What Truly Matters

Anyone who knows me knows that I am a planner. Since becoming vice president about two years ago, I have periodically thought about what I was going to write in my first President’s Message. The many ideas about what I was going to say and how I planned on introducing the goals I have for my term as president have of course been turned upside down. Only a few short months ago, none of us could have imagined what the world would be going through now. Our priorities as individuals, physicians, and members of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) have all shifted dramatically. One thing that I know has not changed is our shared commitment to ensure that we do all that we can to make this world a place where children can be healthy and thrive.

But first, I would like to offer a brief introduction. I am a primary care pediatrician who has been in practice for about 15 years at Reliant Medical Group in Worcester. I split my time between seeing patients and working as associate medical director for Informatics. I have been involved in organized medicine since my first year of medical school and have had various roles in the Massachusetts Medical Society, Worcester District Medical Society, American Medical Association, and of course the American Academy of Pediatrics and the MCAAP. I am married to a family physician and have three children: 12- and 9-year-old girls and a 7-year-old boy.

My first official role in the MCAAP came during the end of my residency when I asked Lynda Young, one of my mentors and former MCAAP president, for advice in finding a job. While she did...
EDITOR’S NOTE

“I Can’t Breathe” — Twofold

Spring 2020 was when our lives as pediatricians were upended by the COVID-19 pandemic. Some of us were on the front-line, redeployed to care for adults with COVID-19 disease and doing disease management. Those patients often said, “I can’t breathe,” due to their severe respiratory involvement. Some of us stayed on the back line, reinventing our patient encounters as video or telephone televisits, helping families to find resources, supporting children with COVID illness and trying to learn as much as possible about multisystem inflammatory syndrome in children (MIS-C). I have been busy with a pilot of home visits, keeping young children under the age of two up to date on well-child visits and vaccines (more to come on that later).

Just as the rate of rise of new cases and deaths from COVID-19 in our hot spot of Massachusetts started to slow down, our hearts and minds were rocked by the unconscionable murder of George Floyd by a police officer, in my beloved hometown of Minneapolis. Some of his last words: “I can’t breathe….” The synchronicity of a pandemic, which disproportionately attacks communities of color, with the public health scourge of racism presents the greatest challenge of this century to our country.

Very real rage, at yet again another murder of a Black man or woman at the hands of a law enforcement officer, exploded and we saw the result: cities across the country burned. Slowly, the fires ebbed, and the protests multiplied. Since Mr. Floyd’s death on May 25, protests and vigils have been happening all over the country night after night, not only in cities but in small towns and rural areas. There is righteous anger and a growing urgency that demands now must be the time for real change.

As pediatricians, we never shy away from the tough subjects. We talk about sex, drugs, partner violence, gender issues, and more. Now more than ever, we need to be sure we are also talking with our families about racism. We need to protest, act, vote, and lobby as well as talk. We need to embody our values. I share a poem, to provide inspiration in this fight:

My Dream

MLK had his dream, and now I have mine: That one day, black people in this country can walk past an officer unperturbed,
That one day we may walk the streets undisturbed,
That one day, this country will stop acting like racism and discrimination don’t occur,
That one day, the incarceration rates of my people will take a turn,
That one day, my dream will become a priority and no longer be deferred,
That one day, my dream will no longer be spurned,
That one day, that young black man from the “hood” that flipped his life around, will find work,
That one day, systemic racism will be burned,
That one day, the ideology that blacks are a savage, uncivilized, inferior people, will take a turn,

continued on page 3
That one day, the murder rates in places with a high number of minorities will take a curve,
That one day, the respect of a white man, won’t have to be earned,
That one day, the life of a black man will have more worth,
And that one day, my dream will be heard.
— Marcus Odilon

Marcus is my patient. He is an extraordinary young man, a 14-year-old scholar-athlete destined for great things. I share his poem with his permission (as well as that of his parents). He has said it all in such a heartfelt fashion, so poignantly but also urgently and vehemently. May we take his words to heart, stand together, and be part of that change that must happen now.
— Lisa Dobberteen, MD, FAAP

MCAAP 2020 Election Results

President
Lloyd Fisher, MD, FAAP

President-Elect/Vice President
Mary Beth Miotto, MD, MPH, FAAP

Secretary
Anna Rosenquist, MD, FAAP

Treasurer
Brenda Anders Pring, MD, FAAP

District Representative Positions

DISTRICT 1
Monica Liao, MD, FAAP

DISTRICT 2
Gina O’Brien, MD, FAAP (re-election)

DISTRICT 3
Lauren Hittner, MD, FAAP

DISTRICT 5
Katherine Wu, MD, FAAP

DISTRICT 8
Daniel Rauch, MD, FAAP (re-election)

MCAAP COVID-19 Resources

The MCAAP has been compiling up-to-date resources on its website at www.mcaap.org.
What Truly Matters
continued from page 1

not offer me employment, she told me that there was an opening in the unpaid role of editor of The Forum. For five years I edited this publication, during which time I was able to learn about the wide scope and breadth of the activities in which the Chapter engages and became acquainted with many amazing members who contribute on a regular basis.

Recently, while thinking about how I was going to approach this message and how the events of the last three months have changed us all and will likely shape my presidency, I thought back to the Editor’s Note that I wrote in The Forum’s summer 2008 issue. I mused about how despite feeling well-trained to be a pediatrician and how I felt as though I was giving parents good advice, “nobody has taught me more about the practice of pediatrics than my daughter Caroline, and she is only 6 weeks old.” I had realized how much of the advice that I had been giving, while technically correct and by the book, was simply not practical.

Similarly, during our COVID-19 crisis, where we have all spent so much more time in our homes and with our families, I feel as though I have gone through another epiphany of learning. There are so many horrors related to this pandemic, so many deaths, so much pain and suffering for those with the illness and those suffering the negative consequences of all that we have done to control the spread. Every day I feel as though I am saddened by yet another cancellation. Just today we received word that our children’s summer camp will not open at all this year. It has almost become expected that our dinner conversation will include an announcement about something else our children miss their activities, Zoom meetings, work from home part- or full-time, and the cancellation of all professional meetings and travel, my wife and I have found ourselves with newfound evening and weekend time to spend with our family. Sure, some of the work-related stresses are far greater than they have ever been and there are days where my administrative role at work keeps me busier than ever. However, we are all home at the same time! Our time includes long walks, yard work, board games, and family reading time. The children miss their activities, school (yes, they really do!), and a long-awaited family vacation to Walt Disney World, yet I continue to be surprised at how resilient they have been and how overall they seem to be doing okay.

Now, with fewer children’s activities, physical activity. However, because of my own day-to-day hustle and bustle of balancing work, involvement in professional activities, and the many activities in which the children participate, I have little time to practice what I preach.

Zoom meetings, work from home part- or full-time, and the cancellation of all professional meetings and travel, my wife and I have found ourselves with newfound evening and weekend time to spend with our family. Sure, some of the work-related stresses are far greater than they have ever been and there are days where my administrative role at work keeps me busier than ever. However, we are all home at the same time! Our time includes long walks, yard work, board games, and family reading time. The children miss their activities, school (yes, they really do!), and a long-awaited family vacation to Walt Disney World, yet I continue to be surprised at how resilient they have been and how overall they seem to be doing okay.

This phenomenon seems to apply to the families in my practice as well, transcending socioeconomic and ethnic boundaries. It may be that by taking this pause from our hectic lives, we will start to realize and appreciate what truly matters in life.

Once again my children have taught me so much and have guided me to be a better pediatrician by giving me the experiences that I can use in my counseling of children and their families during these challenging times. I am of course anxious for the world to return to some semblance of normalcy. I just hope that I can continue to remember the good things that we were able to do together and that we can all do a better job of prioritizing to make sure we are leaving time for ourselves and those for whom we care the most.

I recently saw an image on social media about the three psychological stages of the pandemic response. It started with survival, moved to acceptance, and eventually led to growth. In each stage there were a list of actions we take and feelings we have. While the pandemic represents loss, it is also an opportunity for resiliency. As parents and pediatricians, we can help our children, our patients, and their families move through these stages to help them focus on the joy of family time and on living in the moment, and consider how they want their family’s post-pandemic life to look.

I am so honored to be able to serve all of you as our Chapter’s president for the next two years. I want to thank Elizabeth Goodman for setting such an amazing example and teaching me so much. I also want to thank Cathleen Haggerty, who does all the real work that keeps this Chapter running. I look forward to working with you to do all that we can to improve the health and well-being of all children. Please feel free to reach out to me or your district representative on the executive board with any questions or ideas. — Lloyd Fisher, MD, FAAP

Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by August 31, 2020.
school nurses and pediatricians to form alliances and transform child health using new communication strategies. What strategies can we use to forge stronger relationships?

Existing and New Avenues of Communication
School nurses and pediatricians are on their feet for much of the day and rarely at their desks. A three-minute phone chat or a secure text can save time and frustration and can build better health outcomes for children. School nurses often express reluctance to bother a busy pediatrician, but a short phone call often ends with both parties being relieved they spoke.

Break the ice in late August. While your practices may attract families from different towns, identify a few school-nursing partners, especially for your most complex patients, and reach out to create a phone list. Use established communications methods to introduce yourselves. Pediatric practices may consider embedding practical contact information, such as physician biosketches, names of nurses who can facilitate non-emergent requests, and preferred communication times on fax cover sheets typically used for medication orders and immunization forms. School nurses may adopt similar approaches to connect. Sample templates for school nurses and pediatricians can be found at https://mcaap.org/advocacy-contacts/school-health. Plan a Zoom “happy hour” as an icebreaker for your town’s pediatricians and school nurses. Reaching out as social beings increases the likelihood that important information will be exchanged.

School Health Documents Are Springboards to Better Communication
The Massachusetts School Health Record, Medication Administration Forms, and Asthma Action Plans may feel like burdens designed to keep you chained to your desk, but reimagine them as opportunities to share treatment plans and get feedback on your patients’ health. COVID may speed the extinction of nebulizers and elicit new metered-dose inhaler order requests from school nurses. A form request and resulting treatment discussion may prompt a nurse to advise the parent to schedule an asthma visit. Nurses can fill you in on daytime triggers for metered-dose inhaler use, duration of effect for morning ADHD medications, and frequency of absences due to headaches. A pediatrician may offer context to the recurrent abdominal pain causing frequent visits to the nurse’s office. Our best work at each site comes when we fill in the blanks for each other. Sharing our different lenses on children allows us to fill in the whole picture instead of caring for a child based on only a few pieces of the puzzle.

Tackling School Absenteeism Together: No More Excuse Letters?
The sudden school closures in March will undoubtedly cause uneven progress in fundamental skills from prolonged distance schooling. Before COVID, the typical Massachusetts student missed 9 days of school (5%) each year and 12.8% of students missed 10 or more days of school annually. Chronic absenteeism may become more challenging as parents keep children home due to an abundance of caution or school anxiety.

If a child misses one school day a month starting in kindergarten, he or she will have missed over half of a school year by the end of ninth grade. Chronic absenteeism contributes to learning delays and increases the risk of dropping out.

Let’s work together as partners to change our thinking about school excuses. Does a child who misses 15 days of school but has a letter for each day have a better learning outcome than a child with 15 days of unexcused absences? We as pediatricians can talk to parents about bringing a child back to school after a daytime office visit and we can include a diagnosis in the explanation note to facilitate absence management. School nurses can notify a child’s pediatrician of frequent absences. Pediatricians should routinely ask about missed school days for acute and chronic symptoms even if no excuse is requested and may consider asking “How many times did you miss school last year and why?” in each preventive encounter.

FERPA and HIPAA
As pediatricians worry about a well-child visit backlog this summer, the AAP and Centers for Disease Control and Prevention guidelines suggest school districts may offer extensions on school forms. Ask your school nurse partners. Don’t let FERPA and HIPAA stifle effective communication between school nurses and pediatricians. In general, FERPA protects an individual’s personally identifiable information in the school’s possession, such as educational and disciplinary records. HIPAA allows for consultation between health professionals for treatment coordination. A discussion between a pediatrician and a school nurse is comparable to your consultation with a subspecialist. Such a discussion or information transfer of an individual’s health concern, mandated health form, or immunization record through secure fax, email, or text is legal and ethical without a release. Avoid exchanging printouts of results or student names as HIPAA only allows individual care discussions.

Communication between school nurses and pediatricians improves the quality of care for students and can make your job easier or more enjoyable. Consider COVID as a long-awaited impetus to create a partnership we’ve needed for years. Pick up the phone and build your relationship one student at a time.

— Jenny M. Gormley, DNP, MSN, RN, NCSN, and Mary Beth Miotto, MD, MPH
MEMBER OPINION

COVID-19 and Immigrant Health: None of Us Are Safe until All Are Safe

In January and February of this year, we watched in horror as COVID-19 spread across China and Italy, but took some solace in the apparent low rate of pediatric pneumonias due to its etiologic agent SARS-CoV-2. We did not yet know about the life-threatening hyperinflamatory shock syndrome now named “multisystem inflammatory syndrome in children (MIS-C)” by the Centers for Disease Control and Prevention (CDC) (with other names used by the World Health Organization and in other countries). We had not yet cared for a child admitted in cardiogenic shock as his or her ferritin and d-dimers jumped.

We were hopeful that the pandemic would be contained in this country, since for decades the CDC in Atlanta has been the model for disease centers in countries around the world and capably controlled SARS, the predecessor of SARS-CoV-2. We thought that in Massachusetts, with its immense scientific and medical resources, its tremendous concentration of real-time thermal cyclers and of people who know how to use them, its epidemiologists and virologists, testing would be scaled up in an all-hands-on-deck joint effort, cases would be detected in real time, and viral transmission would be quickly brought under control.

The unhindered spread of the virus from a conference of Biogen executives gathering in Boston’s Long Wharf Marriott Hotel, the lack of personal protective equipment not just for nurses, physicians, and other staff with patient contact in hospitals, but especially in nursing homes, long-term care facilities and home health care organizations, the excruciatingly deadly outbreaks among the most vulnerable elders in these facilities, the stream of thousands of returning travelers from European hot spots into Logan after the president announced a travel shutdown, none of whom were traced — these events left most of us in stunned one-day-at-a-time to-do list mode as Massachusetts closed down non-essential businesses and the governor issued a stay-at-home advisory.

From the Biogen executives to their bar servers and room cleaning staff was a very short jump for a virus as contagious as SARS-CoV-2. And from them to their families and neighbors through nearby working-class neighborhoods like East Boston, Chelsea, Dorchester, and Revere, many sparks of contagion kindled a fire of illness and death that is still burning now. Essential workers in elder care, food production, grocery and fast-food checkout, food delivery, hospital and commercial cleaning, and public transport are disproportionately immigrants including the undocumented, Latino, and Black. Often enough, these categories overlap: many undocumented people have family members who are citizens or are holders of DACA or Temporary Protected Status. Easy pigeonholing misleads us: the elder Black lady, who has braved blizzards and heatwaves for decades to come care for my paralyzed elder neighbor, is originally from Honduras. Black Lives Matter is not separate from Immigrant Lives Matter.

Chelsea’s population is 62 percent Latino. COVID-19 cases per 100,000 in Chelsea are 7,203 as of May 27, approaching twice those of the hardest-hit zip code in New York City, 3,974. Lacking public health outreach in their languages on the disease and how to best protect themselves, prey to misinformation and internet scams, afraid to complain about lack of workplace safety for fear of losing their jobs, afraid to seek medical attention because of fear of ICE, unable to distance in apartments in which ever more people crowd trying to beat the skyrocketing rents, and suffering from lack of food, immigrant communities were and are uniquely vulnerable to COVID-19.

The towns and neighborhoods with highest COVID rates in Massachusetts are those with the highest percentage of immigrants. This fact highlights the essential work our immigrant communities do, so that most of us were able to shelter at home. Yet the same people that risked their lives caring for our elders and delivering our food, because their children otherwise could not eat, are still being delivered to ICE by our state, which, per Governor Charlie Baker’s 2016 order, directs state police to collaborate with ICE and still has three other agreements of local police with ICE. Undocumented home health aides, who must drive from one of their charges to the next, are still denied a driver’s license by our state, which, unlike our neighbors Vermont, Connecticut, and New York, still ties immigration status to the ability to obtain a driver’s license.

Is it any wonder that contact tracing is failing in Massachusetts, since the people most harshly affected by the virus have long been too afraid to pick up calls from an unknown number? Without enforceable workplace standards in place, to protect immigrants who dare not speak out and to also protect conscientious employers against those that save costs by skimping on protection, how is a new flare of infections in immigrant communities not inevitable as the state reopens?

As pediatricians, we have long recognized the impact of social determinants of health on our patients and have defined our obligations to address them. How will the trauma of hunger, the fear of losing the roof over their heads to eviction, the trauma of the always-present fear of losing a parent to deportation compounded by the new fear of losing them to COVID, impact this rising generation of young citizens and residents of our Commonwealth?

Our chapter supports the Safe Communities Act (H. and S. 1401), a bill that would provide for a strict separation of policing for public safety and immigration enforcement in our state. The fact that this bill was not passed in the three legislative sessions in which it was previously filed is a direct social determinant of ill health for our immigrant patients.

I believe we must also support the Work and Family Mobility Act (H. 3012 and S. 2061), which may be even more important to protect immigrant families from breakup by deportation, since so many undocumented workers are stopped and funneled into the deportation machinery for driving without a license. Fourteen other

continued on page 7
It was about 4 p.m. on a Friday, and a woman who was pregnant and had tested positive for COVID-19 was homebound and completing her first appointment, by phone, with staff from a local WIC program. She told the nutritionist that she was hungry. She had no food in the house and it would take a couple of days to receive her new WIC card. Local WIC team members went into action. They contacted a social service agency they work with in the woman’s town that helped her shop for groceries and delivered them to her doorstep that evening.

We know that food insecurity is increasing at an alarming rate during COVID-19, and WIC’s role in supporting families has never been more important. WIC caseload climbed nearly 6 percent from mid-March to mid-May. Not only does WIC provide free, healthy food to families, it also offers the chance to talk about nutrition concerns and a child’s growth and development. WIC also connects families to community-based health or social service providers, based on needs assessed during WIC appointments. The Massachusetts WIC motto — “good food and a whole lot more” — is most certainly true for the services the program is providing during the COVID-19 emergency.

Our goal at the Massachusetts WIC Nutrition Program is to help keep pregnant and breastfeeding women and children under 5 healthy. Throughout the COVID-19 emergency, local WIC agencies across the state have worked tirelessly to serve families already enrolled in the program and welcome new applicants, all while adjusting to providing services entirely remotely.

Safety of immigrant families from separation by immigration enforcement, and hence their ability to better protect themselves against COVID-19, means safety for all Massachusetts children. As long as the virus circulates in Chelsea, Framingham, and Worcester, families in Newton, Reading, and Dover will not be safe as their housecleaners and babysitters return. In this pandemic, justice and science converge: none are safe until all are safe.

If you would like to support immigrant families as they are struggling to survive in the double pandemic of COVID-19 and persecution, there are many things you can do. Speak up within our chapter to support pro-immigrant bills. Call your elected officials17 in support of the Safe Communities Act and the Work and Family Mobility Act. A single call can have a large impact: most legislators don’t hear from constituents, while several anti-immigrant organizations in Massachusetts contact their legislators frequently. Donate to soup kitchens18 and support funds19 that serve immigrant communities. Speak with your immigrant patient families gently, with compassion, and signal you are open to hearing about their lives. — Julia Koehler, MD

Massachusetts WIC — Here for Families during the COVID-19 Emergency

Our goal at the Massachusetts WIC Nutrition Program is to help keep pregnant and breastfeeding women and children under 5 healthy. Throughout the COVID-19 emergency, local WIC agencies across the state have worked tirelessly to serve families already enrolled in the program and welcome new applicants, all while adjusting to providing services entirely remotely.

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<th>Member Opinion</th>
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<td>states and Washington, DC, have already unlinked the driver’s test and license from immigration status,15 yet our legislature would have to pass it with a large majority because Governor Baker recently reaffirmed his intention to veto the bill.16 I once accompanied the mother of a patient of mine, who was stopped as she was bringing home-cooked food to her child in the bone marrow transplant unit, to court. She was fortunate that police did not arrest her that day, because this would have triggered a connection with ICE under the governor’s order. Her child is a US citizen and would have lost her mother as she was fighting for her life.</td>
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<td>Safety of immigrant families from separation by immigration enforcement, and hence their ability to better protect themselves against COVID-19, means safety for all Massachusetts children. As long as the virus circulates in Chelsea, Framingham, and Worcester, families in Newton, Reading, and Dover will not be safe as their housecleaners and babysitters return. In this pandemic, justice and science converge: none are safe until all are safe.</td>
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References
1www.nejm.org/doi/full/10.1056/NEJMc2005073
2www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html#anchor_158950831375
4www.thelancet.com/journals/lancet/article/PIIS2253-4842(20)30164-4/fulltext
5www.cdc.gov/about/history/sars/timeline.htm
9www.ilrc.org/national-map-287g-agreements
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13https://malegislature.gov/Files/191/S0626
14www.vbur.org/news/2020/01/24/immigration-safe-communities-ice-police-communication
15https://mapcoalition.org/get-involved/drivers-licenses
17https://malegislature.gov/search/findmylegislator
18www.ebkitchen.org/#home-section
19www.massundocufund.org

Send your email address to ldobberteen@mcaap.org for instant notification of issues important to the MCAAP membership.
From the MDPH Immunization Division

Preparing for 2020–2021 Flu Season: What You Need to Know

All state-supplied flu vaccine will expire June 30. Once flu vaccine expires, process a Storage/Handling Issue in the Massachusetts Immunization Information System (MIIS) to return state-supplied flu vaccine to the distributor and clear flu vaccine from your inventory in the MIIS. This will allow the Vaccine Unit to upload 2020–2021 flu vaccine ceiling limits.

Please remember, the Vaccine Management Unit always allows sites to order above their flu ceiling limit as long as they demonstrate a need by reporting usage.

If you have any questions, please contact the Vaccine Management Unit at (617) 983-6828 or dph-vaccine-management@massmail.state.ma.us.

Ensuring Vaccination during the COVID-19 Pandemic
The COVID-19 pandemic continues to have an impact on clinical preventive services, including routine immunizations. Based on data from the Massachusetts Immunization Information System, state-supplied vaccine ordering has decreased by as much as 60 percent. The Massachusetts Department of Public Health (MDPH) Immunization Division supports health care providers who maintain access to clinical services in environments that are safe for all. The following document shares strategies for addressing well-child and sick visits while maintaining immunization services, and it addresses proper storage and handling of state-supplied vaccines: www.mass.gov/doc/encouraging-vaccination-during-the-covid-19-pandemic/download.

If you have any questions, please contact the MDPH Immunization Division at (617) 983-6800. — MDPH Immunization Division

August Is National Immunization Awareness Month (#ivax2protect)
Promoting Vaccine Confidence during the COVID-19 Pandemic
National Immunization Awareness Month (NIAM), an annual event held each August, provides the opportunity to promote the importance and value of immunization across the lifespan. With a dangerous decline in immunization as a result of the COVID-19 pandemic, communicating the importance of immunization and the risks associated with declines in immunization rates takes on increased importance this year.

Through its Vaccine Confidence Project, the Immunization Initiative has been collaborating with the Massachusetts Department of Public Health to increase vaccine confidence and improve vaccination rates in areas of the state with higher than state average rates of exemption. The decline in immunizations as a result of the COVID-19 pandemic will require efforts to communicate the importance immunization not only in these areas, but also throughout the entire Commonwealth.

A recently created Vaccine Confidence Project resource, Communicate with Confidence: Talking With Patients (www.mass.gov/doc/communicate-with-confidence-talking-with-patients-about-vaccine/download), includes a compilation of the best resources on communications techniques for providers, research on vaccine hesitancy, vaccine safety, outreach to specific populations, and immunization-related apps for patients and providers. This resource can be helpful for providers when re-engaging parents and patients about the importance of immunization.

In May, the American Academy of Pediatrics launched the #CallYourPediatrician campaign (www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/call-your-pediatrician/Pages/default.aspx). Using humor and real-world conversations, the #CallYourPediatrician campaign aims to

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| **June 26** All 2019–2020 state-supplied flu vaccine should be accounted for by reporting immunization data to the Immunization Registry or through a Flu Reconciliation (https://resources.misresourcecenter.com/trainingcenter/Flu%20Reconciliation_2018_Mini%20Guide.pdf) in the Vaccine Management Module of the MIIS. Allocations will be based on vaccine usage.
| **June 30** All 2019–2020 flu expires. Process a Storage/Handling Issue (https://resources.misresourcecenter.com/trainingcenter/Storage%20Handling%20Problem_2018_Mini%20Guide.pdf) in the MIIS to return flu vaccine. This will also clear your virtual inventory of last year’s flu vaccine.
| **July 2** An allocation and change request email will be sent to the primary and back-up vaccine coordinators. The allocation will be based on 2019–2020 usage. Primary and back-up vaccine coordinators will have two weeks to submit changes to the allocation.
| **July 17** Deadline for 2020–2021 flu vaccine change request. All change requests must be submitted via email.
| **August 1** An email confirming site’s allocation and flu ceiling limit will be sent to the primary and back-up vaccine coordinators. |
reach parents online through timely reminders that going to the pediatrician is important and safe, even during the COVID-19 pandemic. The #CallYourPediatrician digital toolkit includes sample text, videos, and photos sized for use on Facebook, Instagram, Twitter, LinkedIn, and Pinterest. Sample campaign social media posts can be found at www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/call-your-pediatrician/Pages/sample-social-media-posts-for-the-call-your-pediatrician-campaign.aspx.

The NIAM webpage (www.nphic.org/niam) has a helpful toolkit, which contains resources that can be utilized by providers throughout August, including key messages, vaccine information, sample news releases and articles, social media messages, web links from the Centers for Disease Control and Prevention and other organizations, web banners, logos, and social media graphics.

Be on the lookout for #ivaxtoprotect updates throughout August! If you have questions or are looking for specific resources for your practice, please contact Cynthia McReynolds at cmcreynolds@mcaap.org.

Thank you for all that you are doing to keep the children of Massachusetts safe from vaccine preventable diseases! — MCAAP Immunization Initiative

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25th Annual MIAP Pediatric Immunization Skills Building Conference

The Massachusetts Immunization Action Partnership (MIAP) is excited to announce the 25th Annual MIAP Pediatric Immunization Skills Building Conference. Please note that due to the COVID-19 pandemic, the conference will be held this year as a virtual event.

Conference registration will open in August. Updated information will be posted as it becomes available on the MCAAP website at www.mcaap.org/immunization-cme and on the Massachusetts Department of Public Health website at www.mass.gov/service-details/immunization-division-events.

If you have any questions, please contact Cynthia McReynolds at cmcreynolds@mms.org; (781) 895-9850.

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Call for 25th Annual MIAP Conference Award Nominations

Nomination Deadline: Friday, July 31, 2020

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

The deadline to submit an award nomination is Friday, July 31, 2020. Nomination forms can be found at https://mcaap.org/immunization-initiative/immunization-cme.

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Send your email address to ldobberteen@mcaap.org for instant notification of issues important to the MCAAP membership.
The 2020 MIAP Conference Award will be presented on October 22, 2020, at the 25th Annual MIAP Pediatric Immunization Skills Building Conference.

If you have any questions or need additional information, please contact Cynthia McReynolds at cmcreynolds@mcaap.org or (781) 895-9850.

— MCAAP Immunization Initiative

Join the Immunization Initiative!

Who We Are
The Immunization Initiative of the Massachusetts Chapter of the American Academy of Pediatrics is dedicated to fully immunizing Massachusetts children and adolescents against vaccine-preventable diseases through advocacy, communication, education, and networking activities. The Immunization Initiative works with MCAAP members and other stakeholders to identify and achieve goals related to improving vaccine access and delivery, awareness, and policy. Its membership includes MCAAP members and community partners, such as pediatric health care and public health professionals, community leaders, nonprofit organizations, vaccine manufacturers, and others who are interested in improving Massachusetts childhood immunization rates.

How We Accomplish Our Mission
• Developing educational programs, including conferences, grand rounds seminars, and webinars for health care professionals who administer pediatric immunizations. CME/CEU and risk management credit is often available for participating in these programs.
• Participating in collaborative partnerships, activities, and campaigns with organizations, such as the Immunization Division at the Massachusetts Department of Public Health, and with individuals, who share the Immunization Initiative’s mission.
• Supporting coalition building and networking opportunities through its Advisory Committee. The Advisory Committee usually meets three to four times per year to discuss current immunization information and strategies for addressing issues and barriers to immunization.
• Advocating for legislative and regulatory policies that optimize the immunization of Massachusetts children and adolescents by working closely with Massachusetts agencies and executive and legislative leadership.
• Communicating current immunization information and resources through the Immunization Initiative list serve and website, monthly e-newsletter, quarterly MCAAP newsletter, and MCAAP social media outlets.

It’s Easy to Join!
Your participation is welcome and membership in the Immunization Initiative is free! To join, please contact MCAAP Immunization Initiative Program Manager Cynthia McReynolds at cmcreynolds@mcaap.org or (781) 895-9850. Already a member? Please pass this information on to a colleague who may be interested in joining the Immunization Initiative. — MCAAP Immunization Initiative

Upcoming Events and Meetings

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<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
<th>Details</th>
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<tr>
<td>National Immunization Awareness Month</td>
<td>August 2020</td>
<td></td>
<td>For more information, visit <a href="http://www.nphic.org/niam">www.nphic.org/niam</a>.</td>
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<tr>
<td>Massachusetts Vaccine Purchase Advisory Council Meeting</td>
<td>October 8, 2020</td>
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<td>For more information, visit <a href="http://www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvac">www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvac</a>.</td>
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<tr>
<td>Advisory Committee on Immunization Practices (ACIP) Meeting</td>
<td>October 28–29, 2020</td>
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<td>For more information, visit <a href="http://www.cdc.gov/vaccines/acip/meetings/index.html">www.cdc.gov/vaccines/acip/meetings/index.html</a></td>
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Submissions for the next issue of The Forum should be sent to ldoeberteen@mcaap.org by August 31, 2020.
A State of Emergency for Children
Protection Leaders Ask for Your Help

Reports of child abuse have plummeted, even as family stress factors like job insecurity, food insecurity, and sickness have disproportionately increased. The heads of the Massachusetts Children’s Alliance, Massachusetts Office for Victim Assistance, and Children’s League of Massachusetts are issuing an unprecedented joint call for your help.

Mandated reporters for child abuse including teachers, medical providers, therapists, and clergy are not having in-person interaction with children during the state of emergency.

While clinicians are interacting with children primarily through telemedicine during this period, creating barriers to observation, we ask providers to be particularly vigilant looking for these signs of distress:

1. **Physical Appearance:** Signs of bruises, marks, injuries, hygiene, or attire

2. **Environment:** Signs of violence, drug and alcohol abuse, or family dysfunction

3. **Behavior and Affect:** Change in mood or presentation, distress, or outcries of abuse

4. **Engagement:** Changes in participation, interaction, and communication

5. **Supervision:** Access to responsible adults and their level of involvement

A child experiencing abuse may show these signs. Please notify the Department of Children and Families (DCF) if you suspect abuse by calling the DCF Child-At-Risk Hotline at (800) 792-5200. The DCF has a staff of well-trained, well-supervised, and dedicated social workers who screen reports to see what — if any — intervention or support services a child and family might need.

As you know, a report does not automatically trigger a child being removed from a home or a parent being in trouble; few reports result in either of those outcomes. The most common outcome is supplying services and supports to families that need them. Massachusetts has a comprehensive, trauma-informed system of response to child abuse allegations through the state’s 12 children’s advocacy centers.

For more information about victim services and our organizations’ roles in recognizing and responding to child abuse, or to provide feedback, please visit our respective websites:

- Massachusetts Children’s Alliance (www.machildrensalliance.org), Thomas King, executive director
- Massachusetts Office for Victim Assistance (www.mass.gov/orgs/massachusetts-office-for-victim-assistance), Liam Lowney, executive director
- Children’s League of Massachusetts (www.childrensleague.org), Tammy Mello, executive director
JOB CORNER

Part/Full Time
BC Primary Care Pediatrician

Bowdoin Street Health Center in Boston’s Dorchester neighborhood is seeking a compassionate BC primary care pediatrician. Position is fully outpatient, part/full time. Call is shared and light. Many allied services on site including behavioral health. Please email CV to sgkumar@bidmc.harvard.edu.

Availability: Position is currently open/to start now.

Contact: Sabina Kumar.
Address: 230 Bowdoin Street, Dorchester MA 02122.
Phone: (617) 754-0056. Email: sgkumar@bidmc.harvard.edu.

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.

Massachusetts WIC
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WIC foods are selected based on their nutritional value and provide children with good sources of iron, calcium, protein, fiber, and many vitamins. WIC’s breastfeeding support services, provided by specially trained nutritionists and more than 75 peer counselors across the state, help families get started with and continue breastfeeding — a practice long-linked to optimal infant and child health. For infants that are formula-fed, receiving WIC benefits can reduce the risk of appropriately stretching formula and can have a significant economic impact for an infant with a medical condition requiring specialized formula.

Who is eligible for WIC? Families with a household income at or below 185 percent of the federal poverty level are eligible for WIC; patients already receiving SNAP, TAFDC, and many kinds of MassHealth benefits are automatically income-eligible for the program. Foster parents can enroll their children younger than age 5 regardless of their household income.

During the COVID-19 pandemic, pediatricians should continue to refer their patients to WIC, even if those patients are already connected to other food assistance programs. WIC complements SNAP and offers families a connection to our caring group of WIC providers who can support families’ nutrition needs — beyond providing healthy foods.

To learn more about the program and to direct families to apply online, visit www.mass.gov/wic. Families and providers can also call (617) 721-6601 or (800) WIC-1007 to get more information.

The Massachusetts WIC Program, based at the state’s Department of Public Health, is committed to keeping families and children healthy during the COVID-19 pandemic and beyond.

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