



**PRESIDENT'S MESSAGE**

## Reawakening to the Importance of Vaccines

It's almost spring — the season of renewal and reawakening after winter's dormancy — and I'm taking this opportunity to renew and reawaken our sense of urgency regarding vaccinations.

Vaccinations are not a new story. The practice is centuries old. Edward Jenner is widely credited with discovering vaccination in 1796 when he took material from the blister of someone with cowpox and inoculated other individuals with the same material to protect against smallpox. However, accounts from China and India in the 1500s suggested the practice of inoculating against smallpox is much older, dating back perhaps to 200 BCE.<sup>1</sup> The modern era of vaccination started at the turn of the century with vaccines for pertussis (1914), diphtheria (1926), and tetanus (1938). The large-scale production of smallpox vaccine began in the 1940s. Jonas Salk developed his polio vaccine in 1955. The first measles vaccine was licensed in 1963. Mumps and rubella vaccines followed later that decade. Then H. flu type B, hepatitis B, varicella hepatitis A, and pneumococcal vaccine... I'll stop there.

Vaccinations have led to the disappearance of what were once common deadly childhood diseases. Smallpox, which prior to vaccination had a mortality rate of 30 percent and a disfigurement rate of 60–85 percent, was declared eradicated worldwide in 1980. Prior to vaccination, measles was endemic in the United States and hundreds died each year. I received the first measles vaccine in 1963 from my father, a physician-scientist deeply

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## Test Your Home for Radon

In 2005, the US Surgeon General issued an advisory that “indoor radon is the second-leading cause of lung cancer in the United States and breathing it over prolonged periods can present a significant health risk to families all over the county. It's important

to know that this threat is completely preventable. Radon can be detected with a simple test and fixed through well-established venting techniques.” This advisory remains relevant today.

**Table 1. Cancer Mortality, 2018 (EPA 2003, Siegel et al. in CRCPD 2018)**

Cancer Type	Estimated US Deaths in 2018
<b>1. Lung and Bronchus</b>	<b>154,050</b>
<b>2. Colon and Rectum</b>	<b>50,630</b>
<b>3. Pancreas</b>	<b>44,330</b>
<b>4. Breast</b>	<b>41,400</b>
<b>5. Liver and Intrahepatic Bile Duct</b>	<b>30,200</b>
<b>6. Prostate</b>	<b>29,430</b>
<b>7. Leukemia</b>	<b>24,370</b>
<b>8. Radon-Induced Lung Cancer</b>	<b>21,100*</b>
<b>9. Non-Hodgkin Lymphoma</b>	<b>20,960</b>
<b>10. Urinary Bladder</b>	<b>17,240</b>
<b>11. Esophagus</b>	<b>15,850</b>
<b>12. Kidney and Renal Pelvis</b>	<b>14,970</b>
<b>13. Ovary</b>	<b>14,070</b>
<b>14. Myeloma</b>	<b>12,770</b>

\*The 21,100 radon-induced lung cancer deaths also are included in the estimate of lung and bronchus cancer deaths. The 21,100 estimate is based on risk estimates using US demographic information from 1995.

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## EDITOR'S NOTE

### Relationships in and around the Office

Recently, I've been thinking about relationships. With what is known as a "mature" practice, I have my share of children with complicated chronic disease, second-generation patients who are children of my former patients, and several big extended families where I take care of all the young children, took care of many of their parents and their parents' friends, and have a warm relationship with the grandparent generation as well. It is a true privilege to be part of these families' lives. One of these big extended families just went off on a group vacation, and we joked they needed "their" pediatrician to go along on the trip with them, just to make sure everything would go smoothly.

I'm also fortunate to have wonderful office colleagues and staff. In the words of our founder, the extraordinary James (Jim) Nolan, MD, "Cambridge Family Health is where we take care of our patients and their families, and where we take care of each other." Jim was med-peds (medicine and pediatrics) before the specialty even existed, having done an entire residency in Pediatrics at Boston City Hospital and an entire residency in Medicine at MGH. He is one of the finest physicians I have known, and he is a relational physician. His practice of totally devoted patients includes five generations of one family, all of whom come to him for care. He is winding down his practice to retire at the end of the year, but his gentle philosophy, humble manner, fierce devotion to his patients, and model of superb clinical care will continue to inspire us — even as he departs to read all the books he never had time for, be "on-call" for his big extended family, and finally complete all the home repair projects at his Newton and Martha's Vineyard homes. Happy Retirement, Jim, and may you enjoy the time you so richly deserve.

Thinking about relationships at work with our "work families" reminds me of a thoughtful book, *Bringing Yourself to Work: A Guide for Successful Staff Development in After-School Programs*, by Michelle Seligson and Patricia Stahl. While written for the after-school program setting, it includes many ideas applicable to the staff in a busy pediatric practice. We all bring ourselves to work, and we want to be sure we are bringing our best selves to work. And as this is a piece about relationships, I should note Michelle is my treasured friend and neighbor.

We've all had the pleasure of forming wonderful friendships and relationships with our fellow residents while in training. It came as a shock to realize I completed my pediatric residency at the Floating Hospital for Children at Tufts Medical Center 30 years ago! I look around the state and the nation and see my former residency colleagues as terrific practicing physicians in general pediatrics and hospital-based subspecialties and as administrators at health plans in which I am a provider. My wonderful and effective department chief, Greg Hagan, MD, is a former residency buddy. And I'm pleased we have a memoir piece in this issue of *The Forum* from the perspective of yet another wonderful pediatrician in practice and my former co-chief resident, Jon Schwab, MD. Too many to name you all, but you know who you are and I hope you know how much your friendship means to me over all these years. That, plus thanks for the coffee and many pints of Ben & Jerry's that kept me going through those nights on-call!

Wishing you joy as the daffodils bloom and spring finally comes to New England. May all the relationships in your lives — the ones in your office, with your patients and staff, as well as at home — continue to bloom and thrive.

— Lisa Dobberteen, MD, FAAP

## Awakening to the Importance of Vaccines

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committed to public health. I didn't give the disease a second thought until my internship in the late 1980s when we admitted a child with fever, conjunctivitis, and a rash. She was terribly ill. Every resident at Boston Children's Hospital rounded on this child. No one could figure out what was wrong until Stephen Gellis, the director of dermatology, walked into the room, took one look, put a mask on, walked out, and announced to the waiting team that the child had measles. This once bread-and-butter illness had become unrecognizable.

Diseases I did recognize all too frequently as a resident — H. flu meningitis, H. flu pneumonia, H. flu osteomyelitis, pneumococcal disease, limb-damaging cellulitis due to secondary infection of chickenpox lesions — have followed a similar course to measles. Vaccinating children has replaced supportive care as bread-and-butter pediatrics. Vaccinating children is not fun, but it is so important. Vaccinations are one of the greatest public health success stories of the modern age. Unfortunately, this success is currently being undermined and attacked — progress that we have made eradicating deadly and debilitating childhood illnesses is being eroded. Due to misinformation and misconceptions, perpetuated through social media and internet sites, more and more children are not being vaccinated, and they and their communities are bearing the burden of these misinformation campaigns. Although there hasn't been an endemic case of measles since 2002, measles is still on the rise in the US. Measles cases more than tripled from 2017 to 2018 (120 to 372), and in the first two months of 2019 alone there were over 200 cases of measles in the US. In Massachusetts, there were two cases of measles in Lowell last year. While there are no current Massachusetts outbreaks, there are active outbreaks in New York and Washington state, as well as recent cases in Connecticut.

What is particularly concerning is that, despite these increasing numbers of outbreaks, the anti-vaccination movement seems to be gaining speed. Yesterday's (March 7) daily briefing from the AAP



highlighted a CNN report that noted more than 20 states have introduced legislation to broaden reasons for vaccine exemptions beyond medical need. Although the report notes that such legislation usually does not succeed, the constant media attention and increasing reach of the anti-vaccine movement is alarming. We need to support and strengthen our legislation that enables all children to receive lifesaving and health-promoting vaccinations. Luckily, we live in a state that has always been committed to supporting vaccinations. In 1855, Massachusetts passed the first law in the United States mandating vaccinations for schoolchildren in order to combat smallpox. Under the outstanding leadership of Sean Palfrey, MD, FAAP, the Chapter established the Immunization Initiative (<https://mcaap.org/immunization-initiative>). Later joined by Rick Moriarty, MD, FAAP, co-director, and Cynthia McReynolds, MBA, program manager, the Initiative has worked for decades to improve vaccine access, delivery, awareness, and policy throughout the state. In 2014, the Chapter and the Immunization Initiative jointly advocated for legislation establishing the Vaccine Trust Fund, which was subsequently signed into law. The fund guarantees a stable financing framework enabling Massachusetts to ensure that all children 0–18 years of age receive every vaccine recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). The Vaccine Trust Fund also finances Massachusetts' immunization registry, the Massachusetts Immunization

Information System (MIIS). In 2018, the MCAAP Immunization Initiative along with MDPH launched the *Vaccine Confidence Project*, which you can read about further in the ShotClock on page 10.

In 2019, Sean Palfrey continues his outstanding leadership of the Immunization Initiative as director. The Chapter wishes to express our heartfelt and sincere gratitude to Rick Moriarty, who recently retired as MCAAP Immunization Initiative co-director, for his years of commitment and dedicated leadership with Sean. This year, the MCAAP also welcomes David Norton, MD, FAAP, and Everett Lamm, MD, FAAP, as Immunization Initiative Advisory Committee co-chairs. With this amazing team, the MCAAP is assured strong leadership in advocating for the optimal immunization of Massachusetts children and adolescents.

As Rick Moriarty said in a recent email, "Vaccines save lives, vaccines cause adults — not autism, vaccines are safe, and vaccines are for the common good." Through practice, advocacy, and education, let's continue working toward the day all Massachusetts' children are properly vaccinated and our communities are protected from diseases that should no longer threaten the health and well-being of the Commonwealth's citizens.

— **Elizabeth Goodman, MD, MBA**

#### Reference

<sup>1</sup>[www.historyofvaccines.org/timeline#EVT\\_1](http://www.historyofvaccines.org/timeline#EVT_1)

## Promoting Regular Attendance in School-Aged Children

Across the country large numbers of students are missing a significant amount of school. More than eight million students are chronically absent; that is, missing 10 percent or more of school days for any reason, *excused or unexcused*. Encouraging regular school attendance is one of the most powerful ways we can prepare our school-aged children for health and success, both in school and in life. When school attendance is made a priority, children get better grades, develop healthy life habits, avoid dangerous behavior, and have a better chance of graduating from high school.

School attendance habits are often formed as early as preschool. Students in grades K–3 who are absent for an average of just two days of school per month, **even when the absences are excused**, can experience negative academic outcomes. They are at risk for future chronic absenteeism, often have difficulty keeping up with their peers academically, and tend to fall behind in reading. This is significant because students who are able to read on grade level by the end of third grade, are three to four times more likely to graduate from high school and attend college, as compared with their peers who struggle with reading (<http://awareness.attendanceworks.org/wp-content/uploads/Research2016.pdf>).

Chronic absenteeism becomes more common in middle school, and at the high school level, about 19 percent of all students are chronically absent. When students attend school every day, their grades and reading skills increase, even among those students who are struggling in school. Students who attend school regularly also feel more connected to their community, develop important social skills and friendships, and are significantly more likely to graduate from high school, setting them up for a strong healthy future.

Recently, the Massachusetts Department of Elementary and Secondary Education (DESE) released a new school and district accountability system that was put in place for fall 2018. This system is designed to measure how a school and district is doing and what kind of support it may need. One of the new accountability

indicators is the rate of **chronic absenteeism** (defined as missing more than 10 percent of school days or more than 18 days in an academic year).

As a result of the new DESE-accountability system, Massachusetts school districts are focusing efforts on monitoring attendance and providing tiered interventions ([www.attendanceworks.org/resources/toolkits/teaching-attendance-2-0/three-tiered-system-of-intervention](http://www.attendanceworks.org/resources/toolkits/teaching-attendance-2-0/three-tiered-system-of-intervention)) to students and families to reduce barriers to regular school attendance.

**Tier 1 is the foundation of the support system and includes universal strategies that support satisfactory attendance for every student.** Tier 1 strategies should include:

- Establishing positive relationships with families
- Recognizing good and improved attendance
- Educating students and families about the importance of attendance for achievement
- Establishing and sustaining regular systematic monitoring of absences and set attendance goals
- Establishing a supportive and engaging school climate

**Tier 2 supports are for students and families who need more encouragement and support in addition to Tier 1.** Tier 2 involves building caring supportive relationships with students and families to motivate daily attendance and address challenging barriers. Tier 2 interventions

address other barriers to strong attendance including transportation, finding a safe route to school, or an unmanaged chronic health condition.

**Tier 3 offers individual interventions and supports for students and families** from the district's student support staff, public agencies, and the courts. Tier 3 interventions are critical for the most vulnerable students who face serious hurdles to getting to school and may be involved in foster care or the juvenile justice system.

In January 2019, the American Academy of Pediatrics (AAP) issued a policy statement, "The Link Between School Attendance and Good Health" ([www.attendanceworks.org/wp-content/uploads/2019/02/AAP\\_policy\\_statement\\_chronic\\_absence\\_2019\\_.pdf](http://www.attendanceworks.org/wp-content/uploads/2019/02/AAP_policy_statement_chronic_absence_2019_.pdf)). The statement outlines the issue and impacts of chronic absenteeism and provides recommendations for pediatricians to promote school attendance, reduce chronic absenteeism, and improve health outcomes and disparities across the lifespan.

Important recommendations for pediatricians to promote school attendance include:

- Stress the value of developing strong school attendance habits as early as preschool; at every office visit, ask about the number of absences the patient has had in the past month.
- Provide firm guidance to families on when a child should stay home if sick and how to avoid absences from minor illness and anxiety.



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## A Tale of Two Doctor Visits: How New Initiatives Are Helping Pediatricians Care for Kids in Crisis

Here's a scenario that will sound familiar to many of you. I'm in the midst of the typical afternoon rush and starting to fall behind. The waiting room sounds like a zoo! I stand by my desk and glance at my schedule; another patient has been added to the end of my day. The computer screen shows the name of the patient, the reason for the visit, and any unusual remarks.

There is nothing more important to me than protecting the confidentiality of my patients. The names and identifying details of this incident have been altered. However, this story is so common that this same scenario has occurred multiple times just this past month.

I see Mike on my schedule, and the reason is "cutting." It's marked urgent. As the rest of the afternoon unfolds, I realize I won't make it to the gym tonight. After 5 p.m., as the waiting room begins to quiet, Mike arrives with his mom.

Mike is pleasant, soft-spoken, and somewhat apologetic. He is gazing at the floor. His mom looks right at me though. She has an anxious, fearful face that says, loud and clear, "Please help us." I start as I always do, with the same question, "What brings you to the office today?"

Mike has been having problems for a few years. He can't seem to get organized, isn't turning in homework, and is losing focus while in class. On top of his usual struggles, last month there was an extremely embarrassing incident that happened when he was participating in a co-ed gym class. While doing a somersault routine, a class bully held the back of his underwear so that, while tumbling, his pants came off, revealing his genitals and buttocks to everyone. It sounded like a middle-schooler's worst nightmare!

Mike tells me he is afraid of going to school and worries all the time. He gets sad and unhappy with normal activities he used to enjoy and just doesn't "feel anymore." He has started using a razor blade to cut himself in order to feel *something*. Pain is better than nothing, he says. A teacher noticed the fresh wounds on his arm and notified the principal. Mike was then taken to the local crisis center for evaluation.

Mike's mom tells me the crisis evaluator determined that Mike was not going to kill himself. The evaluator told her to make an urgent appointment to see me, and that I would help Mike by starting

some medication and getting him to see a counselor. His mom was told the crisis center would alert me, but this is the first I am hearing about it.

These are the facts of the case. Now the question is, "How can I, one overworked pediatrician in a large, busy practice, help?" Five years ago, the very unsatisfactory answer would have been a script I delivered many times: "There's very little I can do right now. I am truly sorry to hear about everything. This must be very hard, and I would very much like to help. It sounds like Mike is experiencing some anxiety and depression and that he might also have an underlying diagnosis of ADHD.

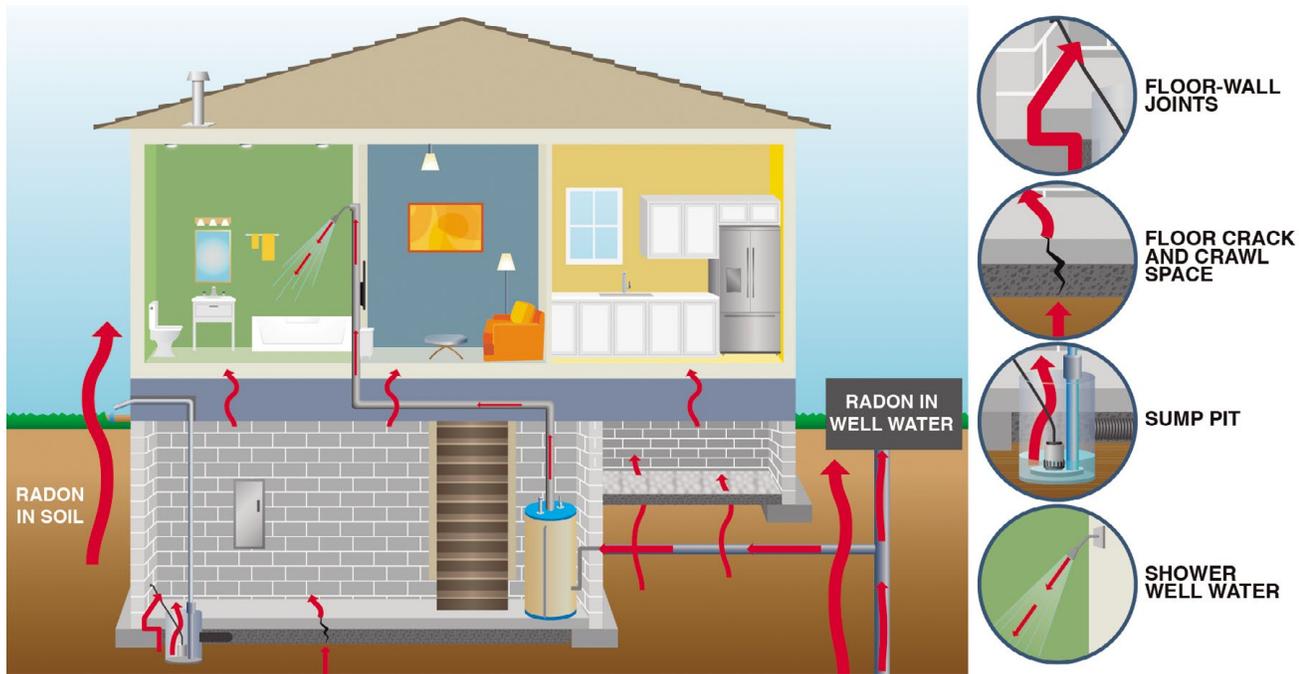
"These problems can be treated with medication and counseling. I could consider starting a medication for ADHD since I do have experience with treating this disorder. But I am concerned that Mike's other problems are more serious and urgent and that he really needs to see a child psychiatrist to start some medication for depression and anxiety. I don't have the experience or training to prescribe them. The availability of child psychiatrists in our area is very limited, and it will probably take a couple of months to see one. I will call our local tertiary care hospital and try to get him an appointment.

"In the meantime, starting psychotherapy is the best approach." I also don't know the availability of local therapists who accept the family's insurance. "I do have a list of people and you should call to find out who accepts your insurance and has an available opening. Please let me know how Mike is doing and call the crisis team again if he has more episodes of harming himself."

Fast forward to now and two major developments over the past five years have expanded our options. The Massachusetts Child Psychiatry Access Project (MCPAP) is a state-run, grant-funded program that provides easy telephone access for pediatricians to consult with a child psychiatrist who can give recommendations



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**Test Your Home for Radon**

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Pediatric care providers have an important role to play in educating families about all of the risk factors for lung cancer. These risks include not only smoking but also radon exposure. Unlike smoking cessation, reducing radon risks does not require behavior change — only simple, inexpensive testing, and minor home repairs if elevated levels are found.

Radon is the leading cause of lung cancer among nonsmokers, causing an estimated 21,100 US deaths annually (see table 1 on page 1). The risk of lung cancer to smokers is at least 10 times higher compared to those who have never smoked, due to the combined or synergistic effects of radon and tobacco (ATSDR 2010). Children spend much of their time indoors, which may increase their exposure to radon and subsequent health risks.

**What Is Radon?**

Radon is a colorless, odorless, and tasteless gas. Radon is formed through the natural breakdown of uranium, a radioactive metal found in soils and rocks. Radon can enter a home from the soil through cracks in concrete floors and walls, floor drains, sump pits, construction joints, and around pipe penetrations, as well as through tiny cracks or pores in hollow-block walls (see figure above). Radon gas can also be released by well water during showering and other

household activities. This is usually a small source of risk compared to radon entering the home through the soil.

**Who Should Test Their Home for Radon?**

In a word: *everyone*. Radon can be present at high levels in any home — new or old, well-sealed or drafty, with or without a basement. The potential for radon exposure varies by geographic area; however, homes in areas considered to have low radon potential can exhibit greatly elevated radon concentrations. Even two adjacent homes can have very different radon levels. In Massachusetts, an estimated one out of four homes are predicted to have high radon levels (above the US

Environmental Protection Agency (EPA) action level of 4 picocuries per liter of air [pCi/L]) (EPA 1988).

**Testing is the only way to determine the amount of radon in a building.** Short-term test kits offer a way for consumers to conduct their own radon screening. Families can contact the Massachusetts Department of Public Health’s Radon Unit at (800) 723-6695 for information on obtaining a reliable test kit, and on steps for conducting a test correctly. The EPA’s *Citizen’s Guide to Radon* (EPA 2016), which can be downloaded for free from [www.mass.gov/radon](http://www.mass.gov/radon), also gives clear instructions on how to use a test kit.

**Table 2. Lifetime Risk of Lung Cancer Death from Radon Exposure in Homes (CRCPD 2018)**

*Risk is Shown per 100,000 People*

RADON LEVEL (pCi/L)	NEVER SMOKERS*	CURRENT SMOKERS	GENERAL POPULATION
20	3,600	26,000	11,000
10	1,800	15,000	5,600
8	1,500	12,000	4,500
4	730	6,200	2,300
2	370	3,200	1,200
1.25	230	2,000	730
0.4	73	640	230

Estimated risks at the EPA action level of 4 pCi/L  
 Never Smokers: 7/1000 Smokers: 62/1000

\*"Never Smoker" refers to an individual who has smoked fewer than 100 cigarettes in his or her lifetime.

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## Test Your Home for Radon

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### Who Needs to Mitigate Their Homes?

The EPA has set an “action level” of 4 pCi/L or higher. The EPA recommends mitigation if a long-term test, or the average of two short-term tests, shows radon levels at or above this action level. Because any radon exposure carries some risk, and radon levels of 2 pCi/L or below can be achieved in most homes, the EPA also suggests that homeowners consider mitigation if levels are between 2 and 4 pCi/L.

If mitigation is needed, the homeowner should contact a certified mitigation specialist to ensure that a radon reduction system is properly designed and installed. The Massachusetts Radon Unit can provide a list of these specialists.

The cost of reducing radon in a home depends on how the home was built and the extent of the radon problem. The estimated cost for a radon mitigation system in a home with a single foundation type is between \$1,000 and \$1,500.

### How Clinicians Can Help

Talk to your patients about this investment and how it can dramatically benefit their family’s health and let them know that help may be available. Income-eligible homeowners should consider the MassHousing’s Home Improvement Loan Program ([www.masshousing.com/portal/server.pt/community/home\\_owner\\_loans/228/home\\_improvement\\_loans](http://www.masshousing.com/portal/server.pt/community/home_owner_loans/228/home_improvement_loans)). Low-income homeowners may also qualify for the US Department of Agriculture’s Section 504 Home Repair Program ([www.rd.usda.gov/programs-services/single-family-housing-repair-loans-grants](http://www.rd.usda.gov/programs-services/single-family-housing-repair-loans-grants)) for radon mitigation. Radon reduction costs are often an eligible expense covered under a health care flexible spending arrangement (FSA). A Letter of Medical Necessity (LMN) for radon mitigation is usually required for reimbursement. This letter must outline how an account holder’s elevated radon level poses an unacceptable risk.

Here are some ways to raise your patients’ awareness about the risks of radon in the home and to encourage testing and mitigation:

- Test your own home so you have first-hand knowledge of the process and can share your experience with your patients.
- Ask your patients if they have tested their home for radon. If they have not, inform them about the health risk posed by radon and urge them to test their home.
- Add radon testing questions to the routine electronic medical record questionnaire.
- Provide information in your offices and clinics that promotes radon testing and mitigation.
- Share information about the health risks of long-term radon exposure with other health care providers. — *Sharon Lee, MA Department of Public Health, and Jennifer Helmick, Eastern Research Group, Inc.*

The Massachusetts Department of Public Health Radon Unit can provide you with more information, including resources for your patients.

Contact us at: [www.mass.gov/radon](http://www.mass.gov/radon), (800) 723-6695 (toll-free in Massachusetts only), (413) 586-7525, TTY: (800) 769-9991

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#### References

- Agency for Toxic Substances and Disease Registry (ATSDR). 2010. Case Studies in Environmental Medicine: Radon Toxicity. <https://www.atsdr.cdc.gov/csem/radon/radon.pdf>.
- Conference of Radiation Control Program Directors, Inc. (CRCPD). 2018. *Reducing the Risk from Radon: Information and Interventions, A Guide for Health Care Providers*. CRCPD Publication E-18-2. [http://www.radonleaders.org/sites/default/files/HealthCareProfessionalsGuide\\_Radon\\_2018\\_FINAL\\_CRCPD%20E-18-2.pdf](http://www.radonleaders.org/sites/default/files/HealthCareProfessionalsGuide_Radon_2018_FINAL_CRCPD%20E-18-2.pdf).
- Health and Human Services. January 13, 2005. News Release: Surgeon General Releases National Health Advisory on Radon. [http://www.adph.org/radon/assets/surgeon\\_general\\_radon.pdf](http://www.adph.org/radon/assets/surgeon_general_radon.pdf).
- Jalbert, P. 2009. EPA presentation @ Data: What is it good for? 19th National Radon Conference, St. Louis Missouri.
- Siegel, R. L., K. D. Miller, and A. Jemal. 2018. Cancer Statistics, 2018. CA: A Cancer Journal for Clinicians. 68: 7–30. <https://www.onlinelibrary.wiley.com/doi/epdf/10.3322/caac.21442>.
- US Environmental Protection Agency (EPA). 2001. *Building Radon Out: A Step-by-Step Guide on How to Build Radon-Resistant Homes*. EPA 402/K-01/002. <https://www.epa.gov/sites/production/files/2014-08/documents/buildradonout.pdf>.
- US Environmental Protection Agency (EPA). 2016. *A Citizen’s Guide to Radon: A Guide to Protecting Yourself and Your Family From Radon*. EPA 402/K-12/002. [https://www.epa.gov/sites/production/files/2016-12/documents/2016\\_a\\_citizens\\_guide\\_to\\_radon.pdf](https://www.epa.gov/sites/production/files/2016-12/documents/2016_a_citizens_guide_to_radon.pdf).
- US Environmental Protection Agency (EPA). 2003. *EPA Assessment of Risks from Radon in Homes*. EPA 402-R-03-003. <https://www.epa.gov/sites/production/files/2015-05/documents/402-r-03-003.pdf>.
- US Environmental Protection Agency (EPA). 1988. <https://pdfs.semanticscholar.org/1f7f/422a396f898bf0c70977cd0056522c7959d8.pdf>.

## Promoting Regular Attendance in School-Aged Children

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- Praise patients and caregivers when patients are attending school regularly.
- Support parents in addressing barriers to attendance.
- Communicate and collaborate with the school nurse and community partners to manage the health conditions of patients with chronic absenteeism.
- Collaborate with the school nurse and the families of children with chronic health issues to complete a school action plan so families feel secure sending their children to school; when needed, work with the school nurse to adjust the action plan when there is a change in the patient’s condition.
- Encourage families to share their concerns about their children’s health with their school nurse.
- Strongly encourage patients who are well enough to attend school to return to school immediately after their medical appointments so they do not miss the entire day.
- Avoid writing excuses for school absences when the absence was not appropriate and avoid back-dating to justify absences.

The new DESE-accountability requirement for Massachusetts schools to address chronic absenteeism and the AAP policy statement provide a tremendous opportunity for partnerships between school personnel, families, and health care providers. It is through collaborations and alliances which successfully address barriers to school attendance that we will most effectively support our common goals of promoting positive health and academic outcomes for all school-aged children.

— *Judith Styer, BSN, RN, BA, NCSN*

For more information, contact Judith Styer, BSN, RN, BA, NCSN, director of health and wellness, Framingham Public Schools, at [jstyer@framingham.k12.ma.us](mailto:jstyer@framingham.k12.ma.us).

#### References

- Allison MA, Attisha E, AAP Council on School Health. The Link Between School Attendance and Good Health. *Pediatrics*. 2019;143(2):e20183648.
- Attendance Works: Advancing Student Success by Reducing Chronic Absence. 2018. Retrieved from [www.attendanceworks.org](http://www.attendanceworks.org).
- District and School Accountability. 2018. Retrieved from [www.doe.mass.edu/accountability/lists-tools.html](http://www.doe.mass.edu/accountability/lists-tools.html).

## A Tale of Two Doctor Visits: How New Initiatives Are Helping Pediatricians Care for Kids in Crisis

*continued from page 5*

on starting medication and provide timely in-person consultation to assess the response to medication. For most patients, the pediatrician continues to be the prescribing physician with back-up from the psychiatrist. When this program started, I would contact the psychiatrist weekly about new patients. Over the years, as I have learned and gained more skill in treating mental health problems, my phone calls to the MCPAP program have lessened. This is how it has always been in medicine. The dictum “watch one, do one, teach one” still exists in practice today.

The second major development is the establishment of co-located behavioral health services, a new initiative promoting integrated mental health services. This entails behavioral health specialists practicing in primary care offices, side by side with pediatricians. My pediatric practice is now part of a larger organization, the Pediatric Physicians’ Organization at Children’s Hospital Boston (PPOC), which helps support a social worker who can see patients right away in my office. Patients and their families feel more comfortable seeing someone in the same “medical home” they have been using for years, and they don’t experience the usual delays trying to find a therapist nearby

who can see them promptly. The social worker has been a tremendous addition to our practice.

Now, I’m able to say, “I am truly sorry to hear about the troubles Mike is experiencing. I would very much like to help and *we can do that today, right in my office.*” I can offer Mike and his mom immediate help and some answers thanks to MCPAP and co-located behavioral health services. This time, our detailed conversation about the various problems he is experiencing is just the first step. Next, I have them both fill out a questionnaire called SCARED (Screen for Child Anxiety Related Disorders) that helps me quantify the degree of anxiety he is experiencing. Seeing the resulting score helps me determine that it makes sense to treat the anxiety first and then to wait to see if he has underlying ADHD. We discuss the various medications that treat anxiety and determine that sertraline (Zoloft) might be better for him than fluoxetine (Prozac), given that his mother had a previous reaction to fluoxetine.

I discuss the possible benefits and risks of the medication and make sure they have a follow-up appointment with me in a week. As they wait in the room, I brief our social worker Molly, who’s also our in-office behavioral health expert. She meets with Mike and his mother, evaluates his current situation, and then arranges a plan for psychotherapy. She will

see them within a week and start therapy, then make arrangements for a longer-term therapist.

Heading home after seeing Mike and his mom, I reflect that I am now able to help my patients start treatment immediately and not simply refer them to other providers elsewhere. It always felt like a black hole; I rarely heard back from the family, and rarely knew if they received help unless there was another crisis and I had to repeat the same referral process all over again.

We know the prevalence of mental health problems in children is on the rise. More than 20 percent of children have problems related to ADHD, depression, or anxiety. We all see these children in our offices every day. It is no longer acceptable or necessary for us to refer them to other providers. I am proud that we have developed the expertise and protocols to help these children and can do so in an environment that is comfortable and familiar. My hope is that we can now expand these services by having more social workers and more opportunities for physicians to learn how to take care of these children in need. *Right now, right here.*

— **Jon Schwab, MD, FAAP**

Jonathan Schwab, MD, FAAP, is medical director at Northampton Area Pediatrics and can be reached at [jss@napeds.com](mailto:jss@napeds.com). Visit [www.mcpap.org](http://www.mcpap.org) for more information on the Massachusetts Child Psychiatry Access Project.

## Advertise in *The Forum*

We would like to invite you and your organization to advertise your services in upcoming editions of *The Forum*. *The Forum* is mailed to 1,700 pediatricians and is available online at no charge. If you would like more information about rates and submissions, please contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

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# ShotClock

## FROM THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

### 2019 Childhood Immunization Schedule

The 2019 Immunization Schedule for those 0–18 years has been posted by the Centers for Disease Control and Prevention (CDC). Details and all tables mentioned below can be found at [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html). The changes in the schedule are reviewed in the February 8 *MMWR* at [www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6805a4-H.pdf](http://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6805a4-H.pdf).

**Changes to the 2019 immunization schedule for children and adolescents from birth through 18 years of age are outlined below:**

#### General Schedule Updates

- The schedule cover page now includes basic instructions on how to use the schedule and lists routinely recommended vaccines and their standardized abbreviations and trade names.
- Web links are provided throughout the document and website versions for downloading helpful resources such as the CDC Vaccine Schedules App, reference materials on vaccines, vaccine-preventable disease surveillance, reporting postvaccination adverse events to the Vaccine Adverse Event Reporting System, the General Best Practice Guidelines, traveler's vaccines, etc.
- Table 3, which provides recommended immunizations by medical condition and other indications, distinguishes between precautions, delay, and contraindications. It now includes definition of these terms:
  - **Precaution:** Vaccine might be indicated if benefit of protection outweighs risk of adverse reaction is highlighted in orange.
  - **Delay in vaccination:** Vaccine should not be given during pregnancy is highlighted in pink.
  - **Contraindicated or use not recommended:** Vaccine should not be administered because of risk factors for serious adverse reaction is highlighted in red.
- The notes (previously known as footnotes) in the schedule have been reordered alphabetically by vaccine. They provide concise

information describing vaccine indications, dosing frequencies and intervals, and other published ACIP recommendations.

#### Mumps and Meningococcal Outbreaks

In the “Additional Information” section at the beginning of the vaccines notes, it now directs providers to their state or local health department for information regarding vaccinations during an outbreak. As a result, language regarding the use of measles, mumps, and rubella (MMR) vaccine in the setting of an outbreak or the use of Meningococcal (Groups A, C, W-135, and Y) conjugate (MenACWY) and Meningococcal Group B (MenB) vaccines in the setting of meningococcal disease outbreaks has been removed from the MMR and meningococcal vaccine notes.

#### Influenza Vaccine

- The influenza row in table 1 and table 3 is modified to reflect CDC recommendations for use of inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV) among children 24 months and older. LAIV and IIV are listed separately.
- Any licensed influenza vaccine that is appropriate for age and health status of the patient may be used.
- Guidance for the use of influenza vaccine in patients with egg allergy is included.
- Recommendations for the use of LAIV also include contraindications and precautions.

#### Hepatitis A Vaccine

- The hepatitis A row in table 1 now reflects recommendation for use among infants 6–11 months for international travel. A purple bar for unvaccinated travelers over 12 months of age has been added.
- Homelessness has been added as an indication.
- Information about the use of combination HepA-HepB vaccine (Twinrix) has been added for use in those 18 years of age or older.

#### Hepatitis B Vaccine

- The word *all* was added for the birth dose recommendation for medically stable infants (more than 2,000 grams) born to hepatitis B surface antigen (HBsAg) negative mothers.

This was added to emphasize the importance of the universal birth dose.

- Information regarding CPG-adjuvanted hepatitis B (Heplisav-B) vaccine as well as they combination HepA-Hep B vaccine (Twinrix) for use in those over 18 years of age has been added.

#### Meningococcal B Vaccine

In table 3, the pregnancy box has been changed to orange for a Precaution.

#### IPV Vaccine

Within the IPV note, a bullet has been added regarding the use of combination vaccine: four or more doses of IPV can be administered before the fourth birthday when a combination vaccine is used. However, a dose is still recommended after the fourth birthday and at least six months after the previous dose.

#### Tdap Vaccine

- One the Tdap row in table 1 of the schedule, the bar for persons between 13 and 18 years of age has been split in a half-green and half-purple bar to represent catch-up vaccinations and use in pregnant adolescents, respectively.
- The Tdap note has been updated to indicate those who receive a dose of Tdap of DTaP between 7 and 10 years of age inadvertently or as part of the catch-up series should still receive the routine doses of Tdap between 11 and 12 years of age.

An additional helpful resource is the AAP Policy Statement, “Recommended Childhood and Adolescent Immunization Schedule — United States, 2019,” which is available at <http://pediatrics.aappublications.org/content/pediatrics/early/2019/02/01/peds.2019-0065.full.pdf> and is published in the March issue of *Pediatrics*.

Printable versions of the “Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019,” are also available on the CDC website in several formats, including portrait, landscape, and pocket-sized versions. Catch-Up Vaccine Job Aids for DTaP, Hib, and Pneumococcal Vaccines are available again this year ([www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)).

The 2019 CDC Vaccine Schedule App is available at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html).

If you have questions about the immunization schedule, please call the MDPH Immunization Program at (617) 983-6800 and ask to speak to an immunization epidemiologist or nurse. — *Susan M. Lett, MD, MPH, Medical Director, MDPH Immunization Program*

## FROM THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

### MDPH Announces 2019 Immunization Updates

The Massachusetts Department of Public Health (MDPH) is pleased to announce the 2019 Immunization Updates.

Conference topics will include the following:

- MIIS updates, including ways to improve data quality and bi-directionality
- VFC compliance/vaccine storage and handling (meets the annual VFC training requirement)
- Updates to the 2019 childhood and adult immunization schedules
- School immunization data
- Current trends in the epidemiology of vaccine preventable diseases

Registration for the Immunization Updates will open in early April.

All Immunization Update programs are scheduled from 8:00 a.m. to noon, with the

exception of the webinars, which will start at noon. Registration starts at 7:30 a.m. for the in-person sessions.

\*There will be a Vaccine Confidence Project meeting following the event from 1:00 to 2:00 p.m. All are welcome. Look for more details to follow.

For up-to-date information, please visit the “Events” section on the Immunization Program website ([www.mass.gov/service-details/immunization-program-events](http://www.mass.gov/service-details/immunization-program-events)).

#### Additional 2019 Immunization Schedule Resources

- Upcoming webinar: On April 18, 2019, from noon to 1:00 p.m., Susan Lett, MD, MPH, will present a 2019 Childhood Immunization Schedule Update for the MCAAP Immunization Initiative Webinar Series. For more information and to register, visit <https://mcaap.org/immunization-initiative/immunization-cme/#webinars>.
- Parent-friendly immunization schedules and additional resources for parents and adults can be found at [www.cdc.gov/vaccines/schedules/parents-adults](http://www.cdc.gov/vaccines/schedules/parents-adults).
- “Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2019” is available at [www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html).
- For “Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2019,” visit [www.cdc.gov/mmwr/volumes/68/wr/mm6805a5.htm?s\\_cid=mm6805a5\\_w](http://www.cdc.gov/mmwr/volumes/68/wr/mm6805a5.htm?s_cid=mm6805a5_w).  
— *MCAAP Immunization Initiative*

## Vaccinate Your Family Publishes 2019 State of the ImmUnion Report — How Is Massachusetts Doing?

Vaccinate Your Family (formerly Every Child By Two) has published the 2019 *State of the ImmUnion*, an annual report on vaccine-preventable diseases in the United States. The report can be downloaded at [www.vaccinateyourfamily.org](http://www.vaccinateyourfamily.org).

The report opens by noting, “2018 marked a difficult year in our fight against vaccine-preventable diseases. The country experienced a record number of flu deaths, measles cases and hepatitis A cases across the US.” The report continues, “A lack of sufficient federal and state funding, barriers to vaccine access and a lack of understanding of the need for timely vaccines is helping to fuel the rise of vaccine-preventable diseases.”

The report examines the reasons why children and adolescents may not be receiving timely vaccinations and suggests policy solutions to prevent the spread of vaccine-preventable diseases.

#### Funding of Childhood Vaccines in Massachusetts

Thankfully, Massachusetts maintains one of the highest childhood vaccination rates in the country. The passage of Massachusetts legislation in 2014 created the Vaccine Trust Fund (“Fund”), which is a stable financing framework enabling Massachusetts to guarantee that all children 0–18 years of age receive vaccines recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). The Fund also maintains the Massachusetts Immunization Information System (MIIS), the Massachusetts vaccine registry. The Fund has improved child health, has ensured permanent funding of MIIS, and has saved the Commonwealth money.

A summary of Massachusetts childhood and adolescent vaccination coverage from the 2017 National Immunization Survey and National Information Survey — Teen can be found at <https://mcaap.org/wp2013/wp-content/uploads/2018/10/NIS-Childhood-and-Teen-2017-Summary.pdf>.

#### The Vaccine Confidence Project — Understanding and Addressing Vaccine Hesitancy and Refusal

While Massachusetts vaccination coverage rates remain high, there are areas of the state where exemption rates are higher than

#### In-Person Meetings

Date	Location
Tuesday, April 23	MA State Public Health Laboratory, Jamaica Plain
Wednesday, May 1	UMass Medical School, Worcester
Tuesday, May 7	Bristol Community College, Fall River
Wednesday, May 8*	Holyoke Community College, Holyoke
Wednesday, May 15	Cape Cod Community College, West Barnstable
Friday, May 17*	Berkshire Medical Center (Hillcrest), Pittsfield
Thursday, May 23	Northern Essex Community College, Haverhill
<b>Webinar Modules</b> (Please note: The webinar modules are four sessions, 45 minutes to an hour each)	
Tuesday, June 4	Massachusetts Immunization Information System (MIIS) Update
Thursday, June 6	VFC Compliance/Vaccine Storage and Handling
Tuesday, June 11	Immunization Nurse Webinar
Thursday, June 13	Epidemiology of Vaccine-Preventable Diseases

average. The MCAAP Immunization Initiative and the MDPH Immunization Program initiated a *Vaccine Confidence Project* in 2018 to focus on increasing vaccine confidence in areas of Massachusetts that may be susceptible to vaccine-preventable diseases as a result of higher than state average vaccine exemption rates. During 2018, focus-group meetings were held with pediatric health care providers in Western Massachusetts, where three counties (Berkshire, Franklin, and Hampshire) have higher than average vaccine exemption rates. The goal of these meetings was to identify the challenges that providers encounter with vaccine hesitancy and refusal in their communities. The next step will be to create training modules and resource materials that can be used to address these concerns and issues, and to extend outreach to other areas of the state that have higher than average vaccine exemption rates.

Follow-up focus-group meetings are scheduled for **Wednesday, May 8, from 1:00 to 2:00 p.m. at Holyoke Community College, Holyoke;** and **Friday, May 17, from 1:00 to 2:00 p.m. at Berkshire Medical Center, Pittsfield.**

If you would like to attend an upcoming Vaccine Confidence Project meeting or have any questions, please contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org) or (781) 895-9850.

### Barriers to Vaccine Access at the Practice Level

There are ways to reduce barriers to vaccination in your practice. The Immunization Action Coalition (IAC) has a helpful resource, "Suggestions to Improve Vaccine Services," which offers the following suggestions for improving your practice's efficiency in administering vaccines and increasing immunization rates:

- Keep staff up to date with current recommendations.
- Maintain complete, up-to-date patient records.
- Maintain and protect your vaccine supply.
- Help your patients anticipate their need for vaccinations.
- Avoid "missed opportunities" to vaccinate.
- Maintain administration best practices.
- Improve access to your immunization services.
- Communicate with patients and parents.
- Evaluate and improve your practice's performance.



The resource includes a handy checklist for assessing your practice's immunization services. It can be found at [www.immunize.org/catg.d/p2045.pdf](http://www.immunize.org/catg.d/p2045.pdf).

Do you have a vaccine service or best practice that has improved your practice's immunization rates? Would you be willing to share it with our immunization community? If yes, please contact Cynthia McReynolds at [cmcreynolds@mms.org](mailto:cmcreynolds@mms.org) or (781) 895-9850.  
— *MCAAP Immunization Initiative*

## Celebrating 25 Years of National Infant Immunization Week

National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and to celebrate the achievements of immunization programs and their partners in promoting healthy communities. The Centers for Disease Control and Prevention (CDC) would like for us to join them April 27–May 4 to celebrate NIIW's 25th year!

When the NIIW observance was established in 1994, immunization programs were facing significant challenges. The nation was in the midst of a serious measles outbreak and communities across the United States were seeing decreasing immunization rates among children. NIIW provided an opportunity to draw attention to these issues and to focus on solutions. Communities have continued to use the week each year to raise awareness about the importance of ensuring all children are fully protected from vaccine preventable diseases through immunization. Today, many immunization programs, partners, and communities can celebrate high infant immunization rates. With the recent measles outbreak in several US states, continued

communication about the importance of vaccination is essential!

During NIIW, communities across the 50 US states, 8 US Territories, and the District of Columbia celebrate the CDC Childhood Immunization Champions. The CDC Childhood Immunization Champion Award is an annual award given jointly by the CDC Foundation and CDC to recognize individuals who make a significant contribution toward improving public health through their work in childhood immunization. Young children rely on these champions to keep them safe and healthy. Past Massachusetts awardees include the following MCAAP members: Bill Adams, MD, FAAP; H. Cody Meissner, MD, FAAP; Richard Moriarty, MD, FAAP; Sean Palfrey, MD, FAAP; and Ronald Samuels, MD, MPH, FAAP. Thank you to these previous Champions!

The award will be announced during NIIW. Be on the lookout for an announcement about this year's Massachusetts CDC Childhood Immunization Champion Awardee!

The CDC has a number of resources that you can use during NIIW to promote vaccination in your practice. Among these resources are print ads and posters, web banners and buttons, public service announcements that you can post on your website, articles for your newsletter, and even coloring sheets that you can print for your patients. To access these materials, visit [www.cdc.gov/vaccines/events/niiw/index.html](http://www.cdc.gov/vaccines/events/niiw/index.html).

Health care professionals remain parents' most trusted source of information about vaccines for their children by playing a critical role in supporting parents in understanding and choosing vaccinations. Thanks for all that you do to protect Massachusetts' children against vaccine preventable diseases!

— *MCAAP Immunization Initiative*



## CDC Updates Its Vaccine Storage and Handling Toolkit

In January 2019, the Centers for Disease Control and Prevention (CDC) updated its Vaccine Storage and Handling Toolkit ([www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)). The Vaccine Storage and Handling Toolkit reflects best practices for vaccine storage and handling from Advisory Committee on Immunization Practices (ACIP) recommendations, product information from vaccine manufacturers, and scientific studies.

The redesigned 2019 Vaccine Storage and Handling Toolkit helps health care providers find the information they need quickly and easily. Revisions include the following:

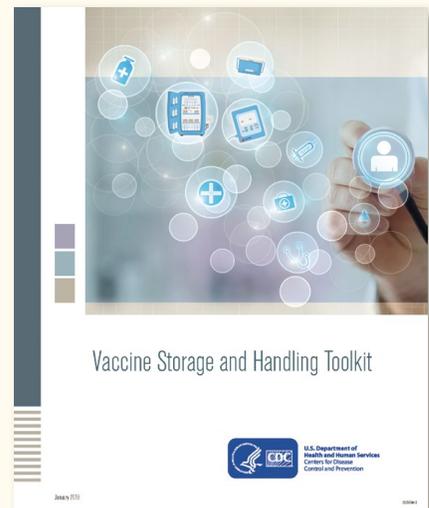
- A reorganized layout with color-coded sections to help better navigate the toolkit
- Updated job aids and resource documents

- Updated visuals for the vaccine storage and handling recommendations and best practices

The CDC web-based training module, “You Call the Shots,” is updated on a regular basis. The training consists of a series of modules that discuss vaccine-preventable diseases and explain the latest recommendations for vaccine use. Each module provides learning opportunities, self-test practice questions, reference and resource materials, and an extensive glossary. For more information, visit [www.cdc.gov/vaccines/ed/youcalltheshots.html](http://www.cdc.gov/vaccines/ed/youcalltheshots.html).

Visit the MDPH Immunization Program’s Vaccine Management webpage ([www.mass.gov/service-details/vaccine-management](http://www.mass.gov/service-details/vaccine-management)) for additional information about current guidelines on enrollment, vaccine availability and ordering, Vaccines for Children (VFC) eligibility, and vaccine storage and handling.

— *MCAAP Immunization Initiative*



## Upcoming Events and Meetings

### 24th Annual Massachusetts Adult Immunization Conference

April 2, 2019

Sheraton Framingham Hotel and Conference Center, Framingham

For more information and to register, visit <https://maic.jsi.com>.

### MCAAP Immunization Initiative Webinar Series

April 18, 2019, noon–1:00 p.m.

Presenter: Susan Lett, MD, MPH

### 2019 Childhood Immunization Schedule Review; MDPH Vaccine Update

For more information and to register, visit <https://mcaap.org/immunization-initiative/immunization-cme/#webinars>.

### National Infant Immunization Week (NIIW)

April 27–May 4, 2019

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

### MCAAP/MDPH Vaccine Confidence Project Meeting

May 8, 2019, 1:00–2:00 p.m.

Holyoke Community College

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

### MCAAP/MDPH Vaccine Confidence Project Meeting

May 17, 2019, 1:00–2:00 p.m.

Berkshire Medical Center, Hillcrest Campus, Pittsfield

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



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

June 13, 2019, 4:00–6:00 p.m.

Massachusetts Medical Society, Waltham

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).**Advisory Committee on Immunization Practices (ACIP) Meeting**

June 26–27, 2019

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).**Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting**

October 10, 2019, 4:00–6:00 p.m.

Massachusetts Medical Society, Waltham

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).**24th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference**

October 17, 2019

Sheraton Framingham Hotel and Conference Center, Framingham

Updated information will be posted as it becomes available at <https://mcaap.org/immunization-initiative/immunization-cme>.**Advisory Committee on Immunization Practices (ACIP) Meeting**

October 23–24, 2019

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).**AAP/MCAAP Appointments, Chairs, and Expert Representatives****AAP/MCAAP Appointments****AAP BREASTFEEDING COORDINATOR**Susan Browne, MD  
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The Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) presents its

# Annual Edward Penn Lecture and Business Meeting

## *Speaking Up for Kids: Pediatric Advocacy in Massachusetts*

**Wednesday, May 8, 2019**

**9:30 a.m. to 4:00 p.m.**

**Massachusetts Medical Society  
860 Winter Street, Waltham, MA**

### Overall Program Objectives

- Attendees will identify and master strategies and tools to effectively engage in legislative and other policymaking processes to advocate for child health.
- Attendees will learn how to create a personal road map in order to engage in life course child health advocacy.
- Attendees will learn how to leverage their child health expertise to advocate in face-to-face, social media, and traditional media encounters with legislators, policymakers, and the public.

### Schedule

**9:30 a.m.**

#### **REGISTRATION**

**9:55 a.m.**

#### **Welcome**

*Elizabeth Goodman, MD, MBA, FAAP, MCAAP president*

**10:00–11:00 a.m.**

#### **PANEL**

##### **“My Pediatric Advocacy Journey and How to Advocate for Children”**

*Brenda Anders Pring, MD, FAAP, MCAAP Legislative Committee co-chair, moderator;  
Aisha James, MD, FAAP, MCAAP Legislative Committee member; Sean Palfrey, MD, FAAP, MCAAP Immunization Initiative program director; Anna Rosenquist, MD, FAAP, MCAAP Legislative Committee member*

#### **SESSION DESCRIPTION**

Pediatricians at different career stages describe the clinical situations that initially propelled them to their first advocacy effort and the development of subsequent child health advocacy activities. They will discuss the evolution of their strategies and endeavors at different professional stages and how they balance clinical, academic, family, and advocacy demands on their time. They will offer participants advice on how to develop a personal advocacy road map.

#### **OBJECTIVES**

- Recognize opportunities to turn areas of pediatric expertise and the unique problems of pediatric patients into advocacy pathways
- Develop strategies for staying on track with advocacy efforts through different periods of a career and with different competing demands
- Create a personal advocacy road map that is unique and sustainable
- Generate a “next step” to start a child-health advocacy journey within the next two weeks

**11:00–11:45 a.m.**

##### **“Advocating for Kids at the Capitol and State House”**

*Mark Del Monte, JD, Interim CEO, AAP*

#### **SESSION DESCRIPTION**

This session will inform participants about when and how the AAP advocates for children and ways in which Chapter members can become involved in advocacy on the federal and local levels. The session will also provide an up-to-date review of recent AAP advocacy initiatives.

#### **OBJECTIVES**

- Inform the audience of key historical milestones that impacted the health and wellness of children and families
- Communicate strategies to engage members in advocacy activities and initiatives
- Discuss current issues impacting pediatrics and child health

noon–1:30 p.m.

### **BUSINESS MEETING AND LUNCH**

1:30–2:00 p.m.

#### **Ed Penn Lecture: “Medicaid ACOs and Children’s Needs: Creating Better Alignment”**

*James Perrin, MD, FAAP, chair, MCAAP Medicaid ACO Task Force*

#### **SESSION DESCRIPTION**

This session will provide a brief overview of the MassHealth ACO model and outline the efforts undertaken by the MCAAP Medicaid ACO Workgroup to ensure that key elements (measures, mental behavioral health, social determinants, and long-term services and supports) address pediatric issues in the development of the state’s Medicaid ACO system.

#### **OBJECTIVES**

- Outline the MassHealth ACO model and the goals of the MCAAP Medicaid Task Forces in its collaboration with the state
- Describe the specific needs of all children but specifically those with complex medical needs and in need of mental and behavioral health services. Outline the approaches needed to address these needs
- Communicate ways in which pediatricians and other child health advocates can lend their input to the state regarding the ACO model through the MCAAP Medicaid Task Force

2:00–4:00 p.m.

### **WORKSHOPS**

#### **WORKSHOPS 1**

**(CHOOSE ONE):**

2:00–3:00 p.m.

#### **“Meeting with Elected Officials: Strategies and Techniques”**

*Carole Allen, MD, MBA, FAAP, and Lynda Young, MD, FAAP*

#### **SESSION DESCRIPTION**

This interactive workshop will provide hands-on information and tips about connecting with your legislator. Participants will be given strategies about how to best establish successful relationships with legislators and to advocate for initiatives and bills that affect families and children.

#### **OBJECTIVES**

- Identify your legislators and ways in which to connect with him or her
- Develop a plan to meet with your legislator on a particular issue
- Develop a plan to continue to foster these connections

#### **“Speaking Up for Children: How to Deliver a Clear Message in Social Media and Traditional Media”**

*Mary Beth Miotto, MD, FAAP*

#### **SESSION DESCRIPTION**

Join this workshop to learn about how to use social media sites, such as Twitter, Facebook, and Instagram, to engage the public, policymakers, and the media in important and often time-sensitive issues in child health and see how tweiatricians can effectively and collaboratively advocate for child health financing, immigration action, and vaping regulations. Workshop leaders will also address strategies for reaching out to the media as a child health expert on important topics and how to develop proficiency in print, radio, and television interviews.

#### **OBJECTIVES**

- Identify and engage with journalists and media outlets to offer your expertise on pediatric issues
- Develop insights in advance that can be pitched to journalists on a “just-in-time” basis when child-related news breaks
- Create a plan to nurture and sustain relationships with a variety of traditional media outlets

#### **WORKSHOPS 2**

**(CHOOSE ONE;**

**REPEATED FROM**

**WORKSHOPS 1):**

3:00–4:00 p.m.

#### **“Meeting with Elected Officials: Strategies and Techniques”**

#### **“Speaking Up for Children: How to Deliver a Clear Message in Social Media and Traditional Media”**

## **Accreditation**

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Academy of Pediatrics (AAP) and the Massachusetts Chapter of the AAP (MAAAP). The American Academy of Pediatrics is accredited by the ACCME to provide continuing medical education for physicians.
- The AAP designates this live activity for a maximum of 4.50 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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**JOB CORNER**  
**Part-Time PCP  
BC/BE Pediatrician**

**Seeking part-time PCP BC/BE pediatrician** for innovative Cambridge private practice starting July 2019. Please email CV and letter of interest to myogman@massmed.org. Dr. Michael Yogman is the practice founder and chair of the MCAAP Children's Mental Health Task Force.

**Per Diem Pediatrician**

**Crown Colony Pediatrics** in Quincy, MA, is seeking a licensed pediatrician to work one to two days per week starting mid-June through the summer. The hours are Monday–Friday, no weekends, no call or hospital-rounding required. If you are interested, please email your CV to Chris West at c.west@crowncolonyped.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.\*

To submit a listing, email chaggerty@mcaap.org. Please include the following information:

- Contact information
- Practice name/residency program
- Position title
- Description (25-word limit)
- Availability (e.g., available now)

\*Contact Cathleen Haggerty at chaggerty@mcaap.org for rate and payment information.



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- This activity is acceptable for a maximum of 4.50 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.
- PAs may claim a maximum of 4.50 Category 1 credits for completing this activity. NCCPA accepts *AMA PRA Category 1 Credit™* from organizations accredited by ACCME or a recognized state medical society.
- This program is accredited for 4.50 NAPNAP CE contact hours of which 0 contain pharmacology (Rx) content, (0 related to psychopharmacology) (0 related to controlled substances), per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.