

# The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

## PRESIDENT'S MESSAGE

### PAY ATTENTION!

As I sit here on a Sunday afternoon trying to catch up on my pile of stuff in the office, I see yet another fax from one of my favorite insurers. This is the seventh fax I've received over the last 2 months for the same patient for exactly the same thing — was I aware that my patient is not on asthma control medicine? Maybe I gave him samples, maybe he is noncompliant, and maybe I didn't know he should take one. I'm requested to please fax back the form answering those questions and then indicate whether I found this faxed reminder helpful to me. Well, I faxed back the first few and then realized that this effort was pretty useless. But the faxes kept coming. So, I decided to paper the bathroom with them as a kind of interesting decorating theme. Of course, I blacked out the patient's information so I would be HIPAA compliant. And more faxes arrived.

I sent back last week's response with a large "Stop sending these!" notation along with "No, I do not find these helpful!" Perhaps the person on the other end can't read or just mechanically sends things off without reading responses. What a waste of administrative dollars. This process is a good example of a quality initiative gone wrong. It doesn't advance anyone's causes and certainly adds to the cost of health care. So what's the solution? Since there seems to be a form already in place, the sender/health plan should read the responses for a start. How many times does the question have to be asked? The initial idea seems like a good one, but the insurers should pay attention to the answers. The same can be said for many other quality initiatives we have in place in our offices — pay attention to detail. Then maybe improvements can occur for better patient care.

On second thought, maybe I'll just let the faxes keep coming. My office does have two bathrooms.

— Lynda Young, M.D., FAAP

## Pediarix™ Vaccine Available in Massachusetts

Kafi Sanders, M.P.H.

In July, the Massachusetts Department of Public Health (MDPH) Immunization Program began distributing Pediarix™ to pediatric providers. Pediarix combines protection against five serious diseases (diphtheria, tetanus, pertussis, hepatitis B, and polio) in one vaccine. For the primary series, one injection at 2, 4, and 6 months of age is indicated. Use of Pediarix on this schedule would reduce the number of injections by five.

Pediarix is produced by GlaxoSmithKline and was licensed on December 13, 2002. The vaccine is packaged as single-dose vials in packs of 10. Pediarix must be stored between 2°C and 8°C (35°F and 46°F), which is identical to all of the other childhood vaccines requiring refrigeration.



Pediarix is available through your local vaccine distributor and can be ordered by selecting the DTaP-Hep B-IPV vaccine on the new Vaccine Order Form. Initially, order a two-month supply of Pediarix, but then only order as many

doses as you administered the previous month. Using Pediarix will significantly reduce the amount of single antigen DTaP, Hep B, and IPV vaccines that you need to order.

The MDPH Immunization Program will continue to supply these single antigen vaccines for the completion of the DTaP and IPV series, for the birth dose of hepatitis B, and instances when only hepatitis B is indicated (e.g. adolescent hepatitis B). In addition, providers that choose not to use Pediarix can continue to order the single antigens for the entire series.

## MCAAP Concerned About Substance Abuse

Sharon Levy, M.D.

The Massachusetts Chapter of the Committee on Substance Abuse (COSA) is comprised of a group of pediatricians interested in community and state level policies that relate to the ways children and adolescents are affected by substance use. This includes perinatal addiction and drug effects, children of alcoholics, teen alcohol and drug abuse, driving-while-intoxicated laws, and school-based prevention programs, to name a few. As a committee we are concerned about the recent rise in abuse of OxyContin and heroin by young people in Massachusetts. Some of our recent activities include partnering

with the Massachusetts Department of Public Health in their underage drinking campaign and crafting a letter to Governor Mitt Romney regarding the potential establishment of laboratory drug testing programs in Massachusetts public high schools. We invite members of the Massachusetts Chapter of the American Academy of Pediatrics interested in any of these topics to join our committee. The committee meets twice annually and communicates via e-mail whenever policy issues or questions arise. Anyone interested in joining us in our activities should contact Sharon Levy, M.D., M.P.H., at (617) 355-5433 or by email at Sharon.Levy@childrens.harvard.edu.

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## LETTER TO THE EDITOR

**FDA HEALTH ALERT** — The following statement is from the Massachusetts Department of Mental Health regarding a recent FDA Health Alert. The alert raised concerns regarding the possibility of increased rates of suicide attempts for adolescents when initiating medication for depression or increasing or decreasing the dosage of medication. Most of the medications were in the selective serotonin reuptake inhibitor (SSRI) class, but others were also listed. The FDA Health Alert may be viewed in full at [www.fda.gov/cder/drug/antidepressants/AntidepressantPHA.htm](http://www.fda.gov/cder/drug/antidepressants/AntidepressantPHA.htm).

— David Chung, M.D., FAAP  
Editor, *The Forum*

### DEPARTMENT OF MENTAL HEALTH STATEMENT REGARDING FDA HEALTH ALERT OF 3/22/04

The Department of Mental Health supports the efforts of the FDA to ensure the safety of medications prescribed for children and adolescents, as well as adults, for treatment of psychiatric conditions, including depression. The recent Health Alert issued by the FDA is a reasonable response to the research data, which is still under review. It is important to note that the FDA has not determined that there is a causal connection between the use of antidepressant medications and suicide in children or adults. It is also important that patients and parents of children who are taking these medications not be unduly alarmed. Patients should not stop taking their medications without consulting with their physicians. Medications can be an important part of a comprehensive treatment plan for psychiatric disorders. Patients and their physicians should continuously monitor the effect of medications they are using to determine the most appropriate choices in each individual case.

## The MCAAP Research Council

### Cathleen Haggerty

The newly formed Research Council had its first meeting in February of 2004. The Research Council was formed to provide assistance to Chapter members in finding research grant opportunities, applying for grants, and research

planning. The Council will identify Chapter members to mentor potential member researchers. If you would like assistance from the Research Council, please contact Cathleen Haggerty at (781) 895-9852 or via e-mail at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

### MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

<b>AAP Breastfeeding Coordinators</b> Susan Browne Jean Sheeley	<b>Environmental Hazards</b> Open	<b>Legislation</b> Eric Fleegler Carole Allen	<b>Nutrition</b> Open
<b>Bylaws Committee</b> Carole Allen	<b>Fetus &amp; Newborn</b> Elizabeth Brown	<b>Massachusetts Healthy Families</b> Howard King	<b>Obesity Committee</b> Alan Meyers Julie Meyers
<b>CATCH Co-Coordinator</b> Robert Kossack Emily Roth	<b>Finance Committee</b> Paul Schreiber	<b>Membership</b> Patricia Moffatt	<b>Pediatric Council</b> Walter Harrison
<b>Child Abuse &amp; Family Violence</b> Robert Nelken	<b>Forum Editor</b> David Chung	<b>Mental Health Task Force</b> Walter Harrison Eugenia Marcus	<b>Pediatric Practice</b> Open
<b>Committee on Adolescence</b> Harris Faigel	<b>Foster Care</b> Linda Sagor	<b>MMS Delegate/ House of Delegates</b> Carole Allen	<b>PROS Network Coordinators</b> Hank Bernstein Ben Scheindlin
<b>Continuing Medical Education</b> Mary Beth Miotto	<b>Immunization Initiative</b> Sean Palfrey Hadassa Kubat	<b>MMS Interspeciality Committee Representatives</b> Open	<b>School Health</b> Linda Grant
<b>Developmental Disabilities</b> Richard Antonelli	<b>Infectious Disease</b> Sean Palfrey	<b>Nominating Committee</b> Eugenia Marcus	<b>Substance Abuse</b> John Knight
<b>Emergency Pediatric Services</b> Patricia O'Malley	<b>Injury Prevention &amp; Poison Control</b> Paul Schreiber		<b>Technology</b> David Norton William Adams
	<b>International Child Health</b> Open		

# Environmental Health News

Michael Shannon, M.D., FAAP

Completing my first year as chair of the Academy's Committee on Environmental Health (COEH), I would like to report on a few of the Academy's recent activities.

COEH has been extremely active in recent years, with our main focus in four areas: 1) establishment of the "Nexus in Environmental Health," 2) creation of Policy Statements and Technical Reports (PS/TR), 3) publication of educational articles in AAP News, and 4) advocacy and public policy around environmental threats to children.

## IN MEMORIAM

DAVID SIGELMAN, M.D., FAAP

On May 8, 2004, one of our most valued members, Dr. David Sigelman, died while performing community service in the Andes of Peru. David was an active District 1 Representative and practiced at Holyoke Pediatrics for more than 25 years. He had recently completed two consecutive terms as District 1 Representative and was elected as Secretary to the Chapter.

A talented teacher and mentor, David helped mold literally scores of medical students and residents at Baystate Medical Center throughout the years. The state of Massachusetts is peppered, especially in the west, with physicians who became pediatricians precisely because they worked with David during their training. He was honored with many teaching awards, and spent countless hours attending on the wards at Baystate and working with medical students and residents in his office. He was an exceptional role model, one that most of us can only strive to emulate.

Over the past two years, David had been working particularly on his own personal efforts to help rural communities in South America, and was also instrumental in establishing and leading the Chapter's International Committee. The Chapter is considering naming the Chapter's International and Developing Nations Scholarship Grant for pediatric resident and medical student international activities in honor of David. He will be deeply missed.



David Sigelman, M.D.



Dr. Sigelman Speaking to children in the Andes.

The Academy has given approval for the creation of a section on environmental health, open to all who are interested. This subcommittee will work closely with the COEH (thus the name Nexus) but, like other Academy sections, will focus on education in environmental health. If you have any interest in joining the Nexus, which has the charge of educating pediatricians and parents, e-mail our division manager, Paul Spire at [pspire@aap.org](mailto:pspire@aap.org).

COEH has recently completed or is planning almost 10 PS/TR. These include papers addressing phthalates, lead poisoning prevention, chemical-biological terrorism, ambient air pollution, mold, the built environment and environmental tobacco smoke. Completing each PS/TR is an arduous process that typically takes 18–24 months. We've been able to publish many of these on a "fast track" thanks, in part, to the hard work of COEH members (there are only 6 of us).

Publications in AAP News recently have been on arsenic and mercury. We have three additional papers currently being written for publication within the next 2–3 months.

COEH has liaison members from the Environmental Protection Agency, the National Institute on Environmental Health Sciences, the National Cancer Institute, and the Agency for Toxic Substances and Disease Registry. The Committee has been most focused on the growing threat of mercury and the expanding list of health consequences to children exposed to environmental tobacco smoke.

This is only a thumbnail sketch of COEH activities. I hope to provide periodic updates to the chapter on pressing environmental issues discussed by COEH and the Academy.

## Your Baby Has Eczema - Is Asthma Next?



Did you know research suggests that there is a connection between eczema and asthma? Babies with eczema and a family history of allergic diseases have a 50% chance of developing asthma as they grow older.

Children's Hospital Boston is investigating the use of a topical cream. Children ages 3 - 18 months with Atopic Dermatitis (Eczema) may be eligible.

Your child may qualify to participate if he or she:

- Is 3 to 18 months of age
- Has had eczema for less than 3 months
- Has a parent or sibling with a history of eczema, allergies or asthma

All study services and study medications will be provided for babies who take part.

To learn more, please call:

Children's Hospital Boston  
Clinical Research Program  
300 Longwood Ave  
Boston, MA 02115

**617-355-4344**

[www.atopicmarchstudy.com](http://www.atopicmarchstudy.com)

# Child Protection Program Provides Web Resources

Hannah Galvin, HMS4

The Child Protection Program at Children's Hospital Boston has recently launched an innovative website for health care providers, families, and children addressing issues of child abuse and neglect.

The site is intended to be a "one-stop-shop" for providers faced with a case of suspected child maltreatment. It provides detailed information about how to identify different types of abuse/neglect (including differentiation from accidental injuries, folk medicine practices, and medical con-

ditions), screening for domestic violence, how to perform a thorough physical exam with correct documentation, how to file a report (including a downloadable 51A form and numbers for all Massachusetts DSS regional offices), and tips on how to tell a parent that you are filing. Professional resources, including landmark journal articles, conferences, recommended reading, and the most current statistics are also provided. The pages for families, teenagers, and kids are great resources for your patients, and many downloadable

patient handouts on maltreatment and general issues of child safety are available.

The site is a free resource, written and developed by pediatricians and mental health professionals specializing in child maltreatment. Spanish translation is complete for patient materials and is underway for provider materials. Translation should be available within the next few months.

Please visit the website at:  
[www.child-protection.org](http://www.child-protection.org).



# Smoke-free Workplace Bill Signed into Law

Carole Allen, M.D., FAAP

Because of the law being signed this afternoon, workers in Massachusetts restaurants and bars won't have to choose between their health and their paychecks. Pregnant women won't have to face the prospect of premature delivery brought on by secondhand smoke exposure. People with asthma will have more options for places to work and to dine. Meals will taste better, children will be safer, and employers will have healthier employees and healthier bottom lines.

Efforts for clean air began at the local level, thanks to the Massachusetts Tobacco Control Program (MTCP) workers, boards of health, municipal employees, and the Clean Air Works coalitions around the state, with guidance from the Massachusetts Association of Health Boards and the Massachusetts Municipal Association. We

were inspired by Dr. Blake Cady's vision for a state without tobacco related illness, and we were guided by the early involvement of the American Cancer Society, the American Heart Association, the Massachusetts Medical Society, the Tobacco Control Resource Center, the Asthma and Allergy Foundation, the MCAAP, and many other wonderful organizations.

This smoke-free workplace law is the result of the energy and perseverance of Representative Rachel Kaprielian and of Senator Susan Fargo in making clean indoor air a priority. We owe its passage to the consistent guidance and support of Health Care Committee Chairs, Representative Peter Koutoujian and Senator Richard Moore.

This was a team effort — we thank the entire legislature, not only for passing the smoke-free workplace bill, but also for

beginning, with the 2005 budget, the steep climb back toward full funding of the MTCP. Speaker Finneran and Senate President Travaglini should be commended for their leadership and commitment to public health. We are grateful to Governor Romney for his endorsement of the bill, and especially to the Department of Public Health, past and present, including Greg Connolly, former Commissioner Howard Koh, Sally Fogerty, and Commissioner Ferguson.

Most of all I would like to thank the steadfast members of the Tobacco Free Mass coalition and its staff — Diane Pickles, Meghan Birch, Russet Morrow Breslau, and Brad Dakake — all of whom refused to give up and put in endless hours in communities and at the State House. You all made the health of Massachusetts citizens your first priority.

## Synagis Dosing Recommendations by AAP Clarified

Walter Harrison, M.D., FAAP  
Pediatric Council

*Dear Colleagues,*

Susan Lett from Mass DPH, Cody Meissner from Boston Floating Hospital, and I recently discussed several issues relating to Synagis use for prophylaxis against RSV in high-risk infants and children. We specifically discussed the number of doses and the timing of doses of Synagis to be used during the RSV season in Massachusetts. The following paragraph is a summary of our discussion and is being distributed at the request of the neonatologists.

The most recent guidelines from the AAP regarding Synagis use (Pediatrics 2003;112:1442) state "In most seasons and in most regions of the Northern Hemisphere, the first dose of palivizumab should be administered at the beginning of November and the last dose should be administered at the beginning of March, which will provide protection into April." For infants and children in Massachusetts, five monthly doses will provide protection during the months of the year when the risk of RSV hospitalization is greatest. The

cost of adding another month of prophylaxis must be balanced against the relatively low risk of RSV hospitalization during the early or late months of the season.

RSV antigen detection assays are useful in diagnosing RSV during the months of peak activity. However, as with all tests, the sensitivity and specificity of these assays are low at the beginning and at the end of the season when disease incidence is low. Outside the months of peak activity (before November and after March), when the incidence of RSV infection is low, the positive predictive value of the test goes down, meaning the chance that a positive result is a false positive will increase. The risk of RSV infection during these periods will be less than that predicted by the assay.

Any deviation from the AAP guidelines in terms of the number of doses administered must be carefully considered because it will reduce the amount of money available for other equally important projects.

## Call for Membership

Pat Moffat, M.D., FAAP  
MCAAP Membership Chair

Thank you for your enthusiastic response at the MCAAP Annual Business Meeting to participate in recruitment efforts by calling non-MCAAP members at the MCAAP. Currently, the Chapter is exploring various methods that have been successfully applied by the AAP to recruit new members. Another effort is to recruit pediatricians in Massachusetts who are members of the AAP but not the MCAAP. Those of you who would like to assist us in this endeavor, please call Cathleen Haggerty at (781) 895-9852 so you can get started on calling or e-mailing your nonmember colleagues. I'll keep in touch, so you please keep in touch.



# Giving Back — Notes From My Trip to Vietnam

Eugenia Marcus, M.D., FAAP

One of the activities that has been part of my professional life is traveling internationally to provide medical care. There are many benefits for me and my patients, both internationally and locally.

The opportunity to study medicine and practice, in my eyes, is a privilege. Thankfully for all of us, many qualified people are available to do this, but only a few of us get to actually spend our working lives pursuing this endeavor.

In developing countries, medical resources are scarce and out of the reach of most of the population. Cleft lip and palate is more prevalent in these countries for reasons that are complex. These deformities isolate the patients from mainstream society, including education, employment, and marriage.

Physicians skilled in the repair are few and the ancillary resources for rehabilitation often nonexistent. This situation sets the stage for many medical groups to provide services needed for free, and to train local physicians and other caregivers to help their own people.

Interplast, a 35-year-old organization, started initially at Stanford University and now operates in many countries. Teams of plastic surgeons, pediatricians, nurses, anesthesiologists, secretaries/translators, spend two weeks and operate on 70–100 patients, saving lives and providing them with a socially acceptable existence and opportunities for gainful employment.



Dr. Marcus, an Interplast nurse, and Vietnamese student nurses.

Patients show their appreciation for this care not by paying in money, but with sincere thank-yous, and by the intensity of their expressions of gratitude. To me, this is sometimes embarrassing. I'm grateful for the opportunity to participate in an Interplast trip. People let you into their

lives in ways that you could never access as a tourist. To get to know them as people is a reward in itself.

The appreciation of the concept that all around the world we are the same comes back to my patients in Newton. I share

*continued on next page*



Mother and child pre-op.



Interplast surgeon training a local colleague.

with them the stories of the extended families caring for the children. Parents get support from the entire village when it comes to accessing this specialized care. Grandmothers and grandfathers accompany the children into surgery and wait for them on the other end, because the parents have to work. The Vietnamese parents on my last trip figured out ways to feed these kids without all the fancy gadgets, and none of the kids were malnourished. Our feeding teams should travel to Vietnam to learn from the villagers how to feed a child with cleft lip and palate.

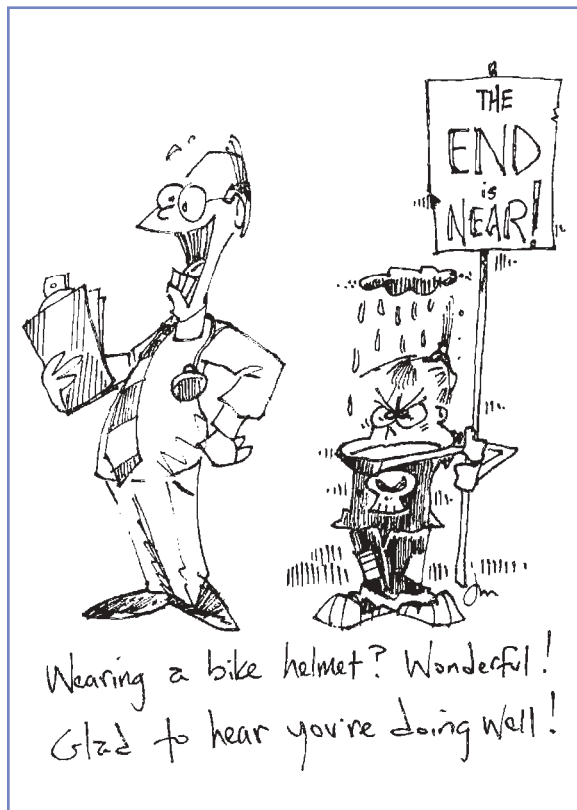
I also remind my patients how privileged they are, by comparison, in this world. Their basic needs for food, shelter, clean water, good roads, and transportation are met. They also have medical care that they often take for granted. When they

worry about immunizations, I remind them of the African mothers who stand in line for three days to get their child immunizations. For them it's a matter of life and death. I don't let them lose that perspective.

It's an enriching experience to do this kind of work for your international patients, your local patients, and yourself. Go and give back.



Families waiting for pre-operative evaluations.



## ‘PARI’ Nebulizer Program

We supply the pediatric physician’s 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.

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## The Forum

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### District 2

Nancy Miller, M.D., FAAP

### District 8

Michael Yogman, M.D., FAAP¶

\* Dr. Young was elected to the role of Vice-President/President-Elect in July 2002. She will begin her two-year role as president July 2004.

§ Dr. David Sigelman was elected to this position, but Dr. Norton was appointed to this role following the untimely death of Dr. Sigelman.

¶ Re-elected.