

# Georgia Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# The GEORGIA Pediatrician

*A Publication of the Georgia Chapter of the American Academy of Pediatrics*

## President's Letter



**Angela  
Highbaugh-Battle,  
MD, FAAP**

### Hello Georgia Chapter!

I hope this finds you well and your 2023 has been off to a good start. The 2023 state legislative session is upon us. I have always considered pediatricians natural advocates for the work we do on a daily basis to educate families on ways to keep their children safe and healthy. It goes without saying that we all have a few sentences we share on SIDS prevention, car seat safety, in-home accident prevention, and safe firearm storage just to name a few topics that we cover daily.

### I would like to take this opportunity to challenge each of you to take your advocacy work beyond the exam room.

I would like you to flex your advocacy muscles in a new way. The voices of pediatricians can carry a lot of weight because we are natural nurturers. I realize that so many pediatricians are already wearing hats that include more than the title of "Caring Doctor". I encourage you to find a new avenue for your voice to be heard whether it is in your hospital, your community, or even at the level of state or national politics.

Over the last couple of years, I have had the opportunity to be a member of the Legislative Committee. This is the hardworking chapter committee that follows various pieces of legislation, the legislative process, and key legislators. Additionally, I have had the opportunity to participate in the Medical Association of Georgia's Georgia Physician Leadership Academy (GPLA). As part of the GPLA training, I have had the opportunity to meet a few legislators. I must admit that I was initially quite intimidated by all there was to learn. I know how to handle a 2 year old that says, "Oh no" when I knock on the door. I always felt that families listened to me because they chose me to be their child's pediatrician. I was not confident that decision makers outside of

### The Chapter's legislative priorities for this session include:

- 1) **Protect current laws regarding mandatory childhood vaccinations; and oppose any efforts to diminish them.**
- 2) **Support higher payments for Medicaid codes to more closely mirror Medicare, when appropriate.**
- 3) **Support efforts, both legislative and budgetary, to improve mental health services for children and adolescents; including rate increases for children's mental health providers in the Medicaid program.**
- 4) **Protect physicians' conversations with patients and oppose any criminalization or penalties for providing medically approved care.**
- 5) **Monitor implementation of HB1013 as it relates to children, including common formulary implementation in Medicaid programs.**
- 6) **Support efforts to improve gun safety and reduce the number of firearm deaths and injuries that impact children.**

the exam room would be interested in my opinions. I now realize that I, like all of you, am a subject matter expert when it comes to issues of children's physical and mental health. I have important information to share to advance children's health initiatives.

This past fall I requested and was granted meetings with my state senator and state representative. I did not go into either meeting with an agenda. I just wanted the opportunity to meet my representatives and learn about their legislative priorities. I also hoped that I could offer to be a subject matter expert for legislation for which it would be relevant. Admittedly, I was nervous going into both meetings, but I am so glad I did it. In

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both cases my 30 minute meeting request turned into an hour long conversation. I had the opportunity to share some of the work in which the Georgia Chapter has been engaged and some community-specific ideas.

I would like to share a few tips that have been helpful to me on my legislative advocacy journey:

1) It is okay if you do not have the same political views as your legislator. The health of Georgia's children is not political.

2) You do not have to make a campaign contribution in order to schedule a meeting.

**3) If you do have a particular ask, be ready to provide examples of patients' being impacted by the status quo.**

4) It is okay to not answer questions that are outside of your scope of expertise.

5) Find out the legislators' preferred way to communicate and send a brief thank you using that modality.

Every legislative session is an opportunity to further positive health outcomes for the children of Georgia. Unfortunately, each session also opens the door for legislation that can erode the medical home and negativity impact pediatric health outcomes.

The Chapter's legislative priorities for this session include:

1) Protect current laws regarding mandatory childhood vaccinations; and oppose any efforts to diminish them.

2) Support higher payments for Medicaid codes to more closely mirror Medicare, when appropriate.

3) Support efforts, both legislative and budgetary, to improve mental health services for children and adolescents; including rate increases for children's mental health providers in the Medicaid program.

4) Protect physicians' conversations with patients and oppose any criminalization or penalties for providing medically approved care.

5) Monitor implementation of HB1013 as it relates to children, including common formulary implementation in Medicaid programs.

6) Support efforts to improve gun safety and reduce the number of firearm deaths and injuries that impact children.

I am confident that with our collective voices we can continue to move the needle in the direction of positive health outcomes for patients, families, and the pediatricians who serve them. I am optimistic that more pediatricians as advocates will only get us there faster!



**Angela Highbaugh-Battle, MD, FAAP**



# Choosing Wisely



Shabnam Jain,  
MD, MPH



Natalie E. Lane,  
MD

A Choosing Wisely list has recently been released for Pediatric Emergency Medicine. Choosing Wisely lists help promote conversations between clinicians and patients to choose care that is supported by evidence and is truly necessary. They attempt to inform providers and families of diagnostic tests and therapies that are often used in healthcare, are frequently unnecessary, add to costs, and usually do not change outcomes for the patient. What's worse, at times the test results can potentially lead to unnecessary treatments or incorrect diagnoses, and sometimes even more testing. A good history and physical is often all that is needed to arrive at an appropriate diagnosis and treatment plan for these conditions.

Shabnam Jain, MD, MPH, Professor of Pediatrics at Emory University/Children's Healthcare of Atlanta spearheaded this 18+ month long taskforce of the AAP Section of Emergency Medicine. After an extensive approval process by multiple national societies and organizations in both the US and Canada, the list has been jointly approved by the AAP and CAEP (Canadian Association of Emergency Physicians) and simultaneously released by Choosing Wisely organizations in both countries.

Targeted towards the practice of pediatric emergency medicine, this Choosing Wisely list will also be helpful in improving the

**Entitled "Five Things Physicians and Patients Should Question in the Practice of Pediatric Emergency Medicine", the list can be found at the link below and includes the following recommendations:**

- **Do not** obtain radiographs in children with bronchiolitis, croup, asthma, or first-time wheezing.
- **Do not** obtain screening laboratory tests in the medical clearance process of pediatric patients who require inpatient psychiatric admission unless clinically indicated.
- **Do not** order laboratory testing or a CT scan of the head for a pediatric patient with an unprovoked, generalized seizure or a simple febrile seizure who has returned to baseline mental status.
- **Do not** obtain abdominal radiographs for suspected constipation
- **Do not** obtain comprehensive viral panel testing for patients who have suspected respiratory viral illnesses.

[www.choosingwisely.org/societies/american-academy-of-pediatrics-section-on-emergency-medicine-and-the-canadian-association-of-emergency-physicians](http://www.choosingwisely.org/societies/american-academy-of-pediatrics-section-on-emergency-medicine-and-the-canadian-association-of-emergency-physicians)



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quality of care provided to children in urgent care settings, general emergency departments, and also primary care offices, from where children are sometimes referred for testing that may not be warranted. We share this document to further support clinicians who are already practicing evidence-based medicine and to encourage families to understand when testing may be unnecessary and may have downsides.

### Shabnam Jain, MD, MPH

Chair, Quality Improvement Task Force, Georgia AAP  
Professor of Pediatrics and Emergency Medicine  
Emory University  
Medical Director for Clinical Effectiveness  
Children's Healthcare of Atlanta, Atlanta

### Natalie E. Lane, MD

Chair, Emergency Medicine Committee, Georgia AAP  
Section Chief, Pediatric Emergency Medicine Section  
Fellowship Director, Pediatric Emergency Medicine Fellowship  
Medical Director, Children's Hospital of Georgia  
Augusta University, Augusta



# Georgia's Health Code Updated to Identify Perinatal Exposures at Birth

The Georgia Department of Public Health recently updated the serologic testing requirements for pregnant women (Chapter 511-5-4 / Authority: O.C.G.A. §§ 31-2A-6, 31-12-3 and 31-17-4) in Georgia. The updated rules add hepatitis B and hepatitis C to the required standard screenings for pregnant women. Effective August 31, 2022, every pregnant woman should be tested during every pregnancy for hepatitis B, hepatitis C, HIV, and syphilis. This update brings Georgia's testing requirements in line with national recommendations. Detection of these infections allows providers to treat infected women to decrease the risk of perinatal transmission, provide post-exposure prophylaxis to exposed newborns at birth, and to link infected infants to follow-up care.

Hepatitis B (HBV) and hepatitis C (HCV) can be transmitted from an infected mother to her child at birth through exposure to infected blood or body fluids. Infants born to HBV-infected mothers must receive post-exposure prophylaxis within 12 hours of birth with hepatitis B immune globulin (HBIG) and hepatitis B vaccine, complete the hepatitis B vaccine series

at 6 months of age, and complete post-vaccination serologic testing with hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) at 9 to 12 months of age to prevent transmission. Hepatitis B infected infants have a 90% risk of becoming chronically infected, and a 25% risk of dying prematurely.

Hepatitis C-infected infants have a 50% risk of chronic asymptomatic infections and a 30% risk of chronic active infection, although 20% of infected infants can spontaneously clear the infection. There is no post-exposure prophylaxis or vaccine to prevent HCV transmission. Infants born to HCV-infected mothers should be tested at 2 months to 18 months of age using an age-appropriate lab test. HCV antibody (anti-HCV) testing is not recommended before 18 months of age due to the detection of passively acquired maternal antibody. HCV RNA testing can be performed at 2 months of age and older.



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### Implementing the following strategies in your practice can help identify perinatally exposed infants and children:

- Verify the mother's prenatal lab results for HBsAg, anti-HCV with reflex to HCV RNA, RPR and HIV EIA testing during the newborn hospital admission.
- Order post-exposure prophylaxis or treatment at birth for newborns born to infected mothers.
- Ask parents and guardians about perinatal exposures at the first well-check visit or on new patient intake forms since hospital discharge paperwork may not always document the exposure.
- Order laboratory testing for exposed children at the recommended ages.
- Report perinatally exposed infants and laboratory results to the Georgia Department of Public Health.

**Contact the Georgia Department of Public Health for additional information at (404) 657-2588 or visit [www.dph.ga.gov](http://www.dph.ga.gov).**

**Tracy Kavanaugh, MS, MCHES**

Perinatal Hepatitis B Program Coordinator  
Acute Disease Epidemiology Section  
Georgia Department of Public Health



# Serologic Testing Requirements for Pregnant Women

The Georgia Department of Public Health requires pregnant women to be tested for **hepatitis B, hepatitis C, HIV, and syphilis** every pregnancy (Rule 511-5-4). Positive test results for these infections must be reported to the Georgia Department of Public Health (Georgia Code O.C.G.A. § 31-12-2).

## FIRST PRENATAL VISIT

### TEST ALL PREGNANT WOMEN:

**Hepatitis B (HBV):** HBsAg

**Hepatitis C (HCV):** anti-HCV with reflex to HCV RNA

**HIV:** HIV EIA or Rapid Assay (fingerstick preferred)

**Syphilis:** Non-treponemal (RPR) with reflex to treponemal test



## THIRD TRIMESTER

### TEST ALL PREGNANT WOMEN:

**HIV:** HIV EIA or Rapid Assay (fingerstick preferred) before **36 weeks**

**Syphilis:** Non-treponemal (RPR) with reflex to treponemal test ideally at **28 to 32 weeks** of gestation

### TEST SELECT PREGNANT WOMEN AT CONTINUED RISK OR WITH KNOWN EXPOSURE:

**Hepatitis C:** anti-HCV with reflex to HCV RNA



## AT DELIVERY

### ASSESS ALL PREGNANT WOMEN:

**Hepatitis B, Hepatitis C, HIV, and Syphilis testing**

### TEST SELECT PREGNANT WOMEN:

**Hepatitis B (HBV):** HBsAg

- No evidence of screening during pregnancy
- Persons at high risk
- Signs or symptoms of hepatitis

**Hepatitis C (HCV):** anti-HCV with reflex to HCV RNA

- No evidence of screening during pregnancy

**HIV:** HIV EIA or Rapid Assay (fingerstick preferred)

- No evidence of screening during pregnancy
- Persons at high risk
- Persons not tested in the third trimester

**Syphilis:** Non-treponemal (RPR) with reflex to treponemal test

- No evidence of screening during pregnancy
- Persons who deliver a stillborn infant(s)
- Persons at high risk
- Persons not tested in the third trimester



Disease reporting requirements can be found at:

[www.dph.ga.gov/epidemiology/disease-reporting](http://www.dph.ga.gov/epidemiology/disease-reporting)

Reference: Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021;70(No. RR-4):1–187. DOI: [www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf](https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf)



# Nutrition Update Spring 2022



Jay Hochman,  
MD

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

## 1. DHA for Preterm Infants

JF Gould et al. NEJM 2022; 387: 1579-1588.

### Neonatal Docosahexaenoic Acid in Preterm Infants and Intelligence at 5 Years

In this randomized placebo-controlled study of infants born prior to 29 weeks gestation, DHA supplementation 60 mg/kg/day was given to the study group and cognitive outcomes were measured at 5 yrs. 480 (73%) had a full-scale intelligence quotient (FSIQ) score available — 241 in the DHA group and 239 in the control group. **Key findings:**

FSIQ scores were  $95.4 \pm 17.3$  in the DHA group and  $91.9 \pm 19.1$  in the control group. The mean difference was 3.45 ( $P=0.03$ ). Adverse events were similar in the two groups.

## 2. Consensus Recommendations:

### Overdiagnosis of Milk Allergy in Infants

HI Allen et al. Clin Exp Allergy 2022; 52: 848-858. (Open Access):  
Detection and management of milk allergy: Delphi consensus study

This guideline has 38 recommendations; it supports a more supportive treatment approach. Because breastmilk is hypoallergenic, maternal dietary restriction may be more harmful than helpful in those with mild symptoms (especially if not having trouble with growth or with hypoalbuminemia).

## 3. Semaglutide for Adolescent Obesity

D Weghuber et al NEJM 2022; 387: 2245-2257.

### Once-Weekly Semaglutide for Adolescents with Obesity.

In this double-blind, parallel-group, randomized, placebo-controlled trial, the authors enrolled 201 adolescents (12 to <18 years of age) with obesity (a body-mass index [BMI] in the 95th percentile or higher) or with overweight (a BMI in the 85th percentile or higher) and at least one weight-related coexisting condition. **Key findings:**

- The mean change in BMI from baseline to week 68 was -16.1% with semaglutide and 0.6% with placebo
- At week 68, a total of 95 of 131 participants (73%) in the semaglutide group had weight loss of 5% or more, as compared with 11 of 62 participants (18%) in the placebo group

Interestingly, at about the same time this study was published, semaglutide and similar agents were recommended in a treatment guideline for adults with obesity (E Grunvald et al. Gastroenterology 2022; 163: 1198-1225).

## 4. NY Times (9/13/22) Alice Callahan

### Is Food Sensitivity Testing a Scam?

**Key point:** “There aren’t validated tests for food intolerances or sensitivities...”

The only way to figure out if you are sensitive to certain foods or ingredients is to see how your symptoms change after eliminating them from your diet, ideally with the help of a registered dietitian or physician”

## 5. Treatments for Refractory Pediatric Celiac Disease

AA Ibrahim et al. JPGN 2022; 75: 616-622. (Open Access)  
Budesonide and the Gluten Containing Elimination Diet as Treatments for Non-responsive Celiac Disease in Children

Historically, if a patient with celiac disease (CD) had ongoing problems despite consuming a gluten-free diet (GFD) (up to 15% of children), families were told to try harder with the GFD. This study has provided two alternatives.

1. A Gluten Containing Elimination Diet (GCED): a more stringent diet consisting of fresh, whole, and unprocessed naturally gluten-free foods
2. Budesonide (6-9 mg per day)

Among 22 children with refractory celiac disease (including symptoms and Marsh 3 biopsy changes), treatments for non-responsive CD were either a GCED ( $n=13$ ), budesonide ( $n=9$ ) or both ( $n=4$ ). **Key findings:**

- With GCED ( $n=13$ ), 46% achieved both histological and symptomatic resolution
- With budesonide ( $n=9$ ), 89% achieved both symptomatic and histologic resolution after a median 3-month treatment course
- 67% of patients who responded to the GCED and 100% of patients who responded to budesonide remained in remission for at least 6 months following treatment transition back to exclusive GFD

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Please contact me at [jhochman@gicareforkids.com](mailto:jhochman@gicareforkids.com) with questions and suggestions.

## Jay Hochman, MD

Vice Chair, Committee on Nutrition,  
Georgia Chapter AAP  
Blog site: [gutsandgrowth.wordpress.com](https://gutsandgrowth.wordpress.com)



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# “Play It Safe, Georgia!” Injury Prevention Toolkit




Kiesha Fraser Doh,  
MD, FAAP

On behalf of the Chapter’s Committee on Injury, Violence, Poisoning Prevention (COIVPP), we are excited to announce the launch of our **“Play It Safe, Georgia!” Injury Prevention Toolkit**. Members of the committee from across Georgia have collaborated to create guidance on 12 different injury prevention topics for inclusion in this toolkit.

anticipatory guidance around safety and injury prevention to patients and their families.

If you have any questions, or would like to suggest a topic to be spotlighted, or want to join our dynamic group of Committee members, please contact Kiesha Fraser Doh, Chair of COIVPP, or Fozia Eskew, Committee Chapter Staff Support, [fozia.eskew@gaaap.org](mailto:fozia.eskew@gaaap.org).



The #1 killer  
of children in  
Georgia is  
preventable  
injuries.

In almost every month during 2023, we will release one or more injury prevention anticipatory guidance toolkit sheets beginning on February 5, 2023. Each injury prevention installment includes two toolkit sheets, one for clinicians and one for distribution to parents and caregivers. The clinician sheet details the current burden of injury, offers anticipatory guidance and physician resources, and suggests ways we can all help parents and caregivers keep their kids safe, and when they should seek help. The parent and caregiver sheet presents the issue in terms non-clinicians can easily understand, discussing the issue’s importance and outlining ways to keep children safe.

The 12 different injury-related topics are Georgia-specific and include safety and injury prevention around Burns, Poison Prevention, Helmet Safety, Submersion Injury, ATV, Firearms, Fireworks Safety, Pedestrian Safety, Child Passenger Safety, Teen Driving, Safe Sleep, and Hot Car Injury. We hope Chapter members will find these resources helpful in offering



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**Poison prevention, safe sleep, firearm  
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We can all do our part to help Georgia kids and their parents and caregivers “Play it Safe, Georgia!” and lower our state’s number of preventable childhood injuries.

**Kiesha Fraser Doh, MD, FAAP**

Chair, Committee on Injury, Violence & Poison Prevention  
Georgia AAP





# Photo Review: Fall Meeting & Winter Symposium



DPH Commissioner Kathleen Toomey, MD, and DCH Chief Medical Officer, Dean Burke, MD, were spectacular guests at the Winter Symposium and are joined by leaders from the GA OBGyn Society and the Chapter. (l to r) Rick Ward, CAE, Cary Perry, MD, Hugo Scornik, MD, Kathleen Toomey, MD, Dean Burke, MD, Angela Highbaugh-Battle, MD, Champa Woodham, MD, and Kate Boyenga



A big thanks again to Lois Lee, MD, (center) for her presentations during the conference sharing her insight on Firearm Safety and Mental Health disparities! She is joined here by Angela Highbaugh-Battle, MD (left) and Terri McFadden, MD (right).



Congrats to Dr. Justin Baba (Mercer/Macon) our Pediatric Jeopardy Winner! Thanks to Lindsey Theodore, MD (Emory) & Khadija Haq, MD (Morehouse) for their participation and Dr. Miller (left) for another leading another exciting competition.



Thanks to our Pediatric GI Seminar faculty at Pediatrics on the Parkway 2022! (l to r) J P Stevens, MD; Tanya Hofmekler, MD; Barbara McElhanon, MD; Chelly Dykes, MD; and Kyla Crane, RD, LD.



Mental Health Matters! Thanks to our speakers and child adolescent mental health committee for putting on a great seminar at Pediatrics on the Parkway. (l to r) Priya Thomas, MD; Jan Loeffler, MD; Shreeti Kapoor, MD; Evan Brockman, MD; Jose Rodriguez, MD; Yameika Head, MD.



Each fall the Georgia Chapter recognizes outstanding contributions to Georgia's children and to the Chapter via the presentation of several awards. (l to r) Presidnet Angela Highbaugh-Battle, MD; Friend of Children Award: Jennifer L. Poulos, Psy.D; Denmark Lifetime Achievement: Gary E. Freed, DO; Legislator of the Year: Senator Michelle Au, MD; Young Physician of the Year: Allison T. Rose, MD; Outstanding Achievement: Tarayn A. Fairlie, MD; Rick Ward, CAE. (Not pictured: Public Health Award: Charrelle Coates, MD)



# A Pediatrician's Journey to Help Her Patients with Autism



**D. David O'Banion, MD**

As of this January, Dr. Michelle Payne of Piedmont Newnan Hospital has nearly completed an incredible journey. Dr. Payne noticed that children, who screened positive for autism, were still waiting years before eventually receiving treatment.

Dr. Payne researched the problem and discovered several online training opportunities for pediatricians to complete the autism diagnosis in office. She worked with her administration team to cover the costs of these trainings and "kits": a remarkable and strategic investment by her clinic to provide a great service.

Dr. Payne also discussed her journey towards becoming an autism diagnostician with other providers in Georgia. She had plenty of support but encountered some setbacks. One major issue was whether diagnosing autism was within her scope of practice as a pediatrician. Reviewing the Georgia Medicaid Management Information System (GAMMIS) manual on autism, she noticed a few measures that were mentioned by name: Autism Diagnostic Observation Schedule (ADOS) and Autism Diagnostic Interview-Revised (ADI-R). She is undertaking training for both measures.

Dr. Payne also heard from other healthcare providers that she wouldn't be "allowed" to diagnose autism, which is not true. While the GAMMIS manual does mention some specialties, these are examples and not requirements.

Dr. Payne then reached out to Laura Dilly, PhD of Emory + Children's Pediatric Institute and the Marcus Autism Center. The two arranged times for observation in a specialty clinic and with plenty of time to pick the brains of the specialists working there. Drs. Dilly and O'Banion met with Dr. Payne in January of 2023. Some of the highlights of that visit include the following:

- Any licensed physician can diagnose autism and complete the necessary paperwork for their patient to access high-level treatment, such as Applied Behavior Analysis. No specialty certification is required!
- Pediatricians have loads of experience examining children and can tune their experience with typical (and "sick kid") development into understanding autism. The online trainings should suffice.
- GAMMIS has a long table in the policy manual on autism that highlights the required testing that needs to be documented to gain access to ABA therapy (in Part 2, section 800).
- Of the online trainings, Drs. Dilly and O'Banion support the ADOS but note that it's quite a lot to complete. The STAT (from Vanderbilt) might be a better place to start. Ultimately, completing the Childhood Autism Rating Scale for each screening failure may be the most feasible "next step" for gaining access to therapy. The ADI-R is primarily a research tool but learning it may provide the necessary history-taking skills to clear up the question of autism.
- A pediatrician does not have to complete prior authorization to conduct autism testing - simply bill with E/M codes. The services you'll be providing will likely impact your patient volumes and hence, RVUs. The visits are indeed complicated, and longer than usual. You will need a special scheduling template. Support from your medical directors and administrative team is also key. Providing this special service to your patients and your practice is immensely helpful - your patients may experience 12 months' shorter wait times!
- The GA-AAP welcomes the opportunity to collaborate further with other like-minded pediatricians. Opportunities for webinars, workshops, and trainings exist - reach out!

Please join us in celebrating Dr. Michelle Payne and the team at Piedmont Newnan!

## **D. David O'Banion, MD**

**Developmental and Behavioral Pediatrician  
Department of Pediatrics  
Emory University School of Medicine  
Emory + Children's Pediatric Institute**



**Left to right:**

**Dr David O'Banion, Dr Michelle Payne, Dr Laura Dilly**





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## **In Memoriam: Jimmy Sheppard Brown, MD**

Jimmy Sheppard Brown, MD, 80, passed away at his home on October 14, 2022, after a prolonged illness.

Dr. Brown was born and raised in Atlanta & graduated from Vanderbilt University. He then attended medical school at

Emory University. Following his residency in pediatrics at Emory/Grady, Dr. Brown served in the Navy for two years. He then returned to the Atlanta area and practiced as a pediatrician in Buckhead and Peachtree Corners for 37 years.

Dr. Brown is survived by his wife of 50 years, Ruth Cardwell Brown, MD, two children and a host of family & friends.



**May 5, 2023 Conference**  
**Immunize**  
**Georgia**

Mark your calendar for the 2023 Immunize Georgia Conference. This year's meeting will be held at the Cobb Galleria Centre in Atlanta. It's time to join forces and make a difference in the fight against infectious diseases!

Don't miss this opportunity to connect with other immunization advocates and learn how you can help protect Georgia's children and adults from preventable diseases.

Make your hotel reservation today at the Sonesta Select Atlanta Cumberland Galleria. For more information contact Michelle Hudson at (404) 881-5091 or [mhudson@gaaap.org](mailto:mhudson@gaaap.org).

# Georgia Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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## Looking Ahead: Join us for our upcoming events!

● **Jim Soapes Golf Classic,  
benefitting the Pediatric  
Foundation of Georgia**  
April 26, 2023  
Cherokee Run Golf Club, Conyers

● **2023 Immunize Georgia  
Conference**  
Held in Partnership with Georgia  
Department of Public Health  
May 5, 2023  
Cobb Galleria Centre, 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](http://www.GAaap.org)  
Call (404) 881-5020 for more information.