

# Georgia Chapter

American Academy of Pediatrics

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# The GEORGIA Pediatrician

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

## President's Letter



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

I hope everyone was able to have an enjoyable and relaxing summer. I can hardly believe that we are mere months away from holiday celebrations, and I hope a mild Flu/RSV/COVID season, and a brand-new year. I thought I would take this opportunity to share some of the happenings around the Georgia Chapter in a segment I will call, "Where in the World is Your President?" I got this idea from an address given by Dr. Sandy Chung, the President of the AAP, at the Leadership Conference.

The summer started with our incredibly successful and enjoyable summer CME conference, Pediatrics by the Sea (PBS). I always enjoy PBS and get a boost from attending. I felt that this year's meeting was particularly electric. This conference is always well attended and the location on Amelia Island is picturesque and relaxing. We started with several pre-conference seminars, then moved to informative plenary sessions, and included some fun, family-friendly social events. The meeting faculty included top-notch presenters who spurred stimulating conversation. I even had the opportunity to embarrass my teenager by heading to the dance floor and singing along to every song. The educational sessions contain timely information that I can incorporate into practice quickly. I hope to see each of you at the next PBS. Please mark your calendars for June 12-15, 2024.

Also in June, I was able to attend a webinar hosted by the Department of Community Health (DCH) on Medicaid Re-determination, which is the task of assessing the eligibility for continued coverage through the Medicaid program for every member currently on Medicaid. During the pandemic, no one lost Medicaid coverage, so the state now must determine who still qualifies. We have been following the process closely and hope to provide updates as more information is released.

In July, we had another meeting with the Georgia Coalition of Child and Adolescent Mental Health Providers. In addition to the GAAAP, other members include representatives from the professional associations of Child and Adolescent Psychiatrists, Psychologists,

**The 2023 legislative session saw the introduction of several bills which attempted to interfere with the patient-physician relationship. As we gear up for the January 2024 legislative session, we know that relationships formed between physicians and legislators in the off-season can have a positive impact as bills are being debated. I encourage all members to know the legislators who represent their homes and practice locations. Our efforts now can lay the groundwork to provide valuable input later. Does anyone know the needs of the children and families of Georgia better than the doctors that serve them?**

Licensed Clinical Social Workers, Marriage and Family Therapists, and Licensed Professional Counselors. Each of the member organizations plays a critical role in addressing the mental health crisis. We are working to understand each other's pain points to facilitate communication between physicians and mental health providers and to consider ways to advocate on a legislative level.

August started off with the AAP's Annual Leadership Conference at AAP headquarters in Itasca, Illinois. This conference brings together the leaders from all the AAP Chapters across the nation. Additionally, leaders of the many Councils, Sections, and Committees across the AAP attend. It is a terrific opportunity to network and learn about the unique programs that other Chapters are developing. Each state has its own challenges when it comes to ensuring pediatricians have the tools and infrastructure to provide comprehensive care to children. I was awestruck to see everyone come together with strong ideas on ways to accomplish many lofty goals. The Leadership Conference concludes with the selection of the resolutions that will shape AAP policy for the coming year. On a side note, Georgia was named the Very Large Chapter of the Year during the conference. I was honored to accept the award on behalf of all the members of the

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Georgia Chapter who are doing amazing work. Going to AAP headquarters is a unique experience that I hope each member will be able to have.

The First Annual Firearm Injury Prevention Symposium also occurred in August. This was a virtual conference that sought to educate pediatricians on gun statutes in Georgia, various types of firearms,

perspectives from responsible gun owners, and ways we can support patients and families who have witnessed gun violence. The symposium featured national and Georgia faculty. I would like to thank the Committees on

**During the pandemic, no one lost Medicaid coverage, so the state now must determine who still qualifies. We have been following the process closely and hope to provide updates as more information is released.**

Violence, Injury, and Poisoning Prevention for developing this symposium.

Also in August, the Chapter, along with our Primary Care Physician Coalition (PCPC), hosted an advocacy conference entitled, "It's August, Do You Know Where Your Legislators Are?" Among the many initiatives the Chapter champions, a key initiative is advocacy for the children of Georgia and the pediatricians that serve them at the Georgia State Legislature. The 2023 legislative session saw the introduction of several bills which attempted to interfere with the patient-physician relationship. As we gear up for the next legislative session, we know that relationships formed between physicians and legislators in the off-season can have a positive impact as bills are being debated. I encourage all members to know the legislators who represent their homes and practice locations. Our efforts now can lay the groundwork to provide valuable input later. Does anyone know the needs of the children and families of Georgia better than the doctors that serve them?

Whew, that was quite a whirlwind! I have been enjoying participating in the many activities that occur within the Chapter and with our many partners outside of the Chapter. We are advocating for children and pediatricians to payors, state government, and providers of various resources. The work of this Chapter is nonstop and I am proud of it!



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



# Resident's Corner: Community Reflection



JoAnn Nam, MD

Through medical training, we are taught to empathize with patients and think about “walking in their shoes.” Oftentimes, we believe we are able to do this well. My month on Community Pediatrics taught me about barriers and obstacles that I had not previously considered. For example, there have been times in our general pediatrics clinic when patients miss appointments. It is easy to blame patients or get upset that they are not going to their specialty or therapy appointments. Through my community rotation, however, I learned that families often must wait hours for transportation services or cannot afford to hire a babysitter to watch their other children. I now understand that there are obstacles – many times unseen by the pediatrician – that families encounter that impact their child's health.

There are also patient experiences that we may never think to consider. My community rotation is one of the first times I ever learned about the impact that interactions with law enforcement can have on a child's physical, mental, and emotional wellbeing. When I met with Randee Waldman, the Director of the Barton Juvenile Defender Clinic, I was exposed to the reality of many children of color as they navigate injustices within the judicial system. Before meeting with Randee, I had never thought to ask my patients about encounters with police officers or trauma they may have experienced from those interactions. Although I am not able to ask every child about their interactions with law enforcement, I feel better equipped to empathize with my patients and to address these experiences with them.

“Waiting for Superman” was one of the documentaries from my rotation that resonated most with me. I knew very little about school-based health and the education system from my medical school experience, so it was eye-opening to learn the ways our education system is outdated and serves to disadvantage children before they even have a chance to thrive and succeed. In every well-child visit, we always ask about their grade and how they are doing in school. I have never stopped to consider the important role that pediatricians can play in improving school success. Since children spend most of their time in school, we can support families in small ways today to help improve outcomes not only now, but later in life.

Oftentimes, the best resources for families are right in our own backyard. Touring the Atlanta Food Bank was a rewarding experience because I learned about important resources that are available across the state to help families who struggle with food insecurity. Moreover, meeting with the food bank helped me realize how time-consuming many of our government programs can be for families. Oftentimes, I advise families to visit their local WIC office for help obtaining formula. I have never considered, however, how much time families must wait to file applications or to know if they

have been approved. Through my community rotation, I now better understand the barriers to resources that families face and can be a more supportive and caring pediatrician for them.

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When I started my community rotation, I thought that a good pediatrician should know what it's like to walk in their patient's shoes. The experiences I have gleaned from my community rotation, however, have taught me that great pediatricians know how to listen to their patients' own stories about what it's like to walk in their shoes. Perhaps the best pediatricians can not only learn more about their patients' experiences, but also support them in the best, most meaningful ways.

**JoAnn Nam, MD**

**Pediatric Resident  
Emory University School of Medicine**



# Engaging Georgia Pediatricians in Health Care Transition from Pediatric to Adult Care for Adolescents with Sickle Cell Disease (SCD): Using SCD Specific ECHOs for Peer-To-Peer Education.



**Elna Saah  
MD, MS**

Issue of transition: youth with special health care needs and more broadly youth without special health care needs. As survival from typical childhood conditions into adulthood increased, a gap evolved in care for the emerging adult population of previously pediatric-only conditions. The period between late adolescence to young adulthood, 18-25, was recognized as a period of heightened vulnerability, or the 'transition period.' There was a need for a universal definition, standardization of processes, systematic investigation of health outcomes around transition age, and implementation of programs to improve and measure outcomes. Healthcare transition (HCT) was defined in the early 2000s as "a purposeful, planned process that supports adolescents and young adults with chronic health conditions and disabilities to move from child-centered to adult-oriented healthcare practices, providers, programs and facilities." Over time, the definition, and the need for successful HCTs over time have been adopted to the care of children or youth without special health care needs.<sup>1</sup>

Issue of transition burden for sickle cell disease: SCD is a complex autosomal recessively inherited severe hemoglobinopathy, due to a sickle mutation of the position 6 of the  $\beta$ -globin gene. The most common is the homozygous SS. Compound heterozygotes inheriting the sickle  $\beta$ - gene and another mutated  $\beta$ - globin (SC,  $S\beta^+$ , and  $S\beta^0$ ) occur less frequently and account for about 30% of patients. SCD is phenotypically highly variable and is characterized by anemia, recurrent painful vaso-occlusive episodes (or crises), progressive end-organ dysfunction, and decreased survival.<sup>2</sup> The transition age is 18-25 years. Adding to transition complexity is increasing pain frequency, the emergence of chronic pain in a subset of patients, and progressive end-organ involvement.<sup>3-5</sup> Adding to the inherent vulnerability during this period is the concomitant complex psychosocial issues and changes in Medicaid insurance coverage that may occur. The consequence of these is increased acute care utilization (emergency room and urgent care), inpatient hospitalization, and readmission rates, with increased morbidity and mortality.<sup>6</sup>

Multi-faceted engagement is ideal. The nucleus of transition engagement in a chronic complex subspecialty condition like SCD can be described as a 'triad' model: pediatric and adult subspecialists, the patient-parent/guardian dyad, and the community-based organization (CBO). Outside this close nucleus are the pediatricians and adult internists/primary care providers (PCPs), who could be construed as a 'quadriad' or 'pentad.' All levels of engagement are vital for providing the support and scaffolding needed to navigate the complexities of the transition period.<sup>7</sup>

In the state of Georgia, there are two comprehensive SCD centers: 1) The Emory Children's Healthcare of Atlanta (CHOA) and Emory/Grady Comprehensive SCD Center, which serve metropolitan Atlanta and 2) Augusta University, which has both comprehensive pediatric and adult programs. Both centers provide care in satellite locations:

CHOA runs a clinic in Columbus GA, and Augusta runs satellite clinics in Albany, GA, plus there are other pediatric SCD programs in Savannah, Georgia.) Many community-based adult hematologists are scattered throughout the metropolitan Atlanta area and the state.

The role of the pediatrician in the overall transition to adult care for youth with and without special health care needs cannot be overstated. The increased survival from pediatric conditions creates a new spectrum of challenges in optimizing care for emerging adults with complex pediatric illnesses, while simultaneously needing to keep abreast of disease-specific knowledge and advances. Considering these challenges, the GA SCD providers have participated in an HRSA-sponsored, regional access to care and disease treatment demonstration initiative, called the Education and Mentoring to BRing Access to CarE, or EMBRACE network. This treatment demonstration project is a network collaborative of 8 states in the southeastern region (AL, GA, FL, NC, SC, TN, KY, MS) with multiple goals. One of the goals is to provide extensive peer education through SCD-specific ECHOs.<sup>8</sup> There are 4 opportunities a month within the region to attend. The ECHOs are pediatric and adult-focused and cover medical and psycho-social issues across the patient's lifespan. There are opportunities for case presentations, discussion, and didactics. Please save the information for ECHO meeting registration and attend if you are 'free'. Also, if you have patient-specific questions/ or a case you would like to present for discussion, please reach out to either of the organizers or your patient's primary SCD hematologist.

## UAB EMBRACE ECHO:

2nd & 4th Tuesdays, 4pm CST. Email: SonjaSmith@uabmc.edu

## Duke EMBRACE ECHO:

1st & 3rd Thursdays, 11:30am CST. Email: Rania.Mohamed@duke.edu

## Elna Saah, MD, MS

**Associate Professor of Pediatrics, Emory University School of Medicine  
Emory + Pediatric Institute  
Director, Sickle Cell Disease Transition from Pediatrics to Adult program at  
AFLAC Cancer and Blood Disorders Center, Children's Healthcare of Atlanta**

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# Reach Out and Read of Georgia Celebrates 11th year



Kathryn K Cheek,  
MD, FAAP

Rivertown Pediatrics first launched the Reach Out and Read program in 2004. Since then, 14 providers have completed the training to participate in the program, which resulted in a 100% training completion rate for our practice. We have also distributed over 125,000 books to children from birth to 5 years of age. Our goal has been to bring awareness to the importance of reading to children, especially at young ages. Studies have shown Reach Out and Read has a direct impact on children's development and fosters a true love for reading and learning. Parents and caregivers trust the recommendations of their pediatrician. Incorporating this model into the well child visit has been seamless and a simple task that can make a huge difference in a child's life. We are now seeing babies and children of parents, who were exposed to the Reach Out and Read program when they were young. They recognize the importance of reading to their children because it helps them develop and succeed in school.

Over the past years, Rivertown Pediatrics has celebrated the love of reading through patient book drives, Dr. Seuss Day activities, readings by volunteers in the waiting rooms, and by including Reach Out and Read as a part of who we are in the community and across the state.

As Reach Out and Read of Georgia celebrates their 11th year, we are grateful for their continued support of our local program. It's a great honor to work alongside the leaders that help ensure children have a library of books when starting school. We are privileged to serve as part of a healthcare team providing excellent medical care for Georgia's most valuable resource and its future - its children.

## Kathryn K Cheek, MD, FAAP

Rivertown Pediatrics  
Columbus, GA



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# Nutrition-GI Update

## FALL 2023



Jay Hochman,  
MD

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

### 1. V Mehta et al. *JPGN* 2023; 76: 20-24.

#### Open Access! Effect of Caffeine on Colonic Manometry in Children

In this prospective study of pediatric patients (N=16) undergoing standard colonic motility testing, the authors compared the effects of consuming caffeinated coffee, decaffeinated coffee, and caffeine tablet during colonic manometry. <sup>6</sup>

#### Key Findings:

- Caffeinated coffee resulted in a higher motility index (MI), and quicker time to high amplitude contractions compared with decaffeinated coffee ( $P < 0.05$ )
- Urge to defecate, or actual bowel movement in 100% ( $n = 16$ ) of patients after intraluminal bisacodyl, compared to 81% ( $n = 13$ ) after caffeinated coffee (CC), 56% ( $n = 9$ ) after caffeine tablet (CT), and 50% ( $n = 8$ ) after decaffeinated coffee (DC)
- Conclusions: Coffee (both caffeinated and decaffeinated) acts as a colonic stimulant. Though, it is relatively weak compared to bisacodyl

### N Yallanki et al *JPGN* 2023; 76: 295-299. *Inter and Intraobserver Variation in Interpretation of Fecal Loading on Abdominal Radiographs*

In this study with 100 children, intradepartmental agreement of whether a child was constipated based on x-rays was poor: 41.5% for Peds GI, 36.7% for Peds EM, and 47.3% for Peds Radiology. And, overall agreement among all providers: 40.8%. This study reinforces expert guidance to avoid reliance on AXRs for the diagnosis of constipation.

### 2. Transpyloric Feeds and Body Positioning for Reflux B Srivatsa et al. *J Pediatr* 2023; 255: 175-180. **Transpyloric Feeding is Associated with Improved Oxygenation Compared With Gastric Feeding Among Nonintubated Extremely Low Birth Weight Infants**

#### Key findings:

- In this retrospective study, among 42 nonintubated patients, significant improvements were observed in the median SpO<sub>2</sub>/FiO<sub>2</sub> ratios ( $P = .001$ ), median titration index ( $P = .05$ ), median number of hypoxemic episodes ( $P = .02$ ), and median severity of hypoxemic episodes ( $P = .008$ ) after transpyloric (TP) tube placement.
- Conclusions: TP feedings have been very helpful in clinical practice, especially in infants with feeding difficulties, reflux, and respiratory issues. Most of these problems are transitory. This study provides granular data showing the significant improvements in oxygenation following the initiation of TP feedings among non-ventilated ELBW. TP feedings have similar efficacy as a fundoplication.

### IM Paul et al. *JPGN Reports* 2023; 4(2):p e312.

#### Open Access! Pilot Study of Inclined Position and Infant Gastroesophageal Reflux Indicators

This study ( $n=35$  infants) showed a high frequency of transient hypoxia (~70%) and bradycardia in healthy infants with regurgitation. In addition, there was not improvement in reflux parameters in the head elevation/inclined position.

#### Reflux Education:

There is a pediatric GI podcast called "Bowel Sounds." The episode with Rachel Rosen is a terrific update on reflux, BRUEs, and aspiration for pediatricians and pediatric gastroenterologists. To find the episode, you can use this link: <https://www.buzzsprout.com/581062/10918260>

### 3. Acid Suppression in Infancy Associated with Increase Celiac Risk

M Boechler et al. *J Pediatr* 2023; 254: 61-67.

#### Acid Suppression and Antibiotics Administered during Infancy Are Associated with Celiac Disease

This retrospective database study analyzed 968,524 children (including 1704 cases of celiac disease) from 2001 to 2013 with prescription for PPIs, H2RAs or antibiotics in first 6 months of life.

#### Key Findings:

- PPIs (HR, 2.23), H2RAs (HR, 1.94), and antibiotics (HR, 1.14) were all associated with an increased hazard of CD.
- Conclusion: Use of acid suppression medications in infancy is associated with an increased risk of celiac disease as well as food allergies.

### 4. Breastfeeding Guilt

AJ Kennedy. *NEJM* 2023; 388:1447-1449.

#### Breast or Bottle — The Illusion of Choice

This commentary highlights the difficulty one mother had with breastfeeding and how this made her feel like a failure. She concludes "I encourage the AAP and other national health organizations to consider how their statements on exclusive breast-feeding are perceived by the public. If 75% of us are not meeting this goal [6 months of exclusive breastfeeding], a more patient-centered approach and recommendation is needed."

## Nutrition-GI Update

Continued from previous page.

### 5. How to Get Kids More Active

*J Pedersen et al. JAMA Pediatr 2022; 176: 741-749.*

#### Effects of Limiting Recreational Screen Media Use on Physical Activity and Sleep in Families With Children

Key finding: In this cluster randomized controlled trial (n=181, ages 6-10 years), screen media reduction (maximum use of screen media ( $\leq 3$  hours per week) in the treatment group resulted in an increase of 45.8 minutes per day of physical activity compared to the usual routine group.

### 6. Glycemic Index and Obesity

*CB Ebbeling, DS Ludwig. J Pediatr 2023; 255: 22-29.*

#### Open Access! Treatment for Childhood Obesity: Using a Biological Model to Inform Dietary Targets

This article describes the role of glycemic index and a carbohydrate-insulin model (CIM) in promoting obesity rather than the more conventional view of energy dense foods causing obesity. More information about this article and links to resources for this diet can be found on my blog: [gutsandgrowth.com](https://gutsandgrowth.com). Search: "Glycemic Index"

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.com](https://gutsandgrowth.com)



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# Vaccine Update Fall 2023



**Iyabode Akinsanya-Beysolow,  
MD, MPH, FAAP**

As we enter Fall 2023, we remind ourselves of how we can protect our children and adolescents from vaccine-preventable diseases. In addition to everyday preventive actions<sup>19,20,21</sup> vaccines play a vital part in protecting all of us from deadly diseases. The 2022-23 fall/winter season showed us that the co-circulation of three potentially fatal viruses, Flu, SARS-CoV-2, and RSV, overwhelmed the capacity of our pediatric healthcare systems<sup>6</sup>.

The COVID-19 pandemic has shown us that children and adolescents, even healthy ones, are at risk of serious complications, including multisystem inflammatory syndrome in children, MIS-C,<sup>1</sup> and hospitalizations<sup>2</sup> or death<sup>3</sup> from COVID-19 disease. Unfortunately, our COVID-19 vaccination rates continue to be low across all age groups in children and adolescents, particularly in our youngest age groups.<sup>4</sup> Our goal for the Fall of 2023 is to increase COVID-19 vaccination rates in all children. Current COVID-19 vaccine recommendations are available from the CDC.<sup>5</sup>

This upcoming flu season, we continue to recommend flu vaccination to all children six months of age and older without contraindications.<sup>7</sup> Flu vaccination may begin as early as offices receive flu vaccine supplies. The CDC recommends that vaccination can start in August for those children six months through 8 years who may need two doses of flu vaccine this season.<sup>8</sup> Also, for families in the office for well-child checks or minor illness, who may not return later in the Fall, begin vaccinating now.<sup>8</sup>

RSV causes about 58,000 to 80,000 hospitalizations and 100 to 300 deaths annually in children under five years.<sup>9</sup> Two to three out of every 100 infants with RSV infection may need to be hospitalized. Those who are hospitalized may require advanced or ICU care.<sup>13,14</sup>

A new passive immunization product<sup>10</sup> expected to be available in the Fall of 2023 for our youngest children, nirsevimab, was licensed by FDA in July 2023,<sup>11</sup> recommended by ACIP and adopted by CDC in August 2023.<sup>12</sup> Nirsevimab, administered as an injection, is a long-acting monoclonal antibody product, which has been shown to reduce the risk of hospitalizations and healthcare visits for RSV in infants by nearly 80 percent.<sup>12</sup> CDC and AAP<sup>15,16,17</sup> recommend one dose of nirsevimab for all infants younger than eight months, born during – or entering – their first RSV season (typically fall through spring). It is long-acting, providing protection against lower respiratory tract disease caused by RSV for at least five months (the average length of one season), and only one dose is recommended for an RSV season. Immune protection, however, will wane over time. A dose is also recommended for a small group of children between the ages of 8 and 19 months at increased risk of severe RSV disease, such as severely immunocompromised children, in their second RSV season. Infants born shortly before or during the RSV season should receive nirsevimab in their first week of life, either

in the hospital or in an outpatient setting. Nirsevimab may be given at the same time as age-appropriate vaccines, and is not expected to interfere with the immune response. For additional information on the timing and implementation of nirsevimab, its use in high-risk infants who are also eligible for palivizumab, and in children recommended to receive a dose in their second RSV season, see ACIP and AAP Recommendations.<sup>12,16,17</sup>

As CDC, AAP, and State Immunization Programs work through the logistics of billing, implementation and documentation,<sup>18</sup> we can prepare our birthing hospitals and offices to introduce this product through education and training.<sup>15,16,17</sup>

Prepare your office now for vaccinating all our children, particularly those at the highest risk of severe illness from flu, COVID-19, and RSV before the onset of the respiratory season. Finally, remember to catch up children and adolescents on all other recommended vaccines.

Schedule your EPIC Immunization Curriculum webinar/in-person training at <https://www.surveymonkey.com/r/EPICImmRequest>

Disclosure: Dr. Beysolow serves as a participant as requested for general immunization medical advisory board workshops and speaker opportunities for GSK and Sanofi, 2022 to present.

## **Iyabode Akinsanya-Beysolow, MD, MPH, FAAP**

**Chair, EPIC Immunization Advisory Committee,  
Chapter Immunization Representative, AAP**

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# A Call to Action and Advocacy: Congenital Cytomegalovirus



**Ingrid Y. Camelo**  
MD, MPH, FAAP



**Paula Harmon, MD**  
MBA, FACS, FAAP

“Did she pass her newborn hearing screen?” the physician asked. “Yes, so I don’t understand why my child now has hearing loss. We have no family history of hearing loss, she is perfect, no history of ear infections or trauma. How did we miss this? What can we do?” the mother expressed.

Cytomegalovirus (CMV) is the most common infectious cause of birth defects in the United States. Transmission can occur from mother to infant causing congenital CMV infection (cCMV) in about 1 out of 200 babies born. More than 6,000 children annually suffer permanent disability as a result. Approximately 10% of children born with cCMV exhibit clinical findings at birth, but the majority will not have any visible symptoms or long-term issues. Health problems or disabilities caused by congenital CMV infection, however, can sometimes appear roughly two or more years after birth.

The most common sequela of cCMV infection is sensorineural hearing loss (SNHL) and cCMV is the leading nongenetic cause of SNHL in children in the US. Roughly 20% of all hearing loss at birth and 25% of all hearing loss at 4 years of age result from cCMV infections. Asymptomatic

cCMV infections will progress to SNHL in up to 15% of children. Up to 40% of infected children

who develop SNHL will not have hearing loss detectable during the first month of life and up to 50% of children with cCMV associated SNHL will continue to have hearing loss deterioration over time.

Either mandatory universal or targeted screening approaches have been incorporated into state law in over 20 states. A recent study of a targeted screening approach revealed that 57% of cCMV-related hearing loss was discoverable in the newborn period and attributable to cCMV. However, it missed ~43% of late-onset cCMV-related hearing loss. Through the implementation of target (preferably universal) screening for cCMV in Georgia, asymptomatic infants will have the opportunity to be diagnosed early, have access to prompt therapy to preserve hearing loss and to improve their neurodevelopmental outcomes. Screening approaches can minimize further invasive and costly tests, most commonly genetic or imaging.

Congenital CMV can only be accurately diagnosed in urine or saliva if the newborn is tested within 21 days of life; after 3 weeks, community spread cannot be ruled out. The FDA approved in 2019 the Alethia CMV Assay Test System to detect CMV DNA from a saliva swab, using loop mediated isothermal amplification (LAMP), a technique less complex and less expensive than the Polymerase Chain Reaction (PCR), it is easy to administer, and the assay produces results within an hour (decreasing hospital discharge or administrative delays). In

the prospective clinical study, the test correctly identified 1472 out of 1475 newborn saliva samples as negative for CMV DNA.

When diagnosed in a timely fashion, the parents and providers have options for conservative management, timely audiology assessments and monitoring, access to otolaryngologic care, and early intervention. Timely access allows audiologists and pediatric specialists the opportunity to advise their patients more accurately regarding the nature of their hearing loss. When cCMV-related SNHL is diagnosed in a timely manner, children will be able to maximize early intervention (EI) services, receive prompt audiologic monitoring tests and gain access to current infectious disease treatments. Medical treatments include antiviral therapy (i.e., Valganciclovir). We already know from previous studies that therapy must be implemented within the first month of life to be of any benefit.

Since 2021, many states have enacted mandatory measures regarding cCMV. In Georgia, many organizations and stakeholders are motivated to add mandatory screening, education and legislation for our patients. Effective change requires multiple stakeholders working together towards mandatory testing and education policies. As our chapter president has stated, let’s “flex our advocacy muscles” towards mandatory testing for congenital cytomegalovirus.

## Signs and symptoms of cCMV:

- Premature Birth
- Intrauterine growth restriction
- Thrombocytopenia
- Microcephaly
- Jaundice
- Hepatosplenomegaly
- Seizures

## Paula Harmon, MD, MBA, FACS, FAAP

**Pediatric Otolaryngologist**  
**Pediatric Ear Nose and Throat of Atlanta**  
**Early Hearing Detection and Intervention Physician Champion GAAAP**

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# PHOTO REVIEW

The Chapter has been busy in recent months with current events including Pediatrics by the Sea, AAP Annual Leadership Forum, the 1st Annual Prevention of Firearm Injury Symposium, and Pediatrics on the Perimeter. We are immensely grateful to all the participants, speakers, and contributors who made these events a success. Here's a glimpse of some of the memorable moments from these occasions.



(L to R) Kathleen Smith, MS; Yolanda Johnson, MD; Ben Toole, MD; Will Border, MD; Susan Smiley, MD; Angela Highbaugh-Battle, MD; & Lucky Jain, MD served as faculty for our Pre-Conference Physician Wellness & Resilience Seminar at Pediatrics by the Sea June 14-17, 2023.



The Georgia AAP wins Outstanding Chapter Award at the AAP Annual Leadership Forum! (L to R) Sally Goza, MD; Angela Highbaugh-Battle, MD, Georgia President; and Micheal Ramsey, MD, Dothan, AL, AAP District 10 Vice Chair.



(L to R) Kathleen Smith, MS; Yolanda Johnson, MD; Ben Toole, MD; Will Border, MD; Susan Smiley, MD; Angela Highbaugh-Battle, MD; & Lucky Jain, MD served as faculty for our Pre-Conference Physician Wellness & Resilience Seminar at Pediatrics by the Sea June 14-17, 2023.



The participants of this year's Pediatric Resident Jeopardy, (from left) Heather Hirsch, MD & Megha Kalia, MD from Emory; pictured here with our game host Jud Miller, MD (center); Rhythm Howie, MD & our winner, Rebecca "Dani" Watkins, MD from MCG/Augusta University.



(L to R) Kathleen Smith, MS; Yolanda Johnson, MD; Ben Toole, MD; Will Border, MD; Susan Smiley, MD; Angela Highbaugh-Battle, MD; & Lucky Jain, MD served as faculty for our Pre-Conference Physician Wellness & Resilience Seminar at Pediatrics by the Sea June 14-17, 2023.



Our 2023 award winners gather after the Annual Awards Program at Pediatrics on the Perimeter on October 7, 2023. (L to R) Legislators of the Year Award - Representative Todd Jones (not pictured); Representative Mary Margaret Oliver; Special Award: Advocacy Heroes - Sofia Chaudhary, MD; Kiesha Fraser Doh, MD; Young Physician of the Year Award - R. Allen Ligon Jr, MD; Leila D. Denmark Lifetime Achievement Award - Jay E. Berkelhamer, MD; Outstanding Achievement Award - April L. Hartman, MD; and Friend of Children Award - Ariel Hart & Helena Oliviero.

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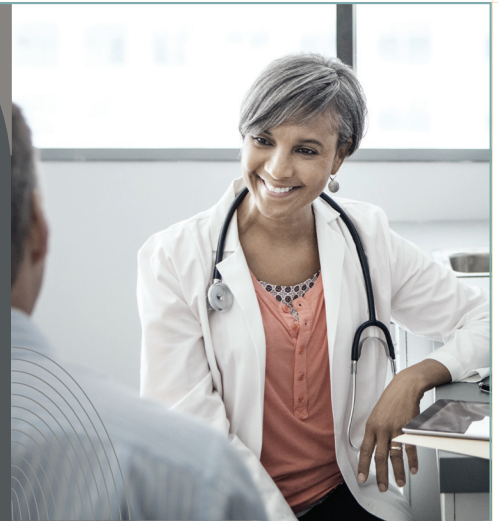
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## Looking Ahead: Join us for our upcoming events!

### Legislative Day at the Capitol

January 30, 2024  
State Capitol, Atlanta

### Jim Soapes Charity Golf Classic Benefitting the Pediatric Foundation of Georgia

April 24, 2024  
Cherokee Run Golf Club, Conyers

### Immunize Georgia

March 6, 2024  
Cobb Energy Center

### Pediatrics by the Sea

June 12-15, 2024  
Ritz-Carlton Hotel  
Amelia Island, Fla.

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

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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)  
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