Greetings, Georgia-AAP! My name is Angela Highbaugh-Battle, and I am the new president of this wonderful organization. I am a general pediatrician and have practiced in a multi-specialty group in St. Marys for the last 3 years. Prior to moving to St. Marys, I was in a solo-private practice in Hazlehurst for 12 years. Leaving my rural practice has been my most difficult professional decision. The impetus for the change was my realization that I needed to establish much better work-life balance. I have found this change to be beneficial for my family and am pleased that I took the leap. Making a major career change usually means putting yourself first for at least a time. Pediatricians are natural advocates, but we have to remember that in addition to advocating for the children to whom we provide care, we have to advocate for ourselves.

The last over 2 years of this pandemic have been, in a word, trying, for all of us. While the pandemic persists, we are now in the position to start to make decisions about what comes next. Perhaps, the silver lining is that each of us now has the opportunity to re-evaluate the importance of various aspects of our personal and professional lives. Hopefully, we are all taking the opportunity to put our own needs first for a change.

The AAP recently hosted its Annual Leadership Forum which brings together chapter leaders from every state. One of the tasks of the Forum attendees is to select resolutions which will guide AAP priorities. One resolution which was added during the Forum was generated from discussion of members of our district. (District X includes Georgia, Florida, Alabama, and Puerto Rico). Our new Vice-President, Nicola Chin, MD of Atlanta, Legislative Committee Chair, Melinda Willingham, MD, our very own Immediate Past President of the AAP, Sally Goza, MD, and Executive Director, Rick Ward were part of the discussion. The resulting resolution entitled Supporting Pediatrician Advocates Experiencing Adversity was the top resolution. Pediatricians have been pushed emotionally, physically, mentally, and financially during this pandemic. We are facing a youth mental health crisis, increasing vaccine hesitancy, and even reemergence of certain vaccine preventable diseases. I appreciate the work each of you does daily to promote the health of the children of Georgia. For many of us, the work is now more challenging than ever. As we broach this new phase of the pandemic response, please use the opportunity to assess the toll of your work and advocacy on your mental well-being. This may be the time to become involved in a Chapter committee that aligns with a child health topic for which you are passionate. This may also be the time to decline an activity that is no longer fulfilling to you. Additionally, you may have a colleague that would benefit from a comforting word or just a listening ear. We can support each other in our quest onward. I encourage each of us to be present and enjoy the hilarious moments that are presented to us as pediatricians on a daily basis. I had a very intelligent 3-year-old educate me that his dinosaur was a Tyrannosaur Rex rather than just a T. Rex as I suggested. I hold on to these special moments because sometimes, I need a reminder to smile.
It’s been a tough few years. For most of us, the pandemic has brought one of the most challenging times in our careers. The physical demands of protecting and monitoring our own health constantly were layered on top of intellectual demands of maintaining a mastery of constantly changing information about COVID-19, its treatment, and its prevention. We have been called on to provide reassurance to our patients, families, and friends when we, ourselves, have been unsure and unsettled. In that spirit, I would like to say something to you that you cannot hear enough.

Thank you.

Thank you for wearing a mask and protective gear every day, sweating while taking care of sick children.

Thank you for taking time to explain why someone didn’t meet guidelines for a COVID test at that time.

Thank you for pressing to obtain a COVID test when you felt it was important, but the family and patient did not.

Thank you for explaining over and over quarantine guidelines, interpreting every unique exposure situation, and being incredibly consistent.

Thank you for working with your staff to implement new protocols and procedures, and then revising them again and again as more information became available.

Thank you for making the hard decisions of bringing someone into the office or treating them at home.

Thank you for worrying over your practice’s bottom line, trying to keep people employed when there were few patients to be seen.

Thank you for digging in and getting the work done when you were overwhelmed with the number of patients needing care during a surge in cases.

Thank you for your grace and resilience as friends, family, and partners got sick and you had to pick up extra duties at work and home.

Thank you for persevering, and for still being here.

An important part of preventing burnout is to recognize the mission of what we do when its implementation gets hard. We need to make sure that our colleagues feel seen, that they know that we understand what they are going through.

See and Be Seen

An important part of preventing burnout is to recognize the mission of what we do when its implementation gets hard. We need to make sure that our colleagues feel seen, that they know that we understand what they are going through.

I write this with humility, knowing that I have not done this nearly enough. My desire is to see and be seen, to know and be known. Taking care of children is difficult under the best of conditions, and you do it with unparalleled compassion and competence. As we shift into a new phase of this pandemic, may we take the time to help our colleagues who are struggling. In doing so, we also help ourselves.

Thank you for all you do every single day.

Michael J. Ramsey, MD, FAAP

Vice Chair, District X, American Academy of Pediatrics

Dothan, Ala.
An exploratory look into the root causes of infant mortality in rural Georgia is underway as part of a cooperative initiative with Mercer University School of Medicine’s Center for Rural Health and Health Disparities (CRHHD) and the Georgia Department of Public Health (DPH) Maternal and Child Health (MCH) Section. Despite evidence that racial and ethnic disparities in infant mortality persist in many rural communities throughout Georgia, more than 75% of the state’s rural counties do not have a birthing hospital. From 2014-2018, the infant mortality rate (IMR) in Georgia was 7.43 deaths per 1,000 live births, however, rural counties have disproportionately high IMRs. As shown in Figure 1, rural counties are more likely to have IMRs both above the state average and more than 1.5 times the state average. In addition, all counties that have more than two times the state average are rural. Further, 11 of the 12 Georgia counties in which the IMR was at least five times as high in black babies as in non-Hispanic white babies were rural.

While seeing patients in a pediatric clinic during the pandemic, pediatricians may have noticed an advantage to patients attending classes online. Being able to wake up around 1 hour before school starting and being able to make it to class on time makes it possible for teenagers to get 1-2 more hours of sleep than they usually would. Undoubtedly, this extra time can be an advantage in helping them perform better academically. This result of the pandemic points out one of the biggest changes that can be made to help adolescents in the state of Georgia, delaying school start times to allow students to get more sleep on a nightly basis.

For many school districts in Georgia, the school start time is before 8:30 AM and puts students at risk for increased obesity, metabolic dysfunction, lower levels of physical activity, anxiety, depression, impairments in judgement, risky behaviors, decreased motivation, impairments in executive function, and lower academic achievement. By delaying school start times, we hope to increase the total amount of sleep each student gets. The benefits include improved performance on testing, decreased tardiness, decreased motor vehicle accidents, and improved athletic performance.

This past summer, the Atlanta Public Schools had wanted to start high school earlier (7:45 a.m.), but, when there was a public outcry against this time change, the school system changed course and delayed high school start times. This action shows the value of being an advocate for high school students and speaking out in their interest. The Atlanta Public Schools is a good start, but all over the state of Georgia, there are high school students who must wake up at 5-6 a.m. to get on their bus to get to school on time. With high schoolers not able to get to sleep before 10 p.m., getting a proper amount of sleep is almost impossible for adolescents.

In pediatrics, we are in a unique position to not only educate about the importance of sleep for our patients, but also to advocate for it publicly at PTA meetings, school board meetings, or with local legislative representatives. Our voice can be very influential and needs to be heard.

Our goal for the entire state of Georgia should be to have all high schools start classes after 8:30 a.m. This change will help students perform academically and improve their overall health.

* Brandon M Seay, MD, MPH, FAAP
Pediatric Pulmonologist and Sleep Specialist
Children’s Physician Group Pulmonology at Scottish Rite

**Why We Should Start School Later**

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<thead>
<tr>
<th>Percentage of Counties Above the State Average IMR</th>
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Figure 1: Percentage of Counties Above the State Average IMR

Addressing these disparities and understanding the underlying factors driving infant mortality in rural Georgia is a top priority for CRHHD and DPH. The team developed a comprehensive environmental scan to study the factors contributing to infant mortality disparities within rural communities throughout the state.

The initiative will be rolled out in three phases. In Phase I, focus groups will be conducted in the three rural counties with the highest reported IMRs, as well as the rural county with the highest disparity in African American infant mortality. These focus groups will delve into the dynamics of healthcare, prenatal and postnatal care, and the social determinants of health within these highly impacted communities. The results of these focus groups will guide the pace and tone of Phase II, in-depth interviews with key community members and stakeholders to gain further detail on the factors affecting infant mortality. Phase II counties will include all rural counties with a reported IMR at least 1.5 times the state average.
Several important nutrition articles have been published recently which may be of interest to Georgia pediatricians.

1. New Hemoglobin and Ferritin Thresholds for Iron Deficiency in 1 yr-olds


Key points:
- This study included 3153 infants, with 698 included in the final analysis.
- 11.4% had iron deficiency, 3.5% had iron deficiency anemia, 8.2% had anemia, and 76.9% were normal.
- "The authors showed that the hemoglobin threshold of 110 g/L that is currently recommended for diagnosing anemia at 1-year-old well-child visit corresponds with a very low serum ferritin (4.42 mcg/L)."
- In a previous study, TARGet Kids!, "a higher serum ferritin was associated with higher cognitive function, with a serum ferritin of 17 mcg/L corresponding with the maximum level of cognition."
- Thus, current hemoglobin levels and ferritin need to be revised. Neither a hemoglobin of 11.0 g/dL nor a ferritin of 12 mcg/L is sensitive in detecting iron deficiency in toddlers.
- In the U.S., only ~40% of anemia in toddlers is attributable to iron deficiency; thus, checking a ferritin can help determine if iron supplementation is worthwhile.
- These articles make a strong argument for a ferritin threshold of at least 18 mcg/L, and for checking ferritin along with a hemoglobin. Iron deficiency anemia is a late indicator of iron deficiency and relying on hemoglobin alone could have irreversible detrimental effects on cognition.

2. Avoidant Restrictive Food Intake Disorder (ARFID): A Downside of Diet Therapies


Background. Often dietary therapies are implemented to improve gastrointestinal symptoms in conditions like irritable bowel syndrome; however, in addition to potential nutrient deficiencies, these diets may trigger anxiety around eating and provocation of eating disorders.

Key points:
- In total, 15.2% of the patients reported severe food avoidance and restriction, and in these patients all aspects of quality of life were lower (P < .01) and psychological, GI, and somatic symptoms were more severe (P < .05).
- "The sine qua non of ARFID is a reduction in food intake, in terms of volume and/or variety, not primarily motivated by body image disturbance."
- "Motivations behind changes in eating in ARFID need to be 1 or more of 3 prototypical presentations: (1) fear of aversive consequences (eg, IBS symptoms), (2) a lack of interest in eating or low appetite, and (3) sensitivity to sensory characteristics of food (eg, taste, texture, smell)."
- "Weight suppression has similar deleterious health effects as is seen in anorexia nervosa, including cardiac abnormalities and bone mineral density loss."
- "Up to 90% of patients in IBS reporting avoidance of specific foods."
- These articles further emphasize the point that nutritional counseling is important for restrictive diets and that most of these diets are intended to be liberalized after several weeks. That is, foods are reintroduced gradually to determine which foods need long-term avoidance.

3. Medical Therapy on the Horizon for Obesity

AM Jastreboff et al. NEJM 2022; DOI: 10.1056/NEJMoa2206038. Tirzepatide Once Weekly for the Treatment of Obesity

The new tirzepatide trial, called SURMOUNT-1, included more than 2,500 adult volunteers (w/o diabetes). Nine out of 10 lost weight, and on the highest dose, 15 mg, they lost an average of 52 pounds each. Depending on the dose, the average weight loss was 15-21%. This medication is likely to cost in the vicinity of $1600 per month. Another obesity treatment approved last year called semaglutide, from Novo Nordisk, provides an average of up to about 15% weight loss.

4. Bridles Secure NG Tubes

JA Lavoie et al. JPEN 2022; https://doi.org/10.1002/jpen.2409. Nasogastric Bridles are Associated with Improved Tube-Related Outcomes in Children

Children with bridled NGTs were compared to their non-bridled NGT counterparts (all results below with p values ≤0.02):
- 16.67 times less likely to experience a dislodgement (OR = 0.06)
- 2.5 times less likely to have one more ED visit (OR = 0.4)
- 4.76 times less likely to require one more radiographic exposure (OR = 0.22)

Please contact me at jhochman@gicareforkids.com with questions and suggestions.
Jay Hochman, MD
Vice Chair, Committee on Nutrition, Georgia Chapter AAP
Blog site: gutsandgrowth.wordpress.com

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MAGMUTUAL’
Chapters as states consider policies affecting access to abortion

“In the wake of this ruling, the AAP will continue to support our patients and jeopardizing the patient-physician relationship. It is tempting to avoid these difficult issues and focus only on the child in front of us in the exam room. We can’t leave the fight, however, to the other states pass legislation harmful to children and the activist teams for playing sports on teams that match their gender identity and denies them the benefits of physical activity and being part of a team. Legislation has been introduced, but failed to pass so far, which would prevent trans children from getting gender affirming care. Due to recent legislation, Georgia prevents transgender youth from playing sports on teams that match their gender identity and denies them the benefits of physical activity and being part of a team. Legislation has been introduced, but failed to pass so far, which would prevent trans children from getting gender affirming care. We must remain open to discuss gender and sex with all patients and support them as they navigate a hostile world.

In my opinion, every female should have Plan B available to take after unprotected intercourse and Peditrianians should become comfortable prescribing medical abortion pills (or referring to someone who can provide this to our patients before 6 weeks of gestation). Another option, in my opinion, would be to recommend socially active females take a pregnancy test every month to ensure they can detect a pregnancy while they still have an option to terminate it. Despite overwhelming evidence that the proliferation of firearms makes everyone less safe, Georgia has some of the weakest gun laws in the country. There are no restrictions on assault rifles or large capacity magazines, no safe storage requirements, no limits on concealed carry, no waiting period to buy a gun, no requirement to have a license to carry a gun, no red flag laws and no restrictions or regulations on gun show sales.

In addition to advocating for common sense policies to reduce gun violence, we should continue to discuss guns frequently in the exam room. Tell parents that guns in the home are far more likely to shoot a family member than an intruder. Counsel families not to have guns in the home; if they do have guns, make sure they know the importance of safe storage and additional protections like trigger locks. All medical offices should be gun-free zones and we should encourage businesses to do the same (at least until the Supreme Court takes away that right). Due to recent legislation, Georgia prevents transgender youth from playing sports on teams that match their gender identity and denies them the benefits of physical activity and being part of a team. Legislation has been introduced, but failed to pass so far, which would prevent trans children from getting gender affirming care. We must remain open to discuss gender and sex with all patients and support them as they navigate a hostile world.

On 6 24 22, the AAP president Dr. Morra Stalnagery wrote that “the American Academy of Pediatrics (AAP) this morning reaffirmed our longstanding policy supporting adolescents’ right to access comprehensive, evidence-based reproductive healthcare services, including abortion. Today’s ruling means that in many places in the United States, this evidence-based care will be difficult or impossible to access, threatening the health and safety of our patients and jeopardizing the patient-physician relationship.

“In the wake of this ruling, the AAP will continue to support our chapters as states consider policies affecting access to abortion care, and pediatricians will continue to support our patients.”

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

1. PPE form changes

In May, the Georgia High School Association (GHSA) changed from using the 5th edition of the Sports PreParticipation Physical Evaluation (PPE) form for Sports Clearance for 2022-2023 School Year - to the older 4th edition, copyright 2010. This change was based on their desire to remove the question of gender identity on the history form, found on the 5th edition. As of August 1, 2022, they have changed to an adapted version of the 5th edition, with the change of the “sex assigned at birth” to being open ended and omission of the gender identification question. These forms are available at https://www.ghsa.net/forms in English and Spanish and can be accessed at https://d3hulkkik6zid2r5.cloudfront.net/2022/08/15/dfs75y/4b1a7f1b1dc1aa9b800894f576da/GHSA_PPE-Form-English_Fillable_Revised.pdf

This version has been shared with the AAP and we want to provide the following reminders:

• The AAP continues to endorse and encourage use of the 5th edition in its original form.

• Additionally, for clarification members are reminded that ONLY the Medical Eligibility Component of the PPE form should be submitted to the school or recreational association. The PPE forms include HIPAA protected information and should be retained by your office in the student-athlete’s medical file. Therefore, do not forward the History Form (which includes the question on gender) nor the Physical Examination form to the school.

Steps for completion of the PPE forms:

1. The student athlete or parent is encouraged to fill out the PPE form. After the examination, the physician determines if the student athlete is cleared for medical eligibility, has medical concerns that arise during the visit.

2. The physician reviews the history form and asks clarifying questions during the physical examination. Physicians are encouraged to use the PPE 5th edition Physical Examination form. After the examination, the physician determines if the student athlete is cleared for medical eligibility, has restrictions, or should be examined by a specialist for any medical concerns that arise during the visit.

3. The ONLY form that should be submitted to the school or recreational association is the Medical Eligibility form. The History form and Physical Examination form should be retained by the practice in the student-athlete’s medical file.

II. Concerns regarding mass school physicals

This practice continues and is strongly discouraged by the AAP due to the variability of sport physicals that are occurring outside of the youth’s medical home. Also, when schools provide these physicals, they have access to all parts of the PPE forms, not just the Medical Eligibility form as previously discussed. We encourage you to share with your families that, even though mass school physicals may be convenient, they should be aware of the risk involved. This issue is being followed by the AAP and other organizations and we will continue to advocate for the sports physical to be conducted within the medical home.

III. We need you!

Lastly, we are looking for general pediatricians to join our committee! The committee is open to all Chapter members. If you are interested in sports medicine and would like to join or have questions, please contact Kyla Crane, MD, at the Georgia AAP at kcrane@geaap.org.

Shelley Street Callender, MD, MOQSM, FACP, FAAP
Sports Medicine Committee, Chair
Georgia AAP
Mental Health Matters

Evan Brockman, MD, MPH, FAAP

“What’s the point of having a voice if you’re gonna be silent in those moments you shouldn’t be?” This quote from Starr Carter, the 16-year-old protagonist of Angie Thomas’s award-winning novel, The Hate U Give, immediately springs to mind while reflecting on many issues facing pediatrics today. As pediatricians, we are ideally positioned to be advocates for children’s health in ways both small and grand. For example, we all are aware that the ongoing pandemic continues to exacerbate the mental health crises facing our youth. One in five children in Georgia experiences a mental health condition prior to age 18 and yet fewer than half receive timely services. One solution to address unmet child mental health needs is to be a voice for children to integrate a degree of mental health care into the pediatric medical home.

The fundamental nature of primary care, which is to promote and track healthy child development, forms a foundation from which to detect emerging mental health issues. Managing or co-managing mental health care in the context of the family unit and with a pediatrician’s expert knowledge of co-occurring medical conditions benefits patients and results in better health outcomes. Moreover, research shows commonly occurring conditions such as anxiety and depression can be prevented or ameliorated by early intervention. As pediatricians become more comfortable and confident in the role of identifying and addressing mental health concerns, the burden of late adolescent and adult mental health disorders will also be reduced.

Bright Futures provides the forms and materials that pediatric professionals need to cover preventive health visits and screenings effectively. In July, an implementation tip sheet for promoting relational health was added. Early Relational Health (ERH) begins during pregnancy and is established by 1 year of age. The AAP notes differences between the toxic-stress framework, a problem during pregnancy and is established by 1 year of age. The AAP sees our CSB guide, please check it out on the Chapter website. This education is critical that for our committee continues to: tackle. Health outcomes improve when communication among providers improves. The key is understanding and building upon local trusted resources. Many pediatricians utilize safety net services offered by local Community Service Boards (CSBs). If you have not seen our CSB guide, please check it out on the Chapter website. This guide, in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), provides information on how CSBs operate and what specific services can be found at each of the 26-CShs around the state.

During the 2022 state legislative session, the Georgia Assembly passed the Mental Health Parity Act. Signed into law by the governor in April, the new law, which took effect July 1, 2022, is based on the first-year recommendations from the state’s Behavioral Health and Innovation Commission. This law ensures that, for the first time in Georgia, public and private health insurance plans must cover behavioral health equitably with physical health. Georgia families will have better access and coverage of mental health services. Given that early intervention is key to positive health incomes and

For those who are interested in learning more, the Chapter offers a variety of ways to help members improve confidence and competencies, whether it be performing a mental health screen or a diagnostic assessment, initiating treatment of common mental health conditions, or accurately coding for better reimbursement. Below are a few examples. Be sure to check out the Chapter website for registration details and other related events.

• An ECHO on Early Relational Health and the Pediatrician’s Role in Infant Mental Health, August 26.
• A webinar titled Integrating Behavioral Health Screenings for Better Health Outcomes, October 19. As part of a five-year HHS grant, and in collaboration with DBHDD, Georgia Department of Early Care and Learning (Decal), the Georgia Department of Public Health (DPH), and Augusta Children’s Hospital faculty, an ECHO of two cohorts covering Anxiety and Depression launched in August with future cohort classes expected to follow.

Pediatrics on the Parkway Fall CME meeting, November 17 at Cobb Galleria in metro Atlanta offers a full afternoon seminar dedicated to supporting mental health in adolescents.

If you are interested in effecting change at the state level, you may wish to join the Behavioral Health Physician Advisory Group. This committee was established in October 2020 for the purpose of supporting the Chapter’s work related to behavioral and mental health. Now, at the two-year anniversary of that initial meeting, the group consists of highly engaged physicians around the state and two talented Chapter staff and meets monthly to discuss various methods to improve behavioral and mental health care for children and adolescents in Georgia. We cover topics from post-partum depression to ERH to best practices for implementing screening, school mental health, bias in mental health assessment/intervention, barriers to treatment, and more. All perspectives are welcome. For more information, please contact Hannah Smith, MHS, Coordinator for Behavioral Health Services, at 404.881.5020.

Improving bi-directional communication with partnering healthcare professionals is one critical issue that our committee continues to: tackle. Health outcomes improve when communication among providers improves. The key is understanding and building upon local trusted resources. Many pediatricians utilize safety net services offered by local Community Service Boards (CSBs). If you have not seen our CSB guide, please check it out on the Chapter website. This guide, in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), provides information on how CSBs operate and what specific services can be found at each of the 26-CSBs around the state.

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Monkeys (simian) are currently the most widely known source of monkeypox. However, the virus is not limited to primates and has been identified in adults, particularly in areas with tropical rainforests. Currently, cases are spreading in cities and countries around the world. Though most cases in the US have been identified in adults, there have been reports in children.

How is it spread?

Anyone can get monkeypox.

**Human-to-human spread** is the more common transmission route occurs through prolonged physical contact with the infected person's rash or with materials/objects that were in contact with the rash (e.g., contaminated clothing, bedding). Other means of spread include large respiratory droplets from infected people. We are still learning how easily this occurs.

Due to **prolonged** close physical contact, monkeypox can be spread during sexual contact. We are still learning whether the virus passes through semen or vaginal fluids; hence currently, we cannot call it an STD.

**Animal to human spread** has been identified in adults, there have been reports in children.

How does monkeypox present?

There can be changes in the skin of the rash (e.g., contaminated clothing, bedding). Other means of spread include large respiratory droplets from infected people.

**Rash** in some recent monkeypox cases, people have presented with a rash without a recognized prodrome. The rash can look like pimples or blisters on the hands, mouth, and face, but also on other parts of the body, including genitalia and anus. It can be confused with rashes in other illnesses, including varicella, zoster, herpes simplex virus, allergic skin rashes, hand, foot, and mouth disease (enteroviruses) or molluscum.

Many recent cases have only had localized lesions and not a diffuse rash. Lesions typically progress from papules, macules, vesicles, and pustules to scabs. A person is contagious until after all the scabs on the skin have fallen off and a fresh layer of intact skin has formed underneat/undersheet. Decisions regarding discontinuation of isolation should be made in consultation with the local or state health department.

**Testing in the State of Georgia**:

- Submit specimens to commercial labs Commercial Testing Guidance for GA Providers 07.20.2022 or to the Georgia Public Health Laboratory GA Health Alert Network (HAN) 06.13.2022
- Advise patient to isolate at home until results can be received, except for medical care. If positive, isolate for 21 days.
- Providers must report any positive results immediately to public health by calling 1-866-PUB-HLTH.
- For infection control in healthcare settings, visit https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/special-populations.html

**Who is at increased risk for severe disease from monkeypox?**

Though anyone can get monkeypox, some young children (<8 years of age), pregnant or immunocompromised individuals, and individuals with a history of atopic dermatitis or eczema may be at significantly increased risk for severe outcomes.

Can I test for it?

- Yes. Clinicians should test patients with rash consistent with monkeypox, including firm or rubbery lesions, well-circumscribed, deep-seated, and often develop umbilication during the pastular stage.

**Vaccine Updates**

Continued from previous page.

Are treatments available for children?

- Most people will recover on their own in 2 – 4 weeks without the need for antivirals.
- Antivirals (Tecovirimat, oral or IV administration) may be requested for children and adults at high risk for severe disease or complications under the expanded access investigational new drug pathway.

Is there a vaccine available for children and teens?

Yes. CDC recommends vaccination for people exposed to monkeypox and at high risk for infection or severe complications. The preferred vaccine is JYNNEOS, authorized (EUA) August 9, 2022. For people <18 years of age. Live, non-replicating, a two-dose vaccine. 28 days (4 weeks) apart. Maximum immune protection may not be reached until two weeks after the second dose.

**Dosing:**

- **Standard regimen:** subcutaneous route of administration.
- **Dose-volume:** 0.5mL
- **Standard regimen is the FDA-approved dosing regimen.**

Since August 9, 2022, the standard regimen has been authorized for people aged <18 years under an Emergency Use Authorization (EUA).

Special considerations include recommendations for intradermal dosing for administration in people with atopic dermatitis, eczema or other exfoliative skin conditions (https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/special-populations.html)

- Alternate vaccine: ACAM2000 vaccine, single-dose. There may not be reached until two weeks after the second dose.
- **Maximum immune protection may not be reached until two weeks after the second dose.**

**Resources:**

- https://www.cdc.gov/monkeypox/clinicians/faq.html
- https://www.immunize.org/express/issue1640.asp#IZX1

**For infection control in healthcare settings, visit https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/special-populations.html**

- Supplementary information regarding vaccine usage for children and adolescents with atopic dermatitis, eczema or other exfoliative skin conditions.

**Vaccine Updates Fall 2022: What do I Need to Know as I Move into Fall?**

MONDAY, JUNE 13, 2022

Cynthia S. Goldsmith, Russell Regnery, CDC

https://www.cdc.gov/poxvirus/monkeypox/epidemiology/2022/index.html
New vaccine: PCV15
• The FDA licensed PCV15 (Vaxneuvance, Merck) on June 17 for use in children beginning at six weeks of age. PCV15 includes all serogroups in PCV13 (Prevnar 13, Pfizer), plus two additional serogroups. PCV15 may be used as an option to PCV13 (13-valent pneumococcal conjugate vaccine) for children aged <19 years according to currently recommended PCV13 dosing and schedules.

New MMR vaccine
• MMR vaccine (Priorix, GSK) was first licensed in Germany in 1997 and is approved in over 100 countries. ACIP recommends it may be used according to currently recommended schedules and off-label uses as an option to prevent measles, mumps, and rubella. Official guidance pending MMWR publication.

Other vaccine news:
At the June 2022 ACIP meeting, ACIP voted to approve the following recommendations. The CDC Director has adopted these. These recommendations become official once published in MMWR. Detailed guidance on use is forthcoming, pending MMWR publication.

Flu vaccine updates 2022-23 season:
• ACIP recommends that adults aged 65 years preferentially receive one of the following influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (AIV). If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

• Proposed updates discussed at the June 2022 ACIP meeting: All flu vaccines for the 2022-23 season will be quadrivalent, and the Influenza A (H3N2) and Influenza B (Victoria) components will be updated. All standard-dose unadjuvanted IIVs are now approved for ages six months and older.

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Chair, Chapter’s EPIC Immunization Advisory Committee

References
2. https://www.cdc.gov/poxvirus/monkeypox/about.html
3. Monkeypox in animals: https://www.cdc.gov/poxvirus/monkeypox/monkeys/monkeypox-in-animals.html
5. https://www.cdc.gov/poxvirus/monkeypox/symptoms.html
6. https://www.cdc.gov/poxvirus/monkeypox/infection-control.html
8. https://www.cdc.gov/poxvirus/monkeypox/treatment.html
9. https://www.cdc.gov/poxvirus/monkeypox/vaccines.html
10. https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html
11. FDA, Fact Sheet: https://www.fda.gov/media/63677/download
16. https://www.immunize.org/expressions/saw-460/05P2X
18. https://www.cdc.gov/poxvirus/monkeypox/vaccines.html
19. https://www.cdc.gov/poxvirus/monkeypox/about.html
20. https://www.cdc.gov/poxvirus/monkeypox/about.html

For more information or resources please visit www.cdc.gov/infectioncontrol/protectivefirstline/

Save the Date!
November 17-19, 2022
FALL CME MEETING
PEDIATRICS ON THE PARKWAY
Cobb Galleria Centre, Atlanta, Ga.

Registration is now open!
Scan the QR code or visit gaap.org/fallcmemeeting

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THE GEORGIA PEDIATRICIAN • FALL 2022 ISSUE
Looking Ahead:
Join us for our upcoming events!

- **Pediatrics on the Parkway**
  - Fall CME Meeting
  - November 17-19
  - Cobb Galleria Centre, Atlanta

- **Pediatric Foundation of Georgia’s Jim Soapes Charity Golf Tournament**
  - April 26, 2023
  - Cherokee Run Golf Club, Conyers

- **Winter Symposium**
  - (in collaboration with the Georgia OB/GYN Society)
  - February 4, 2023
  - Atlanta Buckhead Marriott, Atlanta

- **Pediatrics by the Sea, Summer CME Meeting**
  - June 14-17, 2023
  - The Ritz-Carlton, Amelia Island, FL

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The Georgia Chapter of the American Academy of Pediatrics is incorporated in the state of Georgia.

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