



**PRESIDENT'S MESSAGE**

## 2017 MCAAP Annual CME and Business Meeting

We had a nice turnout for the 2017 Annual MCAAP CME Program/Business Meeting and Edward Penn Memorial Lecture, "Pediatric Injury and Overdose Prevention," on May 11, 2017, at the Massachusetts Medical Society. It was a well-received program that included the following presentations and speakers.

**"The Brown Alcohol Research Center on HIV (ARCH): Relevance of Findings for Adolescents"**

**Speaker: Peter Monti, PhD,** Donald G. Millar Distinguished Professor of Alcohol and Addiction Studies, professor of behavioral and social sciences, director of alcohol and addiction studies, Brown University

**The Edward Penn Memorial Lecture — "The Opioid Epidemic and Youth — National Trends and Evidence-Based Practice for Preventing Adolescent Misuse and Addiction"**

**Speaker: Sharon Levy, MD, MPH,** director, Adolescent Substance Abuse Program, Boston Children's Hospital

**"Screening for Substance Use Disorders during Pain Management"**

**Speaker: Diana Deister, MS, MD,** psychiatrist, Developmental Medicine Center and department of psychiatry, Boston Children's Hospital

**MOC Part 2, Lifelong Learning Self-Assessment — "Injury Prevention in the Office Setting — Birth to 4 Months"**

**Speaker: Lois Lee, MD, MPH,** pediatrician, Boston Children's Hospital, MCAAP Injury Prevention Committee co-chair

*continued on page 3*

**Table of Contents • Summer 2017 • Volume 18 No. 3**

President's Message . . . . .	1	MIIS Launches New Inventory Decrementing Tool . . . . .	7
The Pediatrician as Advocate: Now More than Ever! . . . . .	1	August is National Immunization Awareness Month (#NIAM17) . . . . .	8
Editor's Note . . . . .	2	22nd Annual MIAP Pediatric Immunization Skills Building Conference . . . . .	8
Another Successful RFDASH! . . . . .	5	Call for 22nd Annual MIAP Conference Award . . . . .	8
ShotClock . . . . .	6	Upcoming Conferences and Meetings . . . . .	9
H. Cody Meissner, MD, FAAP, Named the 2017 Massachusetts Recipient of the CDC Childhood Immunization Champion Award . . . . .	6	New MA Bill to Get Dangerous Dietary Supplements Out of Teens' Hands . . . . .	10
CDC Releases General Best Practice Guidelines for Immunization . . . . .	6	Book Corner . . . . .	11
From the Massachusetts Department of Public Health . . . . .	7	Earn MOC Part 4 Points . . . . .	12

**ADVOCACY**

## The Pediatrician as Advocate: Now More than Ever!

Every year the AAP holds a legislative conference to teach pediatricians to be legislative advocates for children and to provide an opportunity to meet with senators and representatives who vote on

legislation affecting children. This year 220 pediatricians from around the country attended the three-day meeting in Washington, DC — more than double the

*continued on page 4*



**Massachusetts Chapter  
American Academy of Pediatrics**  
860 Winter Street  
Waltham, MA 02451

**EXECUTIVE DIRECTOR**  
**Cathleen Haggerty**  
chaggerty@mcaap.org

**FORUM EDITOR**  
**Lisa Dobberteen, MD, FAAP**  
ldobberteen@mcaap.org

**PRESIDENT**  
**DeWayne Pursley, MD, MPH, FAAP**  
dpursley@mcaap.org

**IMMEDIATE PAST PRESIDENT**  
**Michael McManus, MD, MPH, FAAP**  
mmcmanus@mcaap.org

**VICE PRESIDENT**  
**Elizabeth Goodman, MD, FAAP**  
egoodman@mcaap.org

**SECRETARY**  
**Brenda Anders Pring, MD, FAAP**  
bpring@mcaap.org

**TREASURER**  
**Lloyd Fisher, MD, FAAP**  
lfisher@mcaap.org

**LEGAL COUNSEL**  
**Edward Brennan, Esq.**  
ebrennan@ebjlawoffice.com

**DISTRICT 1**  
**Peter Kenny, MD, FAAP**  
pkenny@mcaap.org

**DISTRICT 2**  
**John Snyder, MD, FAAP**  
jsnyder@mcaap.org

**DISTRICT 3**  
**Laura Lee, MD, FAAP**  
llee@mcaap.org

**DISTRICT 4**  
**David Lyczkowski, MD, FAAP**  
dlyczkowski@mcaap.org

**DISTRICT 5**  
**Daniel Slater, MD, FAAP**  
dslater@mcaap.org

**DISTRICT 6**  
**Nicholas Kasdon, MD, FAAP**  
nkasdon@mcaap.org

**DISTRICT 7**  
**Matthew Masiello, MD, MPH, FAAP**  
mmasiello@mcaap.org

**DISTRICT 8**  
**E. James Gruver, MD, FAAP**  
jgruver@mcaap.org

**DISTRICT 9**  
**Genevieve Daftary, MD, MPH, FAAP**  
gdaftary@mcaap.org

## EDITOR'S NOTE

# War Is Not Healthy for Children and Other Living Things

Climate change and environmental devastation aren't either. I write this after Mother's Day, and you'll be reading this after Father's Day. The iconic saying I've borrowed for my title came from the organization **Another Mother for Peace** in 1967. The saying and its striking graphic of bright yellow sunflowers were created by Lorraine Art Schneider with calligraphy by Gerta Katz.

As a result of a recent decision by the president, the United States has now been withdrawn from the epic Paris agreement ([http://unfccc.int/paris\\_agreement/items/9485.php](http://unfccc.int/paris_agreement/items/9485.php)). The interests of the United States were expertly represented in 2016 by our team of negotiators, efficaciously led by Secretary of State John Kerry. He considered it one of the peak achievements of his storied career in public service. Who can forget the poignant picture of him signing the agreement with his granddaughter Isabelle on his lap?

Children are uniquely vulnerable to the effects of climate change due to their size and dependence on others for their basic needs. Rising temperature as a result of increased greenhouse gas emissions leads to widespread changes in local and global ecosystems. The American Academy of Pediatrics issued a technical report in 2015, titled *Global Climate Change and Global Children's Health*, which can be viewed at <http://pediatrics.aappublications.org/content/pediatrics/early/2015/10/21/peds.2015-3233.full.pdf>.

We can consider a few of the many parameters that will worsen in the event of unchecked climate change and affect children. Extremes of temperature and

weather play havoc with families living in fragile housing and close to rising sea levels. Both drought and heavy precipitation can disrupt water and food supplies, resulting in greater food and potable water insecurity. Prevalence of gastrointestinal pathogens increases with warmer weather and disruption of clean water supplies. Air quality worsens in warmer temperatures and in areas with fewer controls on manufacturing, resulting in increases in asthma and other pulmonary diseases.

Warmer weather brings increases in insect populations and expansion of their geographic distribution. In particular, increased mosquito populations result in a surge of mosquito-borne diseases such as malaria and dengue. And, as we are well aware in New England, cases of Lyme disease and other tick-borne illnesses continue to rise.

We must continue to speak for our patients and families, and convince both state and federal legislators to vote for legislation that strengthens — instead of weakens — environmental protection to protect the health of children and others. Environmental groups, renewable energy policies, public transportation initiatives, and scientific research in all fields need our support. Family friendly policies for safe bike lanes and walk-to-school programs are healthy for both our patients and our environment.

We owe this much and more to our patients, our children, and our grandchildren.



— Lisa Dobberteen, MD, FAAP





## 2017 MCAAP Annual CME and Business Meeting

*continued from page 1*

### MOC Part 4, Improving Professional Practice — “Infant Well Visit Safety Screening Survey QI Project”

**Speaker: Greg Parkinson, MD**, pediatrician, Falmouth Pediatric Associates, MCAAP Injury Prevention Committee co-chair

To access the program outline and presentations, please visit <http://mcaap.org/cme>.

### Edward Penn Memorial Lecture

Each year, the MCAAP Executive Board votes to name a speaker as the Edward Penn Memorial Lecturer at the annual meeting. The lecture honors Dr. Edward Penn, who many of us recall as a former MCAAP president and a beloved pediatrician in the Fall River area for many years. Dr. Penn, who was a clinical teacher to generations of residents at the Boston Floating Hospital, was an outstanding leader within the pediatric community. This year, Sharon Levy was named the 2017 Edward Penn Memorial Lecturer. At the end of her talk, one of the meeting participants stood and suggested that she adapt her presentation into a “TED Talk.” At the urging of Judy Palfrey, Sharon submitted an application, and it was accepted as a TED Talk, which will be taped in November 2017. Congratulations, Sharon!

### Maintenance of Certification

This year’s program offered Maintenance of Certification (MOC) credits, and Massachusetts Board of Registration in Medicine credits in opioid education and risk management. The Chapter will be offering the MOC injury prevention modules again within the next 6 months.

For more information about these offerings see page 12.

### President’s Report

The President’s Report updated members on the Chapter initiatives, activities, achievements, and awards over the past year. Highlights included the following:

#### 2017 Election Results

- District 4 Representative:  
**David Lyczkowski, MD, FAAP**
- District 6 Representative:  
**Nicholas Kasdon, MD, FAAP**  
(re-election)
- District 7 Representative:  
**Genevieve Daftary, MD, MPH, FAAP**
- District 9 Representative:  
**Matthew Masiello, MD, MPH, FAAP**

#### Chelsea Wants to Dream

Chelsea Wants to Dream/Chelsea Desea Soñar is an AAP-funded pilot project developed in large part by the Immigration Health Committee to provide mental health care for recently arrived unaccompanied children from Central America.

The program is based in the Chelsea Collaborative, a community-based organization, which has hired an art therapist to do group therapy with the children, and has two impressive volunteer supervisors: Carmen Norona of BMC’s Child Witness to Violence program, and Lisa Fortuna, clinical director of child and adolescent psychiatry at BMC.

#### Chapter Committee Activities

An update on Chapter committee activities, including Child Abuse Prevention and Treatment (Medical Examiner’s Office, Medical Evaluation System), Children and Youth with Special Health Care Needs (work on mission, goals, and priorities), Poverty (wage theft, immigrant health, unaccompanied children), School Health (emergency epinephrine auto-injector supplies, healthy sleep times), and Immunization (HPV QI grant, PTA Summit).

#### Legislative Recap

Visit <http://mcaap.org/wp2013/wp-content/uploads/2013/07/MCAAP-Report-of-Counsel-2017-Annual-Meeting-1.pdf> for the 2017 Legislative Report.

- New Laws Supported by the Chapter
  - Gender Identity and Nondiscrimination
  - MCPAP State Budget Requirement
  - Medical Assistants Administering Immunizations

*continued on page 5*

## Pediatrician as Advocate

*continued from page 1*

number of usual attendees. Staff from the AAP's legislative office discussed the Children's Health Insurance Program (CHIP), Medicaid, the ACA, and other current health care bills affecting children. Speakers from around the country shared their successes and experiences advocating for children's health. Small group workshops on immigrant children, vaccines, subspecialty care, global health, and the opioid epidemic highlighted the most pressing problems facing children and pediatricians today. Sessions on legislative advocacy, coalition building, advocating at the state level and crafting a message provided valuable insights into effective advocacy. On the final day of the conference, 220 pediatricians fanned out across Capitol Hill to speak with their senators, representatives, and legislative assistants to deliver a message urging them to vote for critical measures that support children's health.

This year the major issues of discussion and advocacy are **CHIP** and **Medicaid**. To provide a brief background, Medicaid is the jointly funded, Federal-State health insurance program for low-income and needy people. It covers children, pregnant women, the aged, blind, and/or disabled and other people who are eligible to receive federally assisted income maintenance payments. Medicaid provides health coverage to over 72.5 million Americans. The Children's Health Insurance Program builds on the foundation of Medicaid to cover children in working families who are not eligible for Medicaid and lack access to affordable private coverage.

Do you know that there are over 700,000 children in Massachusetts who benefit from Medicaid and CHIP? Seven hundred thousand of our patients may be affected by proposed changes in legislation for these programs. Funding for CHIP expires at the end of September 2017. There have been proposals put forth to decrease funding for these programs, to turn the programs into block grants for the states, and to institute work requirements for single parents of children on CHIP or Medicaid. The AAP urges all of



us to advocate for full funding of CHIP and Medicaid without block grants and with no additional work requirements. To learn more about the legislation that the AAP supports and to see state and national data for CHIP and Medicaid, see <http://ccf.georgetown.edu/2017/02/16/ccf-aap-state-snapshots>.

One of the key messages from the meeting was to urge pediatricians to get to know our local legislators. As Tip O'Neill said, "All politics is local." We probably take care of their children or grandchildren! We can call and visit them to discuss local issues and local legislation, as well as telling them stories of our patients — people in their districts. If we get to know these officials when they are working locally, they will know us and our issues when they move on to Washington. And move on to Washington they do! Just look at the current 115th Congress: 44 Senators and 222 Representatives who first served as state legislators.

We also are encouraged to work with our state AAP to advocate for legislation that helps our patients. The MA Chapter of the AAP has a successful track record of effectively advocating for children's issues. The biggest recent success was legislation that now provides a mechanism for funding of all pediatric vaccines so Massachusetts is once again a "universal" state providing all recommended vaccines for all children. Our chapter has provided education for legislators and testimony on Beacon Hill about dozens of issues, including the opioid crisis, Reach Out and Read (ROR), lead abatement, and support for MCPAP. See the complete list at <http://mcaap.org/legislative>.

Our office schedules can be overwhelming. Our free time is too short. With limited

time, how can we best advocate for children? Here are some suggestions:

- If you have 5 minutes, become a "tweetiatrician" or post a comment about legislation on the national or state chapter's Facebook page; watch the news; be informed on the issues; and/or tell a story to your patients' parents about how legislation might affect them. Parents vote!
- If you have 30 minutes, do a two-minute speech at a local PTA or civic organization; post your thoughts on social media; and/or respond to state/federal advocacy alerts by calling or emailing your federal and state legislators.
- If you have an hour, write a letter to the editor of your local or regional newspaper (200 words or less); write an op-ed piece to support a piece of legislation; and/or give a professional rounds about advocacy or about pending legislation.
- If you have half a day, visit your state or federal legislators at their regional offices. The AAP can provide you with information about pending legislation that can affect children.

The AAP is a strong organization — 1,800 members in Massachusetts and 65,000 in the United States. Invite your friends, colleagues, and trainees to join! Legislators consider pediatricians as friendly, reliable advocates for children — not like the typical lobbyists out for themselves. Advocacy is an essential part of taking care of children — essential because children don't vote. Pediatricians are credible, non-partisan, experienced experts in the care and needs of children and a voice for children who can't speak up. We have no choice but to advocate for our patients!

For more information about how you can advocate for children, please contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

## ADVOCACY

## Another Successful RFDASH!

Residents and Fellows Day at the State House (RFDASH) took place on May 25 at Massachusetts General Hospital and the Massachusetts State House. Approximately 60 participants advocated for the following bills:

**S.1305** *An Act to protect the civil rights and safety of all Massachusetts residents*

**S.547** *An Act to increase access to children's mental health services in the community*

**S.612** *An Act improving public health through a common application for core food, health and safety-net programs*

**Speakers included:**

- **Dr Ronald Kleinman**, MGHfC chief of pediatrics
- **Katherine Ginnis**, director, mental health advocacy at Boston Children's Hospital
- **Amy Grunder**, director, legislative affairs at the Massachusetts Immigrant and Refugee Advocacy Coalition

- **Dr. Gregory Hagan**, MCAAP past president, chair, department of pediatrics, Cambridge Health Alliance
- **Alex Calcagno**, director, legislative relations, Massachusetts Medical Society
- **Dr. Anna Rosenquist**, RFDASH founding member, pediatrician, Harvard Vanguard Medical Associates

RFDASH was founded in 2005 by residents in the Massachusetts General Hospital for Children Pediatrics residency program, and is now organized through a collaboration of all the Massachusetts pediatrics residencies. It was established as a time for the pediatric trainees of our state to come together as advocates for the children of our shared community. Since then, the RFDASH participants have advocated for over 30 bills, many of which have been passed and are current Massachusetts law.

During this yearly event, pediatric residents, fellows, and medical students from



all over Massachusetts pick 2–3 state bills that they want to advocate for, learn about bills/themes from pediatric advocates, have official lobby training, and then meet with legislators and advocate for the bills at the Massachusetts State House.

— **Cathleen Haggerty**

For more information about RFDASH 2017, visit <http://rfdash.weebly.com>.

### 2017 MCAAP Annual CME and Business Meeting

*continued from page 3*

- Bills Currently Monitored by the Chapter
  - Tobacco 21
  - Lead Poisoning
  - Conversion Therapy
  - Marijuana
  - Nurse Practitioners (independent practice)
  - Act to Promote Team-Based Health Care
  - Epinephrine Supplies in Schools
  - Immunization Registry Opt-out
  - Diet Pills and Muscle-building Supplements
  - Sugary Drinks
  - Prevention and Wellness Trust Fund
  - Safe Alternative to Toxic Chemicals
  - Detergent Poisoning
  - Skilled Care for Fragile Children

### Recent Awards to Chapter Members

- **Michael Yogman, MD, MSc, FAAP**  
2016 AAP Senior Section Child Advocacy Award
- **Cody Meissner, MD, MPH, FAAP**  
2017 CDC Childhood Immunization Champion Award
- **Lloyd Fisher, MD, FAAP**  
2017 Massachusetts Adult Immunization Coalition Champion
- **Shannon Scott-Vernaglia, MD, FAAP**  
2017 Annual MCAAP Mentor Award
- **Jason Reynolds, MD, FAAP**  
2017 Bristol South District Medical Society Community Clinician of the Year

### 2017 AAP Special Achievement Awards

- **Michael Tang, MD, FAAP**, for providing education regarding collaborative mental health services through the MCAAP Children's Mental Health Task Force

- **Umbereen Nehal, MD, MPH, FAAP**, for her education to MCAAP members about changes and opportunities in Medicaid as it relates to children in ACO models

Finally, we'd like to send our congratulations to both Carole Allen, past MCAAP president (and former AAP board member), and Liz Goodman, current MCAAP vice-president. Both graduated this spring with MBAs — Carole's from the Brandeis Heller School and Liz's from MIT. We're very proud of these particular achievements by two of the most accomplished and effective health policy experts and advocates for children in our Chapter. If anyone is interested in the Heller executive MBA program for physicians please contact Carole at [allen@massmed.org](mailto:allen@massmed.org).

— **DeWayne Pursley, MD, MPH, FAAP**

If you have topics that you would like to have included in the next annual CME meeting in May 2018, please email them to Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org). Also, if you have a preference in terms of location, time of day, and/or format of the meeting, please email them along as well.

# ShotClock

## H. Cody Meissner, MD, FAAP, Named the 2017 Massachusetts Recipient of the CDC Childhood Immunization Champion Award



H. Cody Meissner, MD, FAAP

In April, H. Cody Meissner, MD, FAAP, chief, Pediatric Infectious Disease Division, Tufts Medical Center, and professor of Pediatrics at Tufts University School of Medicine, was named the Massachusetts recipient of the

2017 Centers for Disease Control and Prevention (CDC) *Childhood Immunization Champion Award*. Established in 2012 by the CDC, the *Childhood Immunization Champion Award* recognizes individuals who make a difference in the lives of infants and children through their work in immunization. Dr. Meissner was nominated for this award by the Massachusetts Department of Public Health (MDPH).

The selection of Dr. Meissner was praised by his colleagues. DeWayne Pursley, MD, MPH, FAAP, president of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) said, “Dr. Meissner’s work has had not only local, regional, and national, but also international implications. It is also extraordinary for a pediatrician to have substantive clinical and academic contributions that are so broadly ranging.

“Dr. Meissner’s work in both realms has had a huge impact on all children, from newborns to adolescents.”

Susan Lett, MD, MPH, medical director of the MDPH Immunization Program, noted that “the depth and breadth of his contributions to immunizations is unparalleled. The children and providers of Massachusetts are fortunate to be beneficiaries of the knowledge, wisdom, and passion that Dr. Meissner brings to his work.”

Dr. Meissner has been a practicing pediatrician, teacher, mentor, and passionate advocate for child health in Massachusetts for more than 35 years. He studied at the University of Vermont and received his MD from Tufts

University School of Medicine. He completed his residency at Boston Floating Hospital and fellowships at Children’s Hospital-Beth Israel-Dana Farber Cancer Center, and Harvard Medical School.

Dr. Meissner has served on local and national committees that have informed Massachusetts public policy and immunization practice. He has served on the Advisory Committee on Immunization Practices (ACIP), and currently serves on numerous ACIP Work Groups. He also is an Ex-Officio member of the Committee on Infectious Diseases (COID), American Academy of Pediatrics, and is a member of National Vaccine Advisory Committee (NVAC) as well as the Vaccine Injury Compensation Program.

To view Dr. Meissner’s online profile, visit [www.cdc.gov/vaccines/events/niiw/champions/profiles-2017.html#ma](http://www.cdc.gov/vaccines/events/niiw/champions/profiles-2017.html#ma) — *MCAAP Immunization Initiative*

## CDC Releases General Best Practice Guidelines for Immunization

### (Replaces 2011 General Recommendations on Immunization)

The Centers for Disease Control and Prevention (CDC) has released the *General Best Practice Guidelines for Immunization* as an online report. It is available on the Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations and General Guidelines of the ACIP web page.

The *General Best Practice Guidelines for Immunization* replace the General Recommendations on Immunization, last published in the *Morbidity and Mortality Weekly Report (MMWR)* in 2011.

The *General Best Practice Guidelines for Immunization* goes beyond vaccination recommendations to give providers guidelines on vaccination practice. The document will help vaccination providers to assess vaccine benefits and risks, use recommended administration practices, understand the most effective strategies for ensuring that vaccination coverage in the population remains high, and communicate the importance of vaccination to reduce the effects of vaccine-preventable disease.

By releasing the *General Best Practice Guidelines for Immunization* as an online report, ACIP will be able to update the document more quickly, giving vaccination providers the most up-to-date guidance on vaccination practice.

The updated guidelines include:

1. Confirmation that if a patient is not acutely, moderately, or severely ill, vaccination during hospitalization is a best practice;
2. New information on simultaneous vaccination and febrile seizures;
3. Enhancement of the definition of “precaution” to include any condition that might confuse diagnostic accuracy;
4. More descriptive characterization of anaphylactic allergy;
5. Incorporation of protocols for management of anaphylactic allergy;
6. Allowances for alternate route (subcutaneous instead of intramuscular) for hepatitis A vaccination;
7. An age cutoff of 12 years through 17 years for validating a dose of intradermal influenza vaccine;
8. Deletion of much of the storage and handling content, including information on storage units, temperature monitoring, and expiration dates (this content is now contained and continually updated in CDC’s Vaccine Storage and Handling Toolkit);
9. Incorporation of the Infectious Diseases Society of America guidance on vaccination of persons with altered immunocompetence;
10. Timing of intramuscular administration in patients with bleeding disorders;
11. Updated data on vaccination record policy;
12. Additional impacts of the Affordable Care Act on adult vaccination; and
13. Updated programmatic contact information on source material for vaccine information.

Continuing education credit (CME, CEU, CNU, etc.) is available for the General Best Practice Guidelines for Immunization.

If you have questions regarding immunization practice, please send them to NIPinfo@cdc.gov.

To receive updates on this and other ACIP recommendations and guidelines, sign up at <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. — *MCAAP Immunization Initiative*

## From the Massachusetts Department of Public Health

### An Imported Case of Congenital Rubella Syndrome (CRS) in Massachusetts (2017)

Maternal rubella infection, especially during the first trimester, can cause miscarriages, still births, and multiple serious birth defects such as cataracts, congenital heart disease, hearing impairment, and developmental delay. This condition is referred to as congenital rubella syndrome (CRS). CRS is rare in the United States. It was declared eliminated in 2004 (i.e., absence of year-round endemic transmission). There were 41 cases of CRS reported in the United States from 1998–2016. In other countries, however, more than 100,000 children are born every year with CRS, mainly in Africa, South-East Asia, and the Western Pacific. Similarly, prior to widespread vaccination with MMR in the United States, during the 1962–1965 global rubella pandemic, an estimated 12.5 million rubella cases occurred in the United States, resulting in 2,000 cases of encephalitis, 11,250 therapeutic or spontaneous abortions, 2,100 neonatal deaths, and 20,000 infants born with CRS.

Early in 2017 the Massachusetts Department of Public Health (MDPH) was notified of a suspected case of CRS in a newborn whose mother traveled from West Africa to give birth in the United States. The mother had a single prenatal visit in the United States prior to the birth, during the second trimester. She was IgG positive for rubella at that visit. The extremely high positive IgG titer value (>500 IU/mL, where >9.9 IU/mL indicates immunity) may have indicated recent infection with rubella. A fetal anatomy ultrasound was normal.

The baby was born full-term at an outlying hospital, and was transferred to a major metropolitan hospital a couple of days after birth. The baby's weight, length, and head circumference were within normal parameters. The baby failed a hearing test, had bilateral cataracts, and hepatosplenomegaly, severe

thrombocytopenia, hypoglycemia, facial pectchieae and metaphyseal lucencies. A number of abnormal head ultrasound findings were noted. No major structural abnormalities of the heart were found.

CRS was confirmed by PCR testing. This was the first Massachusetts CRS case in over 20 years. Because CRS was not initially suspected, the baby was not on contact precautions at the birth hospital. Thirty-six staff members and 20 mothers at the birth hospital were identified as potentially exposed. Fortunately, very few lacked presumptive evidence of immunity to rubella (a positive titer or one dose of MMR). One health care worker without evidence of immunity was excluded from work and other public activities for over two weeks, from day seven after exposure through day 23.

### RECOMMENDATIONS

- Immunity to rubella should be documented in **all** pregnant women. If not immune, or in doubt, vaccinate: before pregnancy if possible (MMR vaccine is contraindicated during pregnancy); before discharge from the hospital after delivery; or at the first post-partum visit if necessary. In this case, the mother had given birth to her first-born child in another U.S. state, and returned to Africa without a rubella titer, and without being vaccinated against rubella. If she had been vaccinated after the first delivery, CRS in her second child would have been prevented.
- Maintain a high index of suspicion with recent arrivals to the United States who were born outside of the United States.
  - Ask about rash illness and exposure to rash illness during pregnancy.
- Consider CRS in infants with symptoms consistent with CRS, especially those born to foreign-born or recently-arrived mothers, and place on contact precautions.

### CHALLENGES

- Infection control is critical: Infants with CRS can shed the virus for prolonged periods (up to one year of age or longer). The baby will be tested every month until PCR negative for rubella twice, separated by 30 days. Until then, the baby will need to be isolated, except for medically necessary activities. Medical visits will occur on contact precautions. All care providers will need to demonstrate presumptive evidence of immunity to rubella. Other public activities will be minimal.

- Rubella disease may be mild, and patients including pregnant women may be asymptomatic. In this case, the mother reported two bouts of malaria-like illness during pregnancy.
- Although she was tested for rubella immunity and had laboratory evidence of past rubella infection during the second trimester, she was most likely infected during the first trimester.
- Women born overseas who arrive in the United States shortly before giving birth pose an ongoing challenge in terms of the identification of risk of congenital rubella syndrome.

This rare event in the United States poses an ongoing challenge to ensure that rubella transmission from this infant does not occur; highlights the serious consequences of missed opportunities for vaccination; and illustrates the potential impact of international travel (and international standards of care) on rubella/CRS morbidity in Massachusetts.

— *Steve Fleming, EdM, Epidemiologist, MDPH Epidemiology Program and Susan Lett, MD, MPH, Medical Director, MDPH Immunization Program*

## MIIS Launches New Inventory Decrementing Tool

- Is your vaccine manager spending hours reconciling your site's inventory in order to complete your vaccine order?
- Do you wish you could use your patient administration data in the immunization registry to account for your vaccine usage?
- Is your site decrementing inventory, but not all the time?
- Do you wish there was an easier way?

If you have answered "yes" to any of these questions, we have a solution for you!

The Massachusetts Immunization Information System (MIIS) Program is excited to inform you that this past spring the new inventory decrementing tool in the MIIS was launched!

The purpose of this tool is to allow users to generate a list of vaccines that were not deducted from a provider's inventory when saved to a patient's record. The tool allows users the opportunity to correct errors to the immunization record and correctly deduct vaccine doses from their inventory.



Please use our Inventory Decrementing Tool Quick Reference Guide or watch our Inventory Decrementing Tool Video for more information on how to use this tool.

Have questions? Please visit our website at [www.contactmiis.info](http://www.contactmiis.info), or call the MIIS Help Desk at (617) 983-4335 for more information. — *Tricia Charles, MIIS Program Coordinator, MDPH Immunization Program*

## August is National Immunization Awareness Month (#NIAM17)

National Immunization Awareness Month (NIAM), held each August, provides an opportunity to promote the importance and value of immunization across the lifespan.

A different stage of the lifespan will be highlighted each week during NIAM. Check the NIAM web page for this year's schedule at <https://www.nphic.org/niam>.

The NIAM web page also has a helpful toolkit which contains resources that can be utilized by providers throughout August, including key messages, vaccine information, sample news releases and articles, social media messages, web links from the CDC and other organizations, web banners, logos and social media graphics.

Be on the lookout for #NIAM17 updates throughout August! Please contact Cynthia

McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org) if you are planning a specific NIAM activity, would like to partner with the Immunization Initiative on an activity, or if you have any questions.

Thank you, providers, for all that you do to keep Massachusetts' children safe from vaccine preventable diseases! — *MCAAP Immunization Initiative*

## 22nd Annual MIAP Pediatric Immunization Skills Building Conference

The Massachusetts Immunization Action Partnership (MIAP) is excited to announce the **22nd Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference**. The Conference will be held on Thursday, October 12, 2017, at the Best Western Royal Plaza Hotel in Marlborough, Massachusetts.

This year's plenary speakers will be **JoEllen Wolicki, BSN, RN**, nurse education leader, Education Team, National Center for Immunization and Respiratory Diseases, CDC; **Rebecca Perkins, MD, MSc**, associate professor of OB/GYN Boston University School of Medicine/Boston Medical Center; **Susan Lett, MD, MPH**, medical director; and **Pejman Talebian, MA, MPH**, director, Massachusetts Department of Public Health Immunization Program.

Conference breakout sessions will include

- How to Talk with Parents: Vaccine Conversations to Address Vaccine Confidence
- Immunization "101"
- Immunization "201"
- Challenging Immunization Scenarios
- Vaccine Preventable Disease Epidemiology
- Vaccine Storage and Handling and VFC Compliance Training
- Massachusetts Immunization Information System (MIIS) Updates

Conference registration will open in August. Updated information will be posted as it becomes available on the MCAAP website at [www.mcaap.org/immunization-cme](http://www.mcaap.org/immunization-cme) and on the MDPH website at [www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/events.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/events.html).

In the meantime, if you have any questions, please contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org) or (781) 895-9850. — *MCAAP Immunization Initiative*

## Call for 22nd Annual MIAP Conference Award

**Nominations Submission deadline: Friday, July 28, 2017**

Each year, the Massachusetts Immunization Action Partnership (MIAP) recognizes Massachusetts individuals or groups that have made an outstanding contribution to pediatric immunization in Massachusetts. The recipient of this award is an individual or an organization that has demonstrated particular leadership, initiative, innovation, collaboration, and/or advocacy. The MIAP Conference Organizing Committee is seeking nominations for this year's award.

The deadline to submit an award nomination is **Friday, July 28, 2017**. Nomination forms can be found at [www.mcaap.org/immunization-cme](http://www.mcaap.org/immunization-cme).

The 2017 MIAP Conference Award will be presented on October 12, 2017, at the 22nd Annual MIAP Pediatric Immunization Skills Building Conference.

If you have any questions or need additional information, please contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org) or (781) 895-9850. — *MCAAP Immunization Initiative*



## Upcoming Conferences and Meetings

### MCAAP Immunization Initiative Advisory Committee Meeting

Wednesday, September 13, 2017, 6:30 p.m.  
Massachusetts Medical Society,  
Waltham

For more information, contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org).

### Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting

Thursday, October 5, 2017, 4:00–6:00 p.m.  
Massachusetts Medical Society,  
Waltham

MVPAC meetings are open to the public.

For more information visit [www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/mvpac.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/mvpac.html).

### 22nd Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference

Thursday, October 12, 2017,  
9:00 a.m.–4:00 p.m.  
Best Western Royal Plaza Hotel,  
Marlborough

For more information, visit [www.mcaap.org/immunization-cme](http://www.mcaap.org/immunization-cme).

### Advisory Committee on Immunization Practices (ACIP) Meeting

October 25–26, 2017  
Atlanta, Georgia

ACIP meetings are open to the public (in-person, and by telephone/webinar). Pre-registration is required.

For more information visit [www.cdc.gov/vaccines/acip/index.html](http://www.cdc.gov/vaccines/acip/index.html).

### 2nd Annual Mass PTA Health Summit: Taking Action! Keeping Children, Schools, Families and Our Communities Healthy!

Thursday, November 16, 2017  
Massachusetts Medical Society,  
Waltham

For more information visit [www.massachusettspta.org/New\\_site](http://www.massachusettspta.org/New_site).

### MCAAP Immunization Initiative Advisory Committee Meeting

Tuesday, December 5, 2017, 6:30 p.m.  
Massachusetts Medical Society,  
Waltham

For more information, contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org).

## MCAAP Committees and Administrative Appointments

### AAP BREASTFEEDING COORDINATOR

Susan Browne, MD  
[sbrowne@mcaap.org](mailto:sbrowne@mcaap.org)

### CATCH CO-COORDINATORS

Anne Nugent, MD  
[anugent@mcaap.org](mailto:anugent@mcaap.org)

Giusy Romano-Clarke, MD  
[grclarke@mcaap.org](mailto:grclarke@mcaap.org)

### COMMITTEE ON ADOLESCENCE

Carl Rosenbloom, MD  
[crosenbloom@mcaap.org](mailto:crosenbloom@mcaap.org)

### CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Judy Palfrey, MD  
[jpalfrey@mcaap.org](mailto:jpalfrey@mcaap.org)

### ENVIRONMENTAL HAZARDS

Megan Sandel, MD  
[msandel@mcaap.org](mailto:msandel@mcaap.org)

### FETUS AND NEWBORN

Munish Gupta, MD  
[mgupta@mcaap.org](mailto:mgupta@mcaap.org)

### FORUM EDITOR

Lisa Dobbertein, MD  
[ldobbertein@mcaap.org](mailto:ldobbertein@mcaap.org)

### FOSTER CARE

Linda Sagor, MD  
[lsagor@mcaap.org](mailto:lsagor@mcaap.org)

### IMMIGRANT HEALTH COMMITTEE

Julia Koehler, MD  
[Julia.Koehler@childrens.harvard.edu](mailto:Julia.Koehler@childrens.harvard.edu)

### IMMUNIZATION INITIATIVE

Cynthia McReynolds  
[cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org)

Sean Palfrey, MD  
[spalfrey@mcaap.org](mailto:spalfrey@mcaap.org)

Richard Moriarty, MD  
[rmoriarty@mcaap.org](mailto:rmoriarty@mcaap.org)

### INFECTIOUS DISEASE

Sean Palfrey, MD  
[spalfrey@mcaap.org](mailto:spalfrey@mcaap.org)

### INJURY PREVENTION AND POISON CONTROL

Lois Lee, MD, MPH  
[llee@mcaap.org](mailto:llee@mcaap.org)

Greg Parkinson, MD  
[gparkinson@mcaap.org](mailto:gparkinson@mcaap.org)

### INTERNATIONAL CHILD HEALTH

Sheila Morehouse, MD  
[smorehouse@mcaap.org](mailto:smorehouse@mcaap.org)

David Norton, MD  
[dnorton@mcaap.org](mailto:dnorton@mcaap.org)

### LEGISLATION

Karen McAlmon, MD  
[kmcalmon@mcaap.org](mailto:kmcalmon@mcaap.org)

Brenda Anders Pring, MD  
[bpring@mcaap.org](mailto:bpring@mcaap.org)

### MEDICAL STUDENT COMMITTEE

Nikita Saxena  
[nsaxena@mcaap.org](mailto:nsaxena@mcaap.org)

### MEMBERSHIP

Chelsea Gordner, MD  
[cgordner@mcaap.org](mailto:cgordner@mcaap.org)

Walter Rok, MD  
[wrok@mcaap.org](mailto:wrok@mcaap.org)

### MENTAL HEALTH TASK FORCE

Barry Sarvet, MD  
[bsarvet@mcaap.org](mailto:bsarvet@mcaap.org)

Michael Yogman, MD  
[myogman@mcaap.org](mailto:myogman@mcaap.org)

### MMS DELEGATE/HOUSE OF DELEGATES

Lloyd Fisher, MD  
[lfisher@mcaap.org](mailto:lfisher@mcaap.org)

### MMS INTERSPECIALTY COMMITTEE REPRESENTATIVE OPEN

### OBESITY COMMITTEE

Erinn Rhodes, MD  
[erhodes@mcaap.org](mailto:erhodes@mcaap.org)

### ORAL HEALTH COMMITTEE

Michelle Dalal, MD  
[mdalal@mcaap.org](mailto:mdalal@mcaap.org)

### PEDIATRIC COUNCIL

Peter Rappo, MD  
[prappo@mcaap.org](mailto:prappo@mcaap.org)

### PROS NETWORK COORDINATORS

David Norton, MD  
[dnorton@mcaap.org](mailto:dnorton@mcaap.org)

Ben Scheindlin, MD  
[bscheindlin@mcaap.org](mailto:bscheindlin@mcaap.org)

### SCHOOL HEALTH

Lisa Dobbertein, MD  
[ldobbertein@mcaap.org](mailto:ldobbertein@mcaap.org)

Karen Sadler, MD  
[ksadler@mcaap.org](mailto:ksadler@mcaap.org)

### SUSPECTED CHILD ABUSE AND NEGLECT

Stephen Boos, MD  
[sboos@mcaap.org](mailto:sboos@mcaap.org)

## New MA Bill to Get Dangerous Dietary Supplements Out of Teens' Hands

What's to worry about teens taking dietary supplements? Quite a lot, it turns out, especially if they are using supplements sold for weight loss or muscle building. Whether shopping online or in brick-and-mortar stores, consumers are presented with a plethora of supplements making all sorts of promises to magically melt fat away or endow the user with bulging biceps. Most physicians know these types of supplements are not part of a healthy nutrition or strengthening plan, and the American Academy of Pediatrics has come out with two reports making this point clear:

- *Preventing Obesity and Eating Disorders in Adolescence*, 2016: <http://pediatrics.aappublications.org/content/early/2016/08/18/peds.2016-1649>
- *Use of Performance Enhancing Substances*, 2016: <http://pediatrics.aappublications.org/content/pediatrics/138/1/e20161300.full.pdf>

But do teens know this? Or consumers of any age? Research says no: the majority of consumers believe that the government prescreens and approves over the counter supplements as safe products before they are allowed on store shelves and that they are required to include warning labels

about side effects and risks of the products (Pillitteri et al 2008: [www.ncbi.nlm.nih.gov/pubmed/?term=pillitteri+2008+supplements](http://www.ncbi.nlm.nih.gov/pubmed/?term=pillitteri+2008+supplements)). Unfortunately, these misperceptions about supplements could not be further from the truth!

Thanks to the Dietary Supplements Health and Education Act, passed by Congress in 1994, the Food and Drug Administration (FDA) has been essentially defanged when it comes to proactive protection of consumers from dangerous dietary supplements (Pomeranz et al 2015: [www.ncbi.nlm.nih.gov/pubmed/?term=pomeranz+2015+supplements](http://www.ncbi.nlm.nih.gov/pubmed/?term=pomeranz+2015+supplements)). What we are left with is a dizzying array of products on the shelves and no way for teens, parents, or any consumers to be sure that they are safe or even whether what's listed on the label is what's in the bottle. The FDA has issued repeated warnings, especially about supplements in the weight-loss and muscle-building or sports-performance categories.

So how do we find out when a product is dangerous? Most often, this is determined only after there is a cluster of liver or other organ injuries, strokes, or even deaths that can be traced back to a specific product. A recent national study by the Centers for

Disease Control and Prevention estimated that dietary supplements trigger over 23,000 emergency department visits every year, and weight-loss supplements in particular account for over a quarter of these visits (Geller et al 2015: [www.ncbi.nlm.nih.gov/pubmed/26465986](http://www.ncbi.nlm.nih.gov/pubmed/26465986)). The age group hit hardest by the dangers of the weight-loss supplements is young adults between 20 and 34 years of age. For young people between 5 and 19 years of age, weight-loss supplements trigger the highest number of emergency department visits for ingestions as well.

Recognizing that the FDA's reactive strategy to regulation is clearly not enough, Massachusetts Rep. Kay Khan (D-Newton), along with 20 other cosponsors, took action and filed House Bill No. 1195, "An Act Protecting Children from Harmful Diet Pills and Muscle-Building Supplements," for the current legislative session (<https://malegislature.gov/Bills/190/H1195>). What the FDA, Rep. Khan, and the bill's 20 cosponsors know is that these types of supplements have been found too often to be adulterated with illegal and harmful substances, such as banned prescription weight-loss

*continued on page 12*





### BOOK CORNER

## Children's Media Use in America

“When I was a child I walked...” “Kids these days they just don’t know how to...” “My parents would never have let me...” The litany goes on and on about how different life is for youth in the twenty-first century. A personal favorite is the recent investigation into when the milestone of “swiping” across a digital screen should be acquired. Does a child learn to swipe a device at 24 months? 18? 12? Sadly, this one may continue to decrease in months and perhaps one day rival the milestone of tripod sitting.

This fascination with electronic devices shows no signs of disappearing. *The Common-Sense Media 2013 report, Zero to Eight: Children's Media Use in America* found that among families with children age 8 and under, there has been a five-fold increase in ownership of tablet devices, such as iPads, from 8% of all families in 2011 to 40% in 2013. The percent of children with access to some type of “smart” mobile device at home (e.g., smartphone, tablet) has jumped from half of all children (52%) to three-quarters of children (75%) in 2013. This number will undoubtedly continue to rise.

What might this mean for young children's use of electronic books? A recent review article addressed the impact of tablet-based eBooks for young children and reached several notable conclusions. (Reich SM, Yau JC, Warschauer M, “Tablet-Based eBooks for Young Children:

What Does the Research Say?,” *JDBP*, 37(7):585-591, 2016.) This review was a qualitative synthesis of research on tablet-based eReading and young children's learning from screens. They explored several areas: benefits of reading for children from birth to 5-years-old, computer-based eBooks and child outcomes and comparing tablet-based eBooks to print books. They found 54 abstracts that were all screened to include a comparison of tablet-based eReading and print reading with children 5 years or younger. This generated seven published studies, one master's thesis, and a dissertation. They further added an in-progress study and an additional report bringing the total to 11 works from which they consolidated the results to describe the patterns of impact. Not exactly evidence-based but perhaps evidence-informed?

In comparing children's learning from eBooks and print, the review showed mixed results. Early studies have found that though reading duration is longer with eBooks, the exposure to conversation relevant to the book is equivalent. Thus, both are effective in improving a range of early literacy outcomes with no significant differences by platform with some differences depending on the exact age of the child. Learning seems to be a different entity, particularly among infants and toddlers. Studies suggest that the potential educational benefits of tablet-based

eReading could be limited for infants and toddlers 0–2 years especially in the absence of adult interaction.

The role of adult-child interaction while eReading has been an area of expanded exploration with varying results. This has been complicated by the fact that not all eBooks are the same and that enhanced eBooks with read-to-me features may discourage adults from asking questions or discussing the story, although not all studies supported this finding. On the other hand, a different study found that presenting information through both visual and auditory modes, animations or sounds that enhance the narration can facilitate comprehension.

Without a doubt, this area will continue to be a source of interesting research but a few practical conclusions to support families can be garnered from the review. First, not all eBooks are the same. Those that scaffold learning are more likely to be beneficial. Second, eReading is best with an adult. **Joint-book sharing**, whatever the platform, is critical. It is always, in the end, about the relationship. Enhancing and supporting that relationship is what pediatric clinicians do best.

For more information about Reach Out and Read and early literacy, email the Massachusetts Program Director Alison Corning-Clarke at [alison.clarke@reachoutandread.org](mailto:alison.clarke@reachoutandread.org) or the Massachusetts Coalition Medical Director Marilyn Augustyn at [Marilyn.augustyn@bmc.org](mailto:Marilyn.augustyn@bmc.org).

## A Great Way to Earn MOC Part 4 Points

### Online Infant Well Visit Safety Survey

Pediatricians know the importance of preventing childhood injuries and educating families about accident prevention. We know there are so many well-visit screening questions to ask and there is so little time! It can be frustrating to have all these requirements and maintain rapport with children and families. Electronic medical records are supposed to help but may slow us down.

Wouldn't it be great if there was a tool that could streamline screening and at the same time allow you to focus on pertinent topics for each child and family? Well, now there is! Developed by a busy pediatrician in clinical practice, this tool is relevant and enhances your interaction with families. After testing in an actual practice setting, the MCAAP launched this educational opportunity May 11, 2017. Utilization of this tool can earn you American Board of Pediatrics Part 4 Maintenance of Certification (MOC) points.

The project uses online technology through [www.typeform.com](http://www.typeform.com) to quickly review 19 injury prevention topics. A parent or guardian completes the survey on a tablet or laptop prior to being seen and the physician, nurse practitioner, or physician's assistant reviews the answers during the visit. It is quick: 2–3 minutes to complete and 2–3 minutes to review. It's also efficient and meaningful: the tool actually saves time by allowing you to focus on topics that are particular to each family. The platform is very user-friendly and initial feedback has been excellent!

Successful completion involves enrolling 10 babies at the 4-, 6-, and 9-month visits.

For more information, contact Dr. Greg Parkinson from Falmouth Pediatric Associates at [gregorywparkinson@gmail.com](mailto:gregorywparkinson@gmail.com).

Published by the Massachusetts Chapter of the American Academy of Pediatrics, P.O. Box 549132, Waltham, MA 02454-9132. Designed and printed by the Massachusetts Medical Society.

# The Forum

Massachusetts Chapter  
American Academy of Pediatrics  
P.O. Box 549132  
Waltham, MA 02454-9132

Presorted  
First Class Mail  
U.S. Postage  
PAID  
Boston, MA  
Permit #59673

12

Summer 2017

## Teens and Dietary Supplements

*continued from page 10*

pharmaceuticals and anabolic steroids. They may contain high doses of other substances, such as green tea extracts, that can be hepatotoxic.

In crafting HB 1195, they relied on some of the same proven strategies that have been successfully used to protect teens from tobacco and applied them to dietary supplements sold for weight loss and muscle building. The bill will ban their sale to minors younger than 18 years of age, move the products behind the counter, and require warning signs in retail outlets. Assigned to the Massachusetts legislature's Joint Committee on Public Health, the bill is slated for a hearing early this fall.

Want to get involved? The Out of Kids' Hands campaign (<https://www.hsph.harvard.edu/striped/policy-translation/out-of-kids-hands>) is organizing physi-

cians, nutritionists, and other clinicians along with coaches, parents, and youth who've been hurt by these products to urge their state legislators to support HB 1195. The campaign offers training and talking points for reaching out to legislators and also for giving testimony at the hearing in the fall. If you are new to advocacy, don't let that stop you! Contact us at [striped@hsph.harvard.edu](mailto:striped@hsph.harvard.edu), and we will get you linked into the action to protect teens in the Commonwealth. This is a key issue for pediatrician advocacy.

— S. Bryn Austin, ScD

S. Bryn Austin, ScD, is director of Fellowship Research Training in the Division of Adolescent and Young Adult Medicine at Boston Children's Hospital, professor of Pediatrics at Harvard Medical School, and professor of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health. She directs the Strategic Training Initiative for the Prevention of Eating Disorders ([www.hsph.harvard.edu/striped](http://www.hsph.harvard.edu/striped)), based at Boston Children's Hospital and Harvard T.H. Chan School of Public Health, and the Out of Kids' Hands Campaign in support of HB 1195.