

The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

GROWTH AND DEVELOPMENT OF THE MCAAP

As I end my tenure as your president, I am completing an important step for the Chapter, the hiring of a full-time administrator. Our activity level requires this level of administrative support. We are the leading advocacy organization for children's health and safety in Massachusetts and are called upon to send representatives to coalitions, focus groups, state commissions, educational programs, etc. We also host several coalitions – the children's mental health task force, consisting of child psychiatrists, insurers, state officials, and pediatricians; as well as the pediatric council, consisting of pediatricians, pediatric medical directors of insurers, and state health officials.

Chapter activity is facilitated by list serves. A large amount of business is conducted this way. We reach consensus with this communication tool. You can't serve on the board without e-mail.

Bonny Erskine, our Executive Director, will help raise funds as we launch our Foundation. Chapter educational activities will transition to the Foundation so we can expand to include public programs. Our advocacy work, meanwhile, will remain within the Chapter where our tax status allows for the political work we do on behalf of children and the membership.

We continue to look for non-dues income. We are resourceful with your dues and will continue to amaze you with our accomplishments. This is thanks to many people and organizations that share our mission and goals and are willing to share resources. But the biggest thanks goes to the volunteers . . . yes, you. Your commitment to the children of Massachusetts is unwavering, unselfish, and never ending.

– Eugenia Marcus, MD, FAAP
President, MCAAP

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS IMMUNIZATION PROGRAM

Pneumococcal Conjugate Vaccine Shortage in Massachusetts; Interim Recommendations

(Revised February 2002)

The national pneumococcal conjugate (PCV7) vaccine shortage has become more serious, and now it involves Massachusetts as well. The Advisory Committee on Immunization Practices (ACIP) is issuing interim recommendations for a revised schedule for PCV7 until adequate supplies are available. The three key principles that underline the recommendations are as follows:

1. Providers should decrease the number of doses given to healthy infants, rather than leaving some children completely unprotected.
2. Reductions in PCV7 use need to be made by all providers regardless of the current supply in your office.
3. Providers should reduce the size of their vaccine orders so that available vaccine can be distributed as widely as possible.

Until adequate supplies of PCV7 vaccine are available, the ACIP recommends the following:

★ **The highest risk children less than 5 years of age should continue to be vaccinated with a full series of PCV7.** The highest risk groups include children with sickle cell disease and other hemoglobinopathies; anatomic asplenia; chronic disease, including chronic cardiac or pulmonary disease and diabetes mellitus; CSF leak; HIV infection; immunocompromising conditions; immunosuppressive chemotherapy or long-term systemic

corticosteroids use; and those who have received a solid organ transplant.

★ **Healthy infants and children, without other risk factors, less than 24 months old should receive a decreased number of doses.** The decreased schedule in this age group depends on local vaccine supply and the age at first dose. In Massachusetts, we currently are experiencing a moderate shortage. For children less than 6 months of age, PCV7 should be



given on a two, four, and six month schedule, and the fourth dose should be deferred in all healthy children, without other risk factors, as outlined in the table on page 4. The schedule for children receiving their first dose at greater than 6 months of age is outlined in the table as well.

If the shortage continues and becomes severe, we will notify all providers. Then you will need to follow the two-dose schedule as outlined in the third column in the table. Based on the limited data available, it is felt that this schedule will offer some protection with a vaccine efficacy of 86%; CI 0-100, p = 0.05 (Black. *Pediatr Inf Dis J* 2000).

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Foster Children Placed at Higher Risk Due to Budget Cuts

Robert M Abrams, M.D.

Chairman, Foster Care for the MCAAP

The current state of foster care and Department of Social Services (DSS) in Massachusetts is in shambles. The following article describes how the Massachusetts DSS, which already suffered from a lack of social workers to help investigate and follow through on cases of abuse and neglect in the past, has sustained another serious setback in the recent budget allocation in the state legislature.

A recent press release stated:

"Massachusetts is the only state to lay off social workers who watch out for children to offset its budget crisis and is now 'playing roll the dice' with the state's most vulnerable kids," the state social services commissioner told senators . . .

"In sharply worded testimony, commissioner Harry Spence said that the lay-off of 211 Department of Social Services social workers two weeks ago is a move that other states have carefully avoided

even as they face similar budget crises.

In spite of the pro-active statement by the Committee on Adoption and Dependent Care that appeared in the March issue of *Pediatrics*, pediatricians in Massachusetts, the four Medical Schools, and DSS have failed to develop any significant system to evaluate children who are placed in foster care. A recent federal survey of foster children in Massachusetts revealed that only 11% of children received an emergent evaluation, and the number receiving the mandated one-month complete evaluation was almost nonexistent.

If any of the readers of this column are interested in trying to improve the way foster children receive health care, I invite you to join the MCAAP foster committee. Please contact me by e-mail at Rabrams19@attbi.com or call me at (413) 534-0116, ext. 130.

"Massachusetts is the only state to lay off social workers who watch out for children to offset its budget crisis and is now 'playing roll the dice' with the state's most vulnerable kids . . ."

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators Susan Browne Jean Sheeley	Continuing Medical Education Lynda Young	Infectious Disease Sean Palfrey	MMS Interspecialty Committee Rep. Eugenia Marcus Kevin Petit
Accident Prevention & Poison Control Paul Schreiber	Developmental Disabilities Richard Antonelli	International Child Health Lisa Albers	Nutrition Ronald Kleinman
Bylaws Committee Carole Allen	Emergency Pediatric Services Pat O'Malley	Legislative Richard Ringel	Pediatric Council Walter Harrison
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Child Abuse Robert Nelken	Fetus and Newborn Elizabeth Brown	Membership Ernest Wu	PROS Network Coordinator Henry Bernstein
Children's Advocacy Board Barry Zuckerman	Finance Carole Allen	Mental Health Task Force Walter Harrison Eugenia Marcus	Public Relations Michael Rich
Committee on Adolescence Harris Faigel	Forum Editor David Chung	MMS Delegate/House of Delegates Carole Allen	School Health Linda Grant
	Foster Care Robert Abrams		Substance Abuse Alan Woolf
			Technology Open

Ozone Season Begins May 1

MA Department of Environmental Protection
For many, the arrival of warmer weather is a time to celebrate. Children especially love the opportunity to play outdoors during the spring and summer. But for children with asthma, the warmer months bring an increased health risk caused by exposure to ground-level ozone — what we commonly call “smog.”

Asthma is now the most common chronic disease among children, requiring many visits to doctors and emergency rooms and, at times, admission to hospitals. Over the last 10 years, the incidence of asthma has nearly doubled, particularly in urban areas.

Studies indicate that ozone exposure is a significant factor in the increase of asthma in children. Symptoms of ozone exposure include coughing, rapid or painful breathing, and irritation of the nose and throat. Ozone exposure also can trigger allergy attacks and worsen chronic lung diseases.

In Massachusetts, May 1 signals the official start of the five-month “Ozone Season,” during which time the Department of Environmental Protection (DEP) issues daily air-quality forecasts. These forecasts are based on the continuous monitoring of air quality and weather conditions across the state. The forecasts are available on DEP’s Web page and provided to local meteorologists.

DEP scientists make air-quality predictions so citizens — particularly children, the elderly, and others at risk — can better protect themselves.

‘Good’ vs. ‘Bad’ Ozone

Ozone presents a paradox. It occurs naturally when certain chemicals react in the presence of sunlight. But depending on where it forms, ozone can be either a protective shield or a toxic gas.

Unlike the ‘good ozone’ found in the upper atmosphere that protects us from the sun’s harmful ultraviolet rays, ozone at ground level, or smog, is unhealthy — particularly for those with respiratory problems. Smog can irritate the respiratory tract and make breathing difficult.

Smog is created when hydrocarbons (the main ingredients in gasoline, cleaning liquids, paints, and solvents) chemically react with nitrogen oxides (which

are produced when fuels are burned) on hot, sunny days. Exhaust fumes from the vehicles we drive are major contributors to this problem.

Smog typically follows a 24-hour pattern of buildup and dissipation. Overnight and early morning levels are generally quite low. As the day progresses, the air warms up and pollutants mix together to produce higher levels of smog.

OZONE FORECASTS FOR NEW ENGLAND MAY–SEPTEMBER

Massachusetts Department of
Environmental Protection
Ozone alerts available Monday–Friday
call: (800) 882-1497
visit: www.mass.gov/dep

U.S. Environmental Protection Agency,
New England region
Sign up for the free
Smog Alert service
visit: www.epa.gov/region01/eco/ozone/

For information cards
on effects of smog,
contact: Reva Levin of the DEP
at (617) 556-1135

There is a rapid increase until about noon, when concentrations tend to level off, then another spike upward later in the afternoon. These fluctuations coincide with commuting patterns. As the air cools down after sunset, smog levels drop sharply.

How Smog or Ozone Damages Lungs

Ozone molecules are reactive oxidizing agents. Ozone molecules stick to the large molecules that line the respiratory tract. They react with these large molecules, breaking chemical bonds and adding oxygen atoms to their structures. The resulting oxidized compounds then damage the cells in respiratory airways.

This can lead to inflammation of the respiratory tract, accompanied by irritation and burning. It also can reduce lung function. While the initial symptoms normally disappear, repeated exposure to smog may cause permanent lung damage. High concentrations of smog can be particularly harmful to children who, pound for pound, breathe in more air than adults do.

Children with respiratory ailments need to limit strenuous outdoor activity during the afternoon and early evening hours when smog levels are high. During those times of the day, it’s best to stay indoors where it’s cooler — ideally in air-conditioned rooms.

On Bad Air Days

As a pediatrician, you play an important role in keeping patients and their families informed about the health risks associated with smog. There are a number of government resources available to help you get the word out.

From May through September, you can get the DEP’s daily ozone forecast by calling toll-free (800) 882-1497 or by visiting the DEP’s Web site: www.mass.gov/dep.

Look for the Air Quality Forecast link on the home page. The report is updated daily Monday through Friday, and Friday’s report forecasts air quality for the coming weekend.

The DEP also provides information cards that are helpful in explaining the effects of smog to patients and their families. Available in English, Spanish, and Portuguese, these cards are free. If you would like some to display in your waiting room or to distribute to patients with respiratory problems, call Reva Levin of DEP at (617) 556-1135.

You also may wish to visit the regional website of the U.S. Environmental Protection Agency at www.epa.gov/region01/eco/ozone/ and sign up for Smog Alert, a free service provided in cooperation with DEP that automatically sends you an e-mail or fax when high concentrations of smog are predicted. Smog Alerts are issued in late afternoon for the following day.

★ **Defer PCV7 for healthy children without risk factors who are 24 to 59 months of age.**

★ **Maintain lists for recall.** Providers should maintain a list of children who need to be recalled to receive additional doses of PCV7. Infants who have only received two doses should be prioritized for recall. Those who have received three doses and are eligible for their fourth dose would be a second priority group.

★ **Pneumococcal polysaccharide vaccine (PPV23) should not be used in children less than 24 months of age.**

Disease Reporting

We have an ongoing reporting system for cases of invasive pneumococcal disease following PCV7. It is particularly important at this time that all such cases continue to be reported to your local board of health and the Massachusetts Department of Public Health at 617-983-6800 or 888-658-2850.

Vaccine Ordering

The Massachusetts Department of Public Health is asking all providers to implement these new recommendations and reduce their PCV7 orders by 25%. In addition, please remember to order only a one-month supply.

DTaP, Td, and Varicella Vaccine Updates

Unlike other parts of the country, Massachusetts is not currently experiencing serious DTaP or Td vaccine shortages. There is up to an eight-week delay in varicella vaccine deliveries from Merck. Providers should consider deferring the varicella vaccine until 18-24 months of age. We request

that you order only a one-month supply and do not order more doses than needed. Improvement in varicella vaccine supply is expected this summer.

PCV7 shortages are expected to continue through the second quarter of 2002. We will keep you informed about any changes in the status of the PCV7 and other vaccine supplies in our state, as well as any corresponding changes in the interim schedule. The Massachusetts Immunization Program (MIP) would like to thank Massachusetts' providers for their cooperation during this difficult period. If you have any questions, please call the MIP at 617-983-6800 or 888-658-2850, or visit the DPH website at www.mass.gov/dph/dphprov.htm.

References:

CDC. Notice to Readers. Updated recommendations for the use of pneumococcal conjugate vaccine in a setting of vaccine shortage – Advisory Committee on Immunization Practices. *MMWR*. 2001;50:1140-42.

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PCV7 Shortage Interim Recs Revised 2-02

**Reach Out and Read
National Conference
Pediatrics and Early
Literacy**

MAY 31–JUNE 2, 2002.

MARRIOTT HOTEL
2 CAMBRIDGE CENTER, CAMBRIDGE, MA
(617) 494-6600

Register online, by going to
www.bu.edu/cme/ror.

BU School of Medicine designates this educational activity for a maximum of 10.25 hours in category 1 CME credit towards the AMA physicians recognition award.

**The AAP Launches a
New Web Page for and
About Women in
Medicine/Pediatrics**

The AAP Committee on Pediatric Workforce (COPW) Subcommittee on Women in Pediatrics addresses topics related to the influence of gender on the pediatric workforce. The Subcommittee is pleased to announce its new Web page, sponsored by an educational grant from Beiersdorf, Inc. "This Web page contains a wealth of resources on women in medicine issues," notes COPW subcommittee Chair, Debra R. Sowell, MD, FAAP. Visitors will find links to other organizations, AAP policy on the prevention of sexual harassment, and an online version of the Women in Pediatrics Resource Packet.

All academy members are encouraged to take a moment to complete the short, three-question survey on employment patterns that can be found under the heading, "Tell Us What You Think About. . ." The results of this survey and new questions will be posted every few months.

Please visit the Subcommittee on Women in Pediatrics' Web page at www.aap.org/womenpeds

Recommendations for Pneumococcal Conjugate Vaccine Use Among Healthy Children, without Risk Factors, in Moderate or Severe Shortage Settings

SHORTAGE STATUS	SCHEDULE	
Child's Age at 1st PCV7 Vaccination	Mass. and Other States Experiencing a Moderate Shortage	Other Parts of U.S. Experiencing a Severe Shortage
<6 months	2, 4, and 6 months (defer 4th dose)	2 doses given at least 2 months apart in 1st 6 months of life (defer 3rd and 4th doses)
7-11 months	2 doses given 2 months apart; plus a 12-15 month dose	2 doses given 2 months apart (defer 3rd dose)
12-23 months	2 doses given 2 months apart	1 dose (defer 2nd dose)
≥24 months	No PCV7 vaccination	No PCV7 vaccination

'PARI' Nebulizer Program

We supply the pediatric physicians office with nebulizers to be dispensed to patients in need. This program is easy for the physician and easy for the patient. Call for details and references.

RELIABLE RESPIRATORY
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Pediatrician Running for Congress JULIE THOMAS, M.D.

Pediatrician and child advocate Julie Thomas, M.D. is running for U. S. Congress in Iowa's new 2nd Congressional District. Once elected, Dr. Thomas will be the first pediatrician elected to Congress. It is extremely important that we have a voice for health care — specifically for children's health care — in an elected office.

While Julie will be representing Iowa in Congress, she will be a strong voice for all children. Thomas has been active in public policy her entire career. She lobbied, testified, and helped write legislation that eliminated "drive-through deliveries" in Iowa and also worked on the State Child Health Insurance Program (now called HAWK-I). Dr. Thomas is founder and medical director of a summer camp for children with diabetes. This year will be the camp's 16th successful year.

Dr. Thomas grew up in Pierre, South Dakota, earned her undergraduate degree from George Washington University in Washington, D.C., studied medicine at the University of Nebraska, and completed her residency at the University of Iowa. She has been practicing in Cedar Rapids, Iowa, for 27 years and is also on the clinical staff at the University of Iowa.

We need — and our patients need — a pediatrician in Congress fighting for us! Julie's campaign for Congress will be expensive and will require a lot of hard work. Your donations are greatly appreciated and can be sent to: Julie Thomas for Congress, P.O. Box 2816, Cedar Rapids, IA 52406. Credit card donations also are accepted. You can reach Dr. Thomas or her campaign staff by calling (319) 363-4988.

FORUM JOB LISTINGS

LOOKING TO HIRE:

Practice Name:

Pediatric & Adolescent Medicine

Position Description:

Busy practice located in Bedford, Mass., looking to hire full-time/part-time physician. Recent graduates encouraged to apply.

Availability:

July 2002

Contact Information:

Toby Nathan, MD
(781) 275-2080, ext. 111
Sandra Michaelis
(781) 275-2080, ext. 117
natmd2000@yahoo.com

Looking to Hire or Be Hired?

Job listings are a free service provided by *The Forum* to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.

If you are looking to fill a position

MCAAP members: Free

Nonmembers: \$250

Please submit the following information:

- Practice Name
- Position Title and Description (25-word limit)
- Availability (e.g., starting June 2002)
- Contact Name
- Address, Telephone Number, E-mail Address

If you are looking for a job

MCAAP members and residents: Free

Nonmembers: \$50

Please submit the following information:

- Your Name
- Contact Information
- Residency Program
- Availability (e.g., available now)
- Comment (25-word limit)

Please send text information via e-mail to david@beansprout.net. Checks may be mailed to the MCAAP office, c/o Bonney Erskine, Executive Director, P.O. Box 9132, Waltham, MA 02454-9132. All submissions must be received by June 15, 2002, to be included in the next issue of *The Forum*. All submissions are subject to review for appropriateness. For further information, please contact the editor at david@beansprout.net.

MCAAP Election Results Are In

Congratulations to the following pediatricians who were elected to positions within the MCAAP. Effective July 1, 2002, the following members will begin their terms on the MCAAP Executive Board:

President:John (Sean) Palfrey, M.D.
Vice PresidentLynda Young, M.D.
TreasurerPaul Schreiber, M.D.
SecretaryCarole Allen, M.D.
Representative to District 1.....David Sigelman, M.D., Ph.D.
Representative to District 2.....David Norton, M.D.
Representative to District 8.....Michael Yogman, M.D.
Representative to District 10.....Jeffrey Smith, M.D.

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The Forum

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