



**PRESIDENT'S MESSAGE**

## Despair, Hope, and Promise

It's still only early November, but at 4:12 p.m., the gray light and the rain/snow mix that has been steadily falling this afternoon make it feel like winter is here already. The time to hunker down, bundle up, and hold out until the renewal that spring always brings is upon us. We know this cycle well, but lately, as our country continues to be gripped by scandal, corruption, abuses of power, systemic and systematic discrimination, violence, and seething distrust, the need to hunker down and survive what lies ahead is growing in intensity. The world seems more and more unstable. Alliances are fragile. I keep hearing Yeats' poem, "The Second Coming," reverberating in my mind:

*Turning and turning in the widening gyre  
 The falcon cannot hear the falconer;  
 Things fall apart; the centre cannot hold;  
 Mere anarchy is loosed upon the world,  
 The blood-dimmed tide is loosed,  
 and everywhere  
 The ceremony of innocence is drowned;  
 The best lack all conviction,  
 while the worst  
 Are full of passionate intensity.*

*Surely some revelation is at hand;  
 Surely the Second Coming is at hand.  
 The Second Coming!  
 Hardly are those words out  
 When a vast image out of Spiritus Mundi  
 Troubles my sight: a waste of desert sand;  
 A shape with lion body and the  
 head of a man,  
 A gaze blank and pitiless as the sun,  
 Is moving its slow thighs, while all about it  
 Wind shadows of the indignant  
 desert birds.*

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## Identifying Childhood Lead Poisoning in Massachusetts

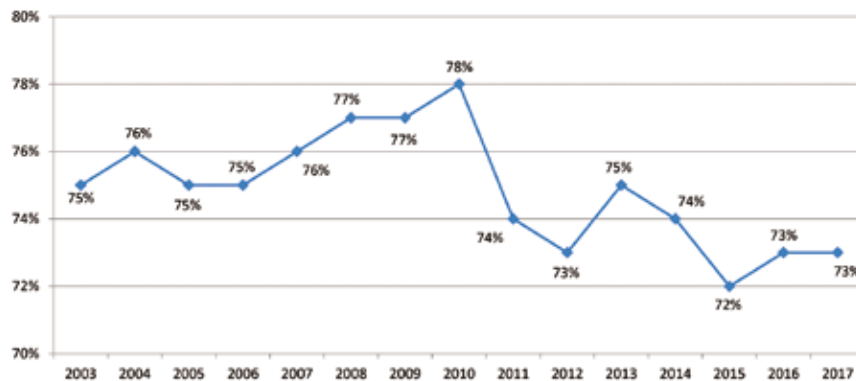
Massachusetts has long been a leader when it comes to programs to prevent, screen, diagnose, and treat childhood lead poisoning. Despite over 45 years of public health and health care interventions, lead remains a significant health risk for children across the Commonwealth. Health

care providers are critical to identifying and preventing childhood lead poisoning.

By Massachusetts law, providers must screen all children for lead poisoning at the ages of 9–12 months, at 2 years, at 3 years, and again at 4 years (for children in

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**Lead Screening Percentages<sup>1</sup> in Massachusetts  
 Children 9–47 months**



<sup>1</sup> Population estimates from 2000 and 2010 are from the U.S. Decennial Census. Inter-censal year estimates for 2001 through 2009 were created by linear interpolation of U.S. Decennial Census data. Post-censal year estimates for 2011 to present were developed by the UMass Donohue Institute.  
 Note: Screening percentage drop from 2010 to 2011 may be due to different population estimate methodologies.

**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**  
**Elizabeth Goodman, MD, MBA, FAAP**  
egoodman@mcaap.org

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

**VICE PRESIDENT**  
**Lloyd Fisher, MD, FAAP**  
lfisher@mcaap.org

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

**TREASURER**  
**Mary Beth Miotto, MD, FAAP**  
mmiotto@mcaap.org

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

**DISTRICT 1**  
**Stewart Mackie, MD, FAAP**  
smackie@mcaap.org

**DISTRICT 2**  
**Gina O'Brien, MD, FAAP**  
gobrien@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**  
**Clovene Campbell, MD, FAAP**  
ccampbell@mcaap.org

**DISTRICT 7**  
**Genevieve Daftary, MD, MPH, FAAP**  
gdaftary@mcaap.org

**DISTRICT 8**  
**Daniel Rauch, MD, FAAP**  
drauch@mcaap.org

**DISTRICT 9**  
**Sharon Daley, MD, FAAP**  
sdaley@mcaap.org

## EDITOR'S NOTE

# Multitasking...

Multitasking does not bring out the best in me. Every day, in my office — and I imagine in yours too — loads of competing demands present themselves. Here's one of my recent days that will seem familiar:

- Plea from the nursing staff for slots to “squeeze in” more visits since there are no openings (and I haven't even started my day yet?)
- Atypical child with special needs who really needs extra time, but is in a regular slot
- Newly homeless family with both medical and housing needs
- Grandparent raising grandchild, both with unmet medical needs
- Urgent page from school nurse about a student in her office/my patient having an acute exacerbation of asthma
- Family with one appointment slot but actually three children to be seen (I know, shocking, never happens in your office...)
- Ten MyChart messages
- Eight phone calls from families
- Team meeting to discuss our progress on well-child visits, immunizations, and asthma visits
- Child with new onset anxiety disorder, now refusing to go to school with school phobia
- Patient in lab, difficult to obtain specimen, staff need my help in phlebotomy
- Parent in the hall, shouting at me because they are unhappy about being kept waiting
- Page from specialist to discuss patient; I really have to talk with her now as we've been playing telephone tag and I need her opinion to make a treatment decision
- Very sick patient, actually very, very sick patient

- Staff worried about a bad social media post and ecstatic about a good social media post concerning our office

And I could go on. My schedule, from the beginning, has always been busy. But somehow, it feels different now. At a time in my career where I feel quite happily competent and at ease in my career as a garden-variety general pediatrician, my days feel more pressed and stressed. Perhaps it is the perfect storm of families leading more complex lives, our very anxiety-engendering current events, our friend and foe — the EMR, multiple ways of families contacting us, increased emphasis on productivity and the intricacies of the “new morbidities” — obesity, ADHD, metabolic syndrome, and SDOH factors — all affecting our patients.

So how do we keep our eyes on the prize, the excellent care of children, in the midst of the many competing demands on our time? I have begun to be more deliberate in prioritizing these demands. Life-threatening emergencies demand my immediate attention. Patient care-related questions need urgent attention. Non-urgent patient communications on EMR, non-patient care-related issues, cranky folks in my orbit all move to the end of the line. I've learned to say, when interrupted by anyone, that I'm not good at multitasking and I just need to finish the task at hand before starting another. And I try never to allow interruptions in a family's visit with me; that is precious time.

The holidays are upon us as I write this note. Wishing you, your staff, and your families the very best of this season. The new year will hopefully bring the gifts of focus, completed tasks, and manageable demands on your time!

— *Lisa Dobberteen, MD, FAAP*



**Childhood Lead Poisoning**

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high-risk communities). Laboratories report lead screening test results directly to the MA Department of Public Health. Lead surveillance data indicate that not all children are being screened. While state-wide lead screening rates increased to 78% from 2003 to 2010, these rates then plateaued at around 73%. Additional statistical analyses of these data indicate that some providers are only screening children at ages 1 and 2 years, despite the continued risk of lead exposure.

In their work with providers, Childhood Lead Poisoning Prevention Program (CLPPP) case management staff have identified areas of misinformation or a lack of awareness regarding: 1) limitations of capillary testing; 2) requirements to use a venous test to confirm capillary results on lead exposure prevention and financial assistance for deleading, and; 4) a community's high-risk status.

To educate providers and to increase screening compliance in all communities, CLPPP developed a resource called the "Massachusetts Lead Screening Community Progress Report". Progress reports contain community-specific indicators of childhood lead screening and exposure, highlight areas of needed improvement in screening and follow-up, and include key prevention messages. The CDC-funded MA Environmental Public Health Tracking data portal was used to build progress reports for each of the 351 cities and towns in MA. In the spring of 2016, CLPPP mailed the progress reports to pediatric and family practice providers. CLPPP then worked with a consultant and conducted surveys and two focus groups with providers to evaluate the impact of the reports.

Providers indicated the reports improved their understanding of:

- Their role in educating parents to prevent lead child exposure

- The limitations of capillary tests and methods to improve test reliability
- The dangers of low-level lead exposure
- A community's high-risk status

Based on this feedback, CLPPP updated the progress report with new data indicators and emailed it to over 5,000 pediatric and family practice physicians in spring 2018. CLPPP intends to update and distribute the reports annually.

CLPPP utilizes screening and blood lead data to identify cases of childhood lead

exposure for follow-up. We are asking clinical staff to help us ensure complete and accurate data. To that end, we ask that providers adhere to the screening schedules so that no child is left undiagnosed and suffering from the effects of continued lead exposure.

— *Mariya Fishbeyn and Sharon Lee, MA Department of Public Health, Bureau of Environmental Health*

**Springfield's 2017 Childhood Lead Screening Progress Report**

There is no safe level of exposure to lead. Children in Massachusetts continue to be exposed, and even low levels of lead may cause lasting harm. State law requires health care providers to screen every child and to report results. Action should be taken for a blood lead level  $\geq 5 \mu\text{g}/\text{dL}$ , and a child is poisoned at  $\geq 10 \mu\text{g}/\text{dL}$ .

**Springfield is a high-risk community.** Children in high-risk communities are at greater risk for lead exposure due in part to a larger proportion of older homes and/or relatively higher rates of poverty. The Massachusetts Childhood Lead Poisoning Prevention Program assesses a community's risk level annually.

**How many children in Springfield have elevated blood levels compared to the state?**

A childhood blood lead level  $\geq 5 \mu\text{g}/\text{dL}$  indicates the child's exposure is higher than 97.5% of children nationally and that the child is in need of intervention according to the Centers for Disease Control and Prevention (CDC).

**Percentage of Children with First-Time Blood Lead Levels  $\geq 5 \mu\text{g}/\text{dL}$**

Year	Springfield (%)	Massachusetts (%)
2013	~3.2	~1.4
2014	~2.8	~1.4
2015	~2.7	~1.3
2016	~3.0	~1.4
2017	~2.2	~1.1

**Are all children in Springfield screened for lead?**

Screening is the only way to know if a child has been exposed to lead. Screening is required by the state, and all children must be screened between 9-12 months, at age 2, and at age 3. Children in high risk communities must also be screened at age 4. All blood lead results must be reported to the state health department, and must include complete demographic information such as race and ethnicity. This data enables the CLPPP to identify populations that can most benefit from targeted outreach and prevention activities.

**Screening Rate 9-47 Months**

Location	Screened (%)	Not Screened (%)
Springfield	76%	24%
Massachusetts	73%	27%

**How many children in Springfield are not receiving a follow-up test?**

Chronic, low-level lead exposure can have harmful effects on a child. It is important to identify children at low levels to prevent further exposure and lead poisoning. State regulations require children with elevated capillary tests  $\geq 5 \mu\text{g}/\text{dL}$  to receive a venous follow-up test. The Childhood Lead Poisoning Prevention Program (CLPPP) provides free home visits and inspection services to children based on elevated venous levels. Without the required venous follow-up test, children may not receive these services and chronic exposure to lead may continue.

**53%** Percentage of children without the required venous follow-up test.

**Why is screening through age 3 important?**

In Massachusetts, nearly 20% of children did not have an elevated blood lead level until age 3. All children must be screened annually through age 3. In Springfield, 77% of children are screened at age 3.

**Did You Know?**

Capillary tests are prone to contamination. Venous tests are always confirmatory and recommended over capillary tests. An alcohol swab alone will not decontaminate a child's hand. Always wash the child's hand with soap and water first.

Call the Massachusetts Childhood Lead Poisoning Prevention Program at 1-800-532-9571

## President's Message

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*The darkness drops again but now I know  
That twenty centuries of stony sleep  
Were vexed to nightmare  
by a rocking cradle,  
And what rough beast,  
its hour come round at last,  
Slouches towards Bethlehem to be born?*

—William Butler Yeats

Incredible as it may seem, given the relevance of these words today, Yeats wrote this poem 100 years ago in the aftermath of the first World War. The power of this poem lies not only in its haunting imagery of political unrest, violence, and social upheaval, but also in the strength of feelings that it evokes — anxiety, unease, and despair about what lies ahead for us all. These feelings are all too present in America today. Political turmoil and the fraying of our social fabric have increased uncertainty, anxiety, and depression and led to loss of hope and a lack of meaning and purpose in life. These are major concerns for all citizens, but as pediatricians, the mental health impacts on children, youth, and families are foremost in our minds.

As pediatricians concerned with healthy development and the well-being of the whole child, the mind-body link is integral to our practice. Children's mental health

has been and continues to be a major focus for the Chapter, particularly through the Children's Mental Health Task Force. This year's Annual Meeting will focus on mental health, both for our patients, through discussions of new models for co-location and value-based payment, and ourselves, with discussions of burnout and how it is impacting pediatrics. Hold May 13, 2020, for the Annual Meeting. This year, we are going to shorten the meeting to a half day. We hope the new structure enables more members to attend.

Yeats' poems are rife with religious symbolism. Interestingly, an Irish national, he held neither to the predominant faith in his country — Roman Catholicism — or to his family's Protestant faith. Instead, he embraced astrology, mysticism, and occultism, which he was introduced to as a young man while studying at the Metropolitan College of Art in Dublin. His derived his own personal belief system based on what he called "gyres" — conical forms that represented the inevitable pattern of movement of a mind, expressed either as history or an individual and which he calls upon in the opening line of "The Second Coming".

Yeats detailed the thinking behind and related imagery for his personal belief system in the 1921 book, "A Vision." This brings me to the MCAAP's #1 legislative priority this year — advocating for the elimination of religious exemptions to

mandatory school vaccinations. As has been previously discussed in *The Forum*, religious exemptions are not truly religious in nature, but are used as a means to enact personal beliefs couched as religious convictions. Just last week, *Pediatrics* published an article outlining how religious exemptions jump when states remove personal belief exemptions. The religious exemption loophole needs to be closed to protect not only children's health, but the public's health at large. H.3999, An Act Relative to Vaccinations and Public Health, sponsored by Representative Andy Vargas, would do just that. This bill is currently before the Public Health Committee and, by the time this President's Message is printed, there will have been a hearing on the bill. We will be there. I've met with representatives of the Massachusetts Public Health Association and the Child Health Access Coalition to urge their support of the bill. The Chapter and the Immunization Initiative is actively engaged with the "Protect Our Kids MA" coalition which formed to promote this legislation. Check out the website <https://protectourkidsma.org> for updates. The Chapter is not supporting any other legislation regarding vaccine exemptions. Some of you may have heard about another bill pending before the Public Health Committee — The Community

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## President's Message

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Immunity Act. We are not endorsing this bill, which strengthens the process for obtaining exemptions, as we feel it undermines our goal — elimination of the religious exemption loophole. The Chapter is staying focused on that goal, which we feel is in the best interests of children's and the public's health.

Vaccines are not the only issue we have been active on this summer. The MCAAP Medicaid ACO Task Force will be led by Jim Perrin and Greg Hagan has been doing fantastic work coordinating and collaborating with the state. MassHealth is putting together a new Child and Adolescent Health Initiative, and the task force will be part of that initiative. Reach out to Jim or Greg if you want further details (see contact info below).

I'm sure we all continue to be horrified at the toll tobacco, particularly e-cigarettes like JUUL and flavored tobacco products, is wrecking on today's young people. Despite warnings, use of e-cigarettes continues to rise. According to the CDC, e-cigarette use among teens rose 77% between 2017 and 2018. In 2019, 27.5% of high schoolers and 10.5% of middle schoolers report current e-cigarette use. Among those who exclusively use e-cigarettes, 72% of high schoolers and 59% of middle schools use flavored products, especially fruit, menthol, mint, and candy flavors. Massachusetts has seen three deaths from the vaping-related lung illness and this week, in Michigan, a 16-year-old whose lungs were irreversibly damaged by vaping underwent a double lung transplant. Massachusetts is now a Tobacco 21 state, but we need to eliminate the sale of all flavored tobacco products. Tobacco products should not be sold in

flavors that appeal to kids, let alone in flavors that seem fun and harmless. The Governor's ban, enacted in September, will temporarily protect youth from vaping, but we need act now to solve the flavored tobacco problem as a whole. The Chapter strongly supports H.4089, Representative Gregoire's Act Modernizing Tobacco Control which would ban the sale of all flavored tobacco products. We have sent out calls to action to make sure legislators hear from the pediatric community and understand how strongly we feel about this issue. Let's keep the pressure on and hopefully, get this one through the legislature this session.

I began this message a day ago. The dreary rain has ended and today dawned bright, crisp, and clear. On we go, like Yeats' gyres and the cycle of seasons passing. Spring will bring my last President's Message. Till then — Adieu.

— *Elizabeth Goodman, MD, MBA*

## AAP/MCAAP Appointments, Chairs, and Expert Representatives

### AAP/MCAAP Appointments

**AAP BREASTFEEDING COORDINATOR**  
Susan Browne, MD  
sbrowne@mcaap.org

### AAP DISASTER PREPAREDNESS CONTACTS

Sarita Chung, MD  
schung@mcaap.org

Gina O'Brien, MD  
gobrien@mcaap.org

### AAP EARLY CHILDHOOD CHAMPION

Katherine Wu, MD  
kwu@mcaap.org

### CATCH CO-COORDINATOR

Anne Nugent, MD  
anugent@mcaap.org

### MMS DELEGATE/HOUSE OF DELEGATES

Michelle Dalal, MD  
mdalal@mcaap.org

### PROS NETWORK COORDINATORS

David Norton, MD  
dnorton@mcaap.org

Ben Scheindlin, MD  
bscheindlin@mcaap.org

### MCAAP Committees, Initiatives, and Task Forces

**CHILDREN WITH SPECIAL HEALTH CARE NEEDS COMMITTEE**  
Judy Palfrey, MD  
jpalfrey@mcaap.org

### CHILDREN'S MENTAL HEALTH TASK FORCE

Michael Tang, MD  
mtang@mcaap.org

Michael Yogman, MD  
myogman@mcaap.org

### IMMIGRANT HEALTH COMMITTEE

Julia Koehler, MD  
Julia.Koehler@childrens.harvard.edu

### IMMUNIZATION INITIATIVE

Everett Lamm, MD  
elamm@mcaap.org

David Norton, MD  
dnorton@mcaap.org

Sean Palfrey, MD  
spalfrey@mcaap.org

### LEGISLATIVE COMMITTEE

Karen McAlmon, MD  
kmcalcon@mcaap.org

Brenda Anders Pring, MD  
bpring@mcaap.org

### MEDICAID ACO TASK FORCE

James Perrin, MD  
jperrin@mcaap.org

Greg Hagan, MD  
ghagan@mcaap.org

### MEDICAL STUDENT COMMITTEE

Michelle Lee  
mlee@mcaap.org

### PEDIATRIC COUNCIL

Peter Rappo, MD  
prappo@mcaap.org

### SCHOOL HEALTH COMMITTEE

Lisa Dobbertein, MD  
ldobbertein@mcaap.org

Karen Sadler, MD  
ksadler@mcaap.org

### SUSPECTED CHILD ABUSE AND NEGLECT

Stephen Boos, MD  
sboos@mcaap.org

### MCAAP Appointments and Expert Representatives

#### FETUS AND NEWBORN

Munish Gupta, MD  
mgupta@mcaap.org

#### FORUM EDITOR

Lisa Dobbertein, MD  
ldobbertein@mcaap.org

#### FOSTER CARE

Linda Sagor, MD  
lsagor@mcaap.org

#### INJURY PREVENTION

Lois Lee, MD, MPH  
lee@mcaap.org

Greg Parkinson, MD  
gparkinson@mcaap.org

#### INTERNATIONAL CHILD HEALTH

Sheila Morehouse, MD  
smorehouse@mcaap.org

David Norton, MD  
dnorton@mcaap.org

#### ORAL HEALTH

Michelle Dalal, MD  
mdalal@mcaap.org

# ShotClock

## 2019 Massachusetts HPV Vaccine Is Cancer Prevention Champion Award

The Centers for Disease Control and Prevention, the American Cancer Society, and the American Association of Cancer Institutes have announced the winners of this year's HPV Vaccine Is Cancer Prevention Champion Award ([www.cdc.gov/hpv/champions/index.html](http://www.cdc.gov/hpv/champions/index.html)). This award was established in 2017 to recognize clinicians, clinics, practices, groups, and health systems that are going above and beyond to foster HPV vaccination in their communities.



**Thomas J. Schuch, MD, MPH, FAAP, South Boston Community Health Center**

The 2019 Massachusetts HPV Vaccine Is Cancer Prevention awardee is MCAAP member Thomas J. Schuch, MD, MPH, FAAP. For more than a decade as a pediatrician, Dr. Schuch has championed HPV immunization as cancer prevention,

treating Boston's most vulnerable children and teens at the South Boston Community Health Center (SBCHC), an urban federally qualified health center (FQHC). As SBCHC's informatics director, Dr. Schuch has programmed customizations to the electronic health records (EHRs) at his clinic to study trends in vaccine uptake, as well as create and refine clinical decision support tools to help providers improve childhood and adolescent vaccine completion rates. Specific to improving HPV vaccination rates, Dr. Schuch built an automated advisory program embedded in the EHRs that flags boys and girls at age 9 to encourage providers to initiate HPV vaccination early. This prompt gives providers greater opportunity to complete the two-dose HPV vaccine series on time.

These tools are available to other FQHCs across Massachusetts and the United States through the Oregon Community Health Information Network collaborative, which consists of more than 500 safety net clinics and 10,000 providers in 47 states, as well as

through research partnerships in HPV immunization uptake with the Boston University School of Medicine and the American Cancer Society. Dr. Schuch currently partners with an FQHC in Houston, Texas, to help them replicate the clinical decision support systems he designed and implemented to improve HPV immunization completion rates. Data collected from his work feed into HPV immunization research conducted at Boston University School of Medicine.

For his innovative work with EHRs and for SBCHC's 70% adolescent HPV vaccine completion rate, Dr. Thomas J. Schuch is Massachusetts's 2019 HPV Vaccine Is Cancer Prevention Champion. Congratulations, Dr. Schuch!

Champions from 25 states are honored for their efforts to achieve high HPV vaccination rates. You can read more about the 2019 HPV Vaccine Is Cancer Prevention Champion Award winners at [www.cdc.gov/hpv/champions/2019-winners.html](http://www.cdc.gov/hpv/champions/2019-winners.html).

— *MCAAP Immunization Initiative*

## From the MDPH Immunization Division

### Flu Resources

- Massachusetts Department of Public Health flu website: [www.mass.gov/influenza](http://www.mass.gov/influenza)
- Review a summary of the 2019–20 ACIP Influenza Vaccine recommendations ([www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm](http://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm)), or the four-page PDF summary document, suitable for printing ([www.cdc.gov/flu/pdf/professionals/acip/acip-2019-20-summary-of-recommendations.pdf](http://www.cdc.gov/flu/pdf/professionals/acip/acip-2019-20-summary-of-recommendations.pdf))
- CDC Fight Flu Toolkit ([www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm](http://www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm))

For questions about flu vaccine recommendations, please call the Immunization Division at (617) 983-6800 and ask for an immunization epidemiologist.

### Updated Immunization Division Website

- Check out the new Immunization Division website: [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm).

- Please note the new the homepage URL, and update your bookmark: “friendly” URL [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm); full URL [www.mass.gov/topics/immunization](http://www.mass.gov/topics/immunization).

### MDPH VFC Compliance/Vaccine Storage and Handling Training

- Details on the new MDPH VFC Compliance/Vaccine Storage and Handling webinar in January will be posted once available at [www.mass.gov/service-details/immunization-division-events](http://www.mass.gov/service-details/immunization-division-events). The webinar will be available through the calendar year and will meet the annual VFC training requirement. We also will provide the content at the Immunization Updates, the in-person trainings held every spring across the state.

— *MDPH Immunization Division*

## 2019–2020 Influenza Season Activity Resources

The 2019–2020 flu season is well underway! You can keep current on state and national influenza-like illness activity throughout the season with these reports:

**Massachusetts Weekly Flu Report** ([www.mass.gov/report/2019-2020-season-weekly-flu-reports](http://www.mass.gov/report/2019-2020-season-weekly-flu-reports)): Each week throughout the flu season (October–May), the Massachusetts Department of Public Health publishes a Weekly Flu Report, which details the impact of flu-like illness in Massachusetts.

**FluView** ([www.cdc.gov/flu/weekly/index.htm](http://www.cdc.gov/flu/weekly/index.htm)): The CDC's weekly US influenza surveillance report.

**FluView Interactive** ([www.cdc.gov/flu/weekly/fluviewinteractive.htm](http://www.cdc.gov/flu/weekly/fluviewinteractive.htm)): This CDC application showcases two of the CDC's influenza surveillance systems, the WHO/NREVSS Collaborating Labs, and the US Outpatient Influenza-like Illness Surveillance Network. Users are able to view both influenza laboratory data and medically attended visits for influenza-like illness side by side for the influenza season and geography (national, regional, or select states) of interest.

— *MCAAP Immunization Initiative*



## New 2020–2021 School Year Immunization Requirement for Meningococcal Conjugate Vaccine

A new school immunization requirement takes effect at the start of the 2020–21 school year. Beginning in the fall of 2020, students entering the 7th and 11th grade will need to show evidence of having received the meningococcal conjugate vaccine protecting against meningococcal strains A, C, W, and Y (MenACWY), unless a religious or medical exemption applies.

This change in school requirements supports two Advisory Committee on Immunization Practices routine recommendations:

- For all adolescents to receive a dose of the vaccine at 11–12 years of age (recommended in 2005)
- To add a booster dose of MenACWY vaccine at 16 years of age for all adolescents (recommended in 2010)

Massachusetts has already achieved high immunization rates with the first dose of

MenACWY vaccine (over 90%), but rates for the booster dose both nationally and locally lag below 55%. Meningococcal disease incidence peaks among young people 16–21 years of age, and implementation of a required booster dose of MenACWY vaccine for entry to 11th grade ensures they are protected before entering this high-risk time period, even if they do not attend college (there is a college entrance requirement for a MenACWY booster dose).

Beginning in the 2020–2021 academic year, the school immunization record will need to demonstrate the following:

- 7th grade entry: one dose of MenACWY for all students
- 11th grade entry: 1 booster dose of MenACWY received on or after 16 years of age (one or more doses of MenACWY vaccine are acceptable as long as one dose was received on or after 16 years of age)

If you have any questions, please contact the Immunization Division Assessment Unit at (617) 983-4330.

— *MCAAP Immunization Initiative*

## 24th Annual MIAP Pediatric Immunization Skills-Building Conference

More than 360 health care professionals attended the 24th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills-Building Conference, held on October 17, 2019. The MIAP Conference Organizing Committee would like to thank the following people and organizations for their participation at and support of this year's conference:

### Conference Speakers

#### Plenary Session Speakers

Ron Samuels, MD, MPH, FAAP; Pejman Talebian, MA, MPH; JoEllen Wolicki, BSN, RN

#### Breakout Session Speakers

Brendan Gallagher, BA; Joyce Cohen, MPH; Julia Monturo Larson, MPH; Hillary Johnson, MHS; Béatrice Martin, MPH; Katie Reilly, MPH, MSN, RN, PHNA-BC; Shumethia Seal, MPH; Sergut Wolde-Yohannes, EdM, MPH

## Conference Supporters and Exhibitors

### Unrestricted Educational Grant

Sanofi Pasteur

### Exhibitors

American Cancer Society; Berlinger USA, LLC; Commonwealth Medicine/UMass Medical School; GlaxoSmithKline; Immunization Division, MHS, and Vaccine Unit — Massachusetts Department of Public Health; Massachusetts Adult Immunization Coalition; MCAAP Immunization Initiative; Merck Vaccines; Pfizer Vaccines; Ronald McDonald UMass Memorial Care Mobile; Sanofi Pasteur; Saol Therapeutics; Sylvie Ratelle STD/Prevention Training Center — MDPH

Finally, the Organizing Committee would like to thank the conference participants and the volunteers without whose support the conference could not take place.

The conference presentations can be found at the following link: <http://mcaap.org/immunization-initiative/immunization-cme>. — *MCAAP Immunization Initiative*

## 2019 MIAP Conference Award

### Easthampton Health Center

The 2019 MIAP Conference Award was presented to Easthampton Health Center on October 17, at the 24th Annual MIAP Pediatric Immunization Skills-Building Conference. Easthampton Health Center was recognized



Easthampton Health Center staff

for implementing innovative strategies to improve its immunization coverage rates.

In 2018, Easthampton Health Center staff participated in a Massachusetts Department of Public Health quality improvement assessment. During that assessment, staff members learned that their vaccination coverage rates were not where they could be. In response, the following actions were taken:

- Providers recommitted to ensuring that all of their patients were up to date on vaccines. The practice has a high population of vaccine-hesitant parents and caregivers. At each visit, well or sick, providers strongly recommended vaccines.

- A group of staff members developed informational on-hold telephone messages for both flu and human papillomavirus vaccines.
- The practice also implemented an initiative related to the recent measles outbreak, reaching out to un- or undervaccinated patients.
- Staff members reported that the changes they implemented positively impacted their vaccination coverage rates and improved conversations about vaccines with previously hesitant parents.

*Congratulations to Easthampton Health Center!*



## Upcoming Events and Meetings

### Massachusetts Adult Immunization Coalition (MAIC) Meeting

January 28, 2020, 6:30–8:30 p.m.  
Massachusetts Medical Society, Waltham

For more information, contact Amy Sgueglia at [maic@jsi.com](mailto:maic@jsi.com).

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

February 26–27, 2020  
Atlanta, Georgia

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

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

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

March 12, 2020, 4:00–6:00 p.m.  
Massachusetts Medical Society, Waltham, MA

For more information, visit [www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac](http://www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac).

### 25th Annual Massachusetts Adult Immunization Conference

April 14, 2020  
Sheraton Framingham Hotel and Conference Center, Framingham, MA

Updated information will be posted as it becomes available at <http://maic.jsi.com>.





### BOOK CORNER

## Literacy as a Social Determinant of Health

There is increasing evidence from a variety of sources that literacy should be regarded as a social determinant of health. However, at my home institution, we do not screen for it, although we do screen for housing and food insecurity, difficulty with transportation, and others. Yet, a child's literacy level is correlated with health outcomes over the lifespan, and literacy is modifiable, as those of us who have been engaged with Reach Out and Read over decades know.

There is some relatively recent data from both low- and high-income countries that detail a specific health outcome associated with low literacy and suggest an approach to fostering improved literacy in early childhood. I realize that I am preaching to the choir here, but the relative simplicity and low cost of such interventions, and the potential longitudinal benefits make this a message that never gets old. One challenge in pediatrics is the length of time it takes to show a benefit from an intervention, but we can't stop trying.

Researchers at Boston University School of Public Health, University of Pennsylvania, and University of Washington published a longitudinal cohort study demonstrating that early-life literacy is associated with total parity over a woman's life course.<sup>1</sup> This study followed a large sample of more than 6,000 women with an 80% retention rate over 31 years.

Lower reading group levels assessed at age 19 were associated with higher parity and grand multiparity (more than five deliveries). Higher parity in itself is associated with

poorer health, both for the mother and her offspring. In the United States, 60,000 women are affected by maternal morbidity annually, and our mortality rate is higher than those in other high-income nations. Grand multiparity is associated with increase in obstetric complications, neonatal morbidity, and perinatal mortality.

Women with lower reading group levels at the start of the study period were more likely to be grand multiparous (10.3% vs 2.5% for the highest reading group level) and more likely to have delivered a child at the start of the study in 1980 at the age of 19 (3.9%). This is relevant to our work as pediatric providers, and data about the impact on reproductive life over time are new and compelling and urge us to further explore literacy as an intervention that addresses health disparities and improves outcomes for the kids in our care right now.

A multipronged approach to improving early childhood development and literacy is clearly indicated, where pediatric practices collaborate with community partners to address family literacy and reading aloud. A January 2018 study in *Pediatrics* by researchers at New York University<sup>2</sup> demonstrated the impact of a simple parent intervention that included reading aloud and enhanced parent-child interactions for children in a low-income community in Brazil.

In all, 566 families attending free childcare centers were randomized. Intervention families were offered a lending library of children's books and participated in monthly

parent workshops with a facilitator who discussed reading aloud and other strategies for playing and talking with children during day-to-day activities. Reach Out and Read and the Video Interaction Project were incorporated into the monthly one-hour discussions. The results of this simple intervention? Children from the intervention group, after one year, had higher receptive and expressive vocabulary, working memory, and IQ. Parents in the intervention group scored higher for cognitive stimulation and interactive reading and also had lower physical punishment scores.

These two studies in vastly different income groups demonstrate the profound impact that improving early childhood cognitive development with simple strategies can have on later child health outcomes. I would posit that life for the entire family improves when children reach their developmental potential. As professionals who interact with children and families regularly throughout early childhood, we are well positioned to partner with local community agencies that promote literacy. A child's zip code or income bracket should not determine their future. We can do better than that.

It's the holiday season! Give books to kids as gifts, and sit down and read it with them. That's a gift for both the reader and the child. Happy Holidays! — *Eileen Costello, MD*

#### References

<sup>1</sup>Seymour JW, et al. *BMJ Open*. 2016;6:e013522. doi: 10.1136/bmjopen-2016-013522.

<sup>2</sup>Weisleder A, Mazzuchelli DSR, Lopez AS, et al. Reading aloud and child development: A cluster-randomized trial in Brazil. *Pediatrics*. 2018;141(1):e20170723.

## MCAAP 2020 Medical Student Mentoring Conference

On November 2, 2019, the medical school committee met for their annual fall meeting. The theme for this year's meeting was child health advocacy. Around 70 medical students participated, representing all four medical schools in the greater Boston area. Topics discussed included family homelessness, immigration and health, gun violence protection, and the power of student engagement in child health advocacy. Discussions were led by experts in

the field, including Dr. Amanda Stewart, Dr. Aura Obando, Dr. Julia Koehler, and Dr. Michael Hirsh. In addition, a residency director panel was held by four residency directors representing each of the Massachusetts residency programs. Following the day's events, students participated in advocacy activities including a phone bank and awareness campaign for several of the topics discussed earlier in the day. Overall, the conference was a fun,

engaging, and informative meeting among trainees, for which the medical school committee plans to use as a springboard for future events.



Students from Massachusetts medical schools participating at the MCAAP fall meeting.

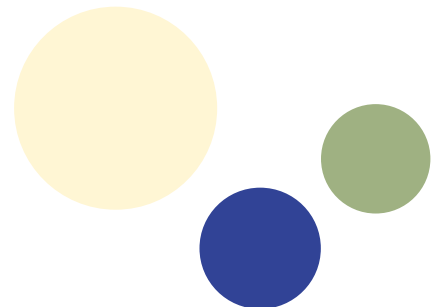
### Prescribing Donor Milk to Outpatients

Mothers' Milk Bank Northeast provides pasteurized donor human milk (PDHM) to over 85 hospitals throughout the Northeast, including 11 hospitals in New Hampshire. The milk bank also supplies PDHM by prescription to outpatients who need it for supplementation; milk can be shipped overnight or picked up at LRGHealthcare.

At Mothers' Milk Center in Belmont, families with demonstrated medical and

financial need can apply to receive up to one month of milk through the milk bank's Special Assistance Program. The application requires financial documentation and a personal statement from the parents plus a prescription and letter of medical necessity from the baby's doctor.

For more information, visit <https://milkbankne.org>.



### Climate Action

The Council on Environmental Health (COEH) hopes to identify a **climate advocate** in each AAP Chapter (you do not have to be a COEH member). An email group will be formed to exchange ideas that have worked in some chapters to further climate action in each region. There are some simple actions that can go a long way toward advocacy! If interested, please email Lori Byron, liaison between the COEH and the AAP Chapters, at [lori.byron@gmail.com](mailto:lori.byron@gmail.com).

## 2020 MCAAP Call for Nominations

The MCAAP 2020 election will fill vacancies on the Executive Board for vice president, secretary, treasurer, and congressional district representatives in District 1, 2, 3, 5, and 8. Individuals are eligible if they are voting members of the Chapter and live or work in one of the vacant districts.

Please send names of nominees to Cathleen Haggerty via email at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org), or fax them to (781) 895-9855. You may mail nominations to 860 Winter Street, Waltham, MA

02451. Also, please contact Cathleen if you have any interest in serving on the MCAAP Nominating Committee. Nominations must be received by February 14, 2020.

Electronic ballots will be emailed and mailed in mid-March. Individual communities within each district can be found at [house.gov/representatives/find](http://house.gov/representatives/find). For new Massachusetts congressional district maps, go to [www.govtrack.us/congress/members/map](http://www.govtrack.us/congress/members/map).



## 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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 1/3 page = \$300.00    1/2 page = \$400.00  
 3/4 page = \$600.00    1 full page = \$800.00

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To reduce registration problems, type should be no smaller than 9 point.

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All submissions should be Acrobat PDF files, version 5.0 or higher, and should be sent at the exact size specified herein. Ads not submitted at the proper size will be returned.

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Please remember to double check that your ad is the correct size and contains the most up-to-date information.



## JOB CORNER

### Pediatrician for Cambridge Practice

Seeking part-time PCP BC/BE pediatrician for unique Cambridge private practice with a developmental focus, starting summer or fall 2019. Please email CV and letter of interest to Dr Michael Yogman, practice founder, at [myogman@massmed.org](mailto:myogman@massmed.org).

### Brian Orr Pediatrics

Pediatrician: Part-time position leading to full time at Brian Orr Pediatrics. Growing thriving practice in lovely Gloucester, MA, is looking to add a part-time pediatrician for one to two days a week. Light call and stable hours. Please send CV to [brianorripeds@gmail.com](mailto:brianorripeds@gmail.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](mailto: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](mailto:chaggerty@mcaap.org) for rate and payment information.



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# The Forum

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## SAVE THE DATE

### Upcoming Conferences

#### The 2020 MCAAP Annual CME and Business Meeting

May 13, 3:30 p.m.–8:00 p.m.  
Massachusetts Medical Society  
Waltham MA

The Annual MCAAP Edward Penn Memorial CME Lecture and Business Meeting will take place on May 8 at the Massachusetts Medical Society, Waltham, Massachusetts, from 3:30 p.m. until 7:30 pm. The program will focus entirely on mental health, navigating ACOs, and physician burnout. It will offer CME credits. The program cost is \$90 for members and is free for medical students and residents.

For more information or to pre-register, please contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

#### Optimizing Treatment and Transition from Pediatric to Adult Care CME Conference

March 2–4, 2020, Cambridge, MA

Strategies, Updates, Tools, and Best Practices for Optimized treatment approaches for adolescents and young adults with chronic conditions, mental illness, autism, and physical disabilities.

Successful transition to — and acceptance into — adult care practices, including Timing, Assessment, Preparation, Tools, and Processes. For more information, visit <https://tcc.hmscme.com>.

