers involved in newborn care should be educated concerning the new hepatitis B recommendations and hospital protocols. Standing orders should be updated with the 24-hour administration timeframe to ensure every newborn is protected.

Tracy Kavanaugh, MS, MCHES
Perinatal Hepatitis B Program Coordinator
Georgia Department of Public Health

Cordia Starling, EdD, MS, BSN, RN
EPIC Immunization Program Director
Georgia Chapter American Academy of Pediatrics

*The Georgia Chapter of the American Academy of Pediatrics offers free CME and CNE approved in-office immunization training through its EPIC (Educating Physicians in Their Communities) program. Please view our website www.gaEPIC.org to schedule a training.

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Trauma Informed Care:
Adverse Childhood Experiences

Veda Johnson, MD

Within the Primary Care Center at Hughes Spalding Children's Hospital in Atlanta, Georgia, we are faced with issues that affect the health and well-being of our patients beyond that of classic medical problems. These issues extend beyond the identification and management of childhood diseases and disorders and the provision of preventive services that have consumed our training and education. These are the social and emotional challenges facing patients and their families that contribute to our inability to effectively do the work for which we have been trained. Many of these challenges are rooted in Adverse Childhood Experiences or "ACEs". ACEs are "potentially traumatic events that can have negative, lasting effects on health and well-being."[1] These events include physical, emotional, or sexual abuse or neglect, parental divorce, familial incarceration, substance abuse, mental illness, and domestic violence. The impact of these experiences vary from child to child and the higher the number of traumatic events, the greater the adverse outcomes. These outcomes observed throughout the lifespan often result in higher health risks later in life especially in the areas of physical (cardiovascular disease, cancer, diabetes), emotional (suicide, depression) and social (risk taking) disorders. The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997. Over 17,000 members receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. Patients with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.2

The ACE Pyramid represents the conceptual framework for the ACE Study. It depicts how adverse childhood experiences are strongly related to various risk factors for disease throughout the lifespan.3

The ACE survey is a 10-part questionnaire that asks: Before the age of 18:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents ever separated or divorced?

7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

10. Did a household member go to prison?

Continued on next page.

Trauma Informed Care – Adverse Childhood Experiences

Continued from previous page

A score of four or more increases the risk of developing the previously described adverse health outcomes.

The wide-ranging health and social consequences of ACEs accentuate the importance of preventing them before they happen. It is critical for pediatricians to promote safe, stable, nurturing relationships and environments for our patients. We should incorporate the practice of identifying and addressing these adverse traumatic events of childhood. Implementing the ACE survey or a similar instrument is the first step. The American Academy of Pediatrics has developed a Trauma Toolbox for Primary Care.4 It is a 6-part series that assists pediatricians in developing a process for inquiring about exposure to ACEs or other traumatic events. Creating a support system in collaboration with local mental health and substance abuse providers, social services agencies and shelters, and other family support organizations is the next critical step. Only when we identify and address adverse childhood experiences, can we fully realize our goal of maximizing the potential for all children.

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Hope is a Good Thing

Robert Wiskind, MD, FAAP

Based on a Steven King short story, The Shawshank Redemption (1994) tells the story of Andy Dufresne (Tim Robbins), sentenced to life in desolate Shawshank prison in 1947 for murdering his wife. Soon after arriving, Andy becomes friends with Red (Morgan Freeman), who has already spent two decades behind bars. They discuss their dreams for the future, with Red, the seasoned convict, cautioning Andy that "Hope is a dangerous thing. Hope can drive a man insane." Twenty years later, Andy escapes from Shawshank and Red is paroled. On the outside, Red finds a note from Andy: "Remember Red, hope is a good thing, maybe the best of things, and no good thing every dies." Here are my hopes for the future of our profession and the children we serve.

I hope that vaccine hesitancy fades away and becomes a distant memory. I hope that all parents will understand and appreciate that vaccines are one of the greatest medical innovations of the modern age. I hope that it doesn't take a devastating epidemic of a vaccine-preventable illness for this to happen.

I hope that the medical community will embrace changes in our profession. It is not sustainable for the U.S. to spend considerably more on healthcare than other countries and achieve health outcomes that are significantly worse. One definition of insanity is to continue doing the same thing again and again and expecting a different outcome; it is time to stop the insanity of defending the failed fee-for-service system and move towards clinically-integrated, value-based care. Pediatricians are leaders of this movement as we are trained to consider the impact on the child's future, the family and the community.

I hope that our nation's leaders will fully fund Children's Health Insurance Program (CHIP), recognizing that children with health insurance receive vital healthcare, particularly preventive care. As I write this, CHIP funding remains in limbo. With the growing body of evidence that Toxic Stress and Adverse Childhood Experiences significantly impact the rest of a child's life, our country should commit to ensuring that every child has an opportunity to grow up healthy; solidifying CHIP is an important step towards that goal.

I hope that Primary Care Pediatricians will embrace their role in treating children with mental health issues. The rates of anxiety and depression in children and teens are increasing, so issues with access to psychiatrists, psychologists, therapists and other mental health professionals will only get worse. With a focus on family-centered care and a long-term relationship with our patients and their families, we are in a unique position to provide comprehensive mental health care. Numerous resources are available to help the PCP become comfortable with prescribing Selective Serotonin Reuptake Inhibitors (SSRIs) and other medicines, allowing us to treat these conditions in the medical home.

I hope that our nation will find the will to address gun violence and the terrible toll it causes on children. For years, the U.S. has tested the theory that more guns and unfettered access to firearms keep us safe and healthy. With overwhelming evidence disproving this theory, it is well past time that we address this epidemic and the health burden it places on society. Second Amendment rights can no longer supersede our right to safety, health and peace. I hope the AAP continues to be a leader in this fight and that Georgia will pass common sense legislation to reduce the morbidity and mortality caused by guns.

Andy Dufresne, an amateur geologist, escapes from Shawshank prison using a small rock hammer to painstakingly tunnel through the walls of his cell. After the escape, Red wonders at the years of effort that it took to gradually chisel his way out. "Geology is the study of pressure and time. That's all it takes, really. Pressure and time." My final hope is that, along with my fellow pediatricians, I will have the patience and fortitude to keep advocating for our patients and our profession. If we keep applying pressure, I know that, in time, we will see the fruits of our labors and that we will make these hopes and dreams a reality.

Robert Wiskind, MD, FAAP
Past President, Georgia AAP
Peachtree Park Pediatrics, Atlanta

Photo Review: Pediatrics on the Parkway

The Chapter Fall Meeting, Pediatrics on the Parkway, brought together 140 pediatricians from across the state. The meeting was held on November 2-4, 2017 at the Cobb Galleria Centre in Atlanta.

This year's National Faculty Joseph Bocchini, MD of Shreveport, LA (center), presented during the plenary on Adolescent Vaccines and Immunization Recommendations. He is joined here by (l to r) Chapter Past President Charles Linder, MD of Augusta and Website Editor, Ross MacLeod, MD of Columbus.

During the Chapter Board of Directors meeting Marshalyn Yeargin-Allsopp, MD (left) and Hugo Scornik, MD (right) were presented with Achievement Awards from National AAP in recognition of their work in Georgia.

This year's Pediatric Resident Jeopardy Champions are Morehouse School of Medicine residents Alejandro Shepard, MD and Omayma Amin, MD, pictured here with Judson Miller, MD.

Each year the Chapter honors those who are making a difference in pediatric medicine and the lives of children in the state of Georgia. This year's recipients are as follows. (l to r) Chapter Executive Director Rick Ward, Chapter Vice President; Terri McFadden Garden, MD; Georgia Department of Public Health, Health Promotion Director, Laura Jacobson, MD; Georgia Dept. of Public Health Award, Caring for Children with Special Healthcare Needs Recipient, Michelle R. Zeanah, MD; Outstanding Achievement Award, Anna Kuo, MD; Young Physician of the Year Award, Melissa Boekhaus, MD; Leila Denmark Lifetime Achievement Award, William Sexson, MD; Legislator of the Year Award, Representative Katie Dempsey and Chapter President Ben Spitalnick, MD.

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Georgia Chapter

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Looking Ahead:

- **Feb. 15 , 2018**
  Legislative Day at the Capitol
  State Capitol, Atlanta

- **March 24, 2018**
  Pediatric Infectious Disease & Immunization Conference
  Atlanta Marriott Buckhead Hotel & Conference Center, Atlanta

- **April 20, 2018**
  Georgia Pediatric Nurses & Practice Managers Association Meeting
  Macon Marriott, Macon

- **April 25, 2018**
  Jim Soapes Charity Golf Classic
  Cherokee Run, Golf Club, Conyers

- **May 19, 2018**
  Transition of Care Conference
  Chapter Office, Atlanta

- **June 13-16, 2018**
  Pediatrics by the Sea
  The Ritz Carlton, Amelia Island, FL

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Visit the Chapter Website for details on these Chapter events. www.GAaap.org
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