



PRESIDENT'S MESSAGE

Expanding Our Leadership Pipeline — Could We Be Missing Your Voice?

In my first column, I shared that one of my objectives as incoming Chapter president was to increase member engagement. To be frank, this is really a two-fold goal of increasing member value *and* creating an integrated chapter framework of diversity, equity, and inclusion (DEI). We'd like members to see our Chapter providing them valuable opportunities and camaraderie as if we're asking you to invest your dollars and time, but the MCAAP also needs a wider member engagement to stay relevant in 2022 and beyond. One way to prioritize DEI is to consistently ask how our policy statements, educational programs, or initiatives address equity. But we also know that we can't truly integrate a DEI framework without expanding the array of voices and lived experiences in Chapter conversations and decision-making. Enhancing the leadership pipeline is the best way to amplify your priorities, messages, and needs, so *your* Chapter leaders hope to highlight more opportunities that enrich the professional lives of a wider group of Massachusetts pediatricians.

When looking to recruit leaders, too often we unintentionally recruit colleagues whom we know, with similar backgrounds and lived experience. Although all nominations are made in good faith, this strategy potentially duplicates the perspectives already present at the leadership table. We need to be intentional and reach beyond "the usual suspects." Contemporary challenges in youth health and wellness need a bolder approach. While we'll

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A Plan for the Upcoming School Year

School is starting. And, with it, the contentious debate on what schools should and should not do. While the pandemic ravages on, the landscape continues to morph, and because of that, every subsequent school year has looked very different (hopefully for the better).

Unfortunately, student absences continue. As seen in London, student absences

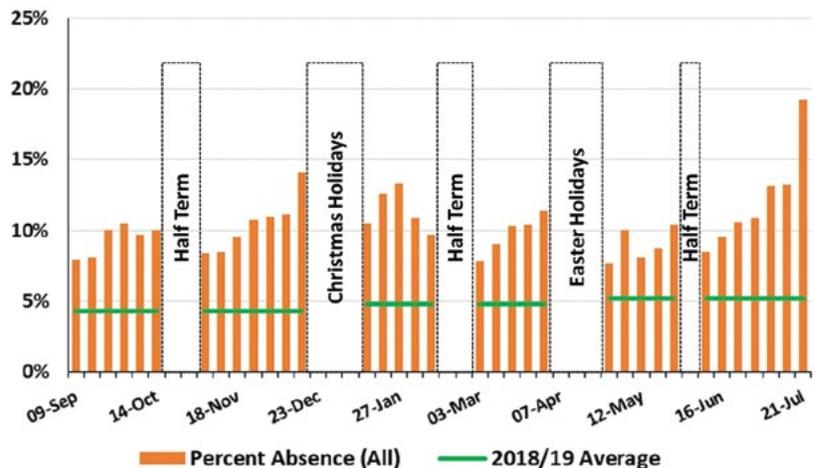
continue to be higher than before the pandemic. They were especially high at the end of this school year when BA.5 took hold. We know this is partially driven by reinfections, as children have the highest (<https://bit.ly/3D8affj>) reinfection rate compared to any other age group.

It's imperative that schools remain open, but they continue to seem stuck between



Percent of Students Absent from All State Schools in England from Sep 9, 2021 to Jul 21, 2022

(Source: Attendance in education and early years settings during the coronavirus (COVID-19) outbreak)



All State Schools

Attendance in education and early years settings during the coronavirus (COVID-19) outbreak. Week 23 2021 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)

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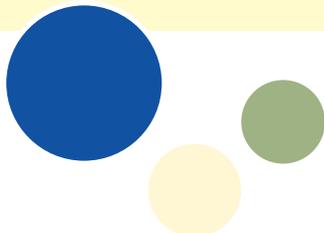
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EDITOR'S NOTE

Perspective



I've recently returned from a trip to a low-resourced country. It was a unique opportunity to join a group of a mix of professionals. Our task: to run an enrichment camp for children in a very rural, underresourced area of the country.

The lead member of the group was one of my former patients, now grown up. She has soared and is a thriving entrepreneur. The camp's location was in her family's hometown in the country.

I was joined by a nurse; we were the only health care professionals on the trip. Our hope was to provide health screenings, basic first aid and treatment for simple conditions, health education for children and their families, and triage as well as follow-up for more serious conditions.

Most of these children had never seen a doctor, and certainly not a pediatrician. Most but not all had received the basics of childhood immunizations from a community health worker. Nothing fancy — no pneumococcal vaccine, no varicella vaccine, measles-only instead of MMR (measles, mumps, and rubella). And they did receive the BCG (bacillus Calmette-Guérin) vaccine as well.

The day-to-day routine involved activities, games, health screenings, singing, dancing, yoga, and more. Children enjoyed a substantial morning snack and a

hearty lunch. They arrived at camp hungry, as most had not had any breakfast. We had potable water available throughout the day, which they drank often. Most arrived thirsty as well. Every day was a struggle to make sure we had enough water.

Our facilities: an abandoned clinic, left there by a nongovernmental organization that came and went. No windows, electricity, or working plumbing; a dusty concrete floor. Children walked to the camp as they all lived locally. Stray dogs lingered around the camp, looking for food. Children not enrolled in the camp hung around as well — we fed them, too.

A few parents whose children were not in the camp heard there was a doctor and brought their children in for consults. I had a good stock of medications for dermatological problems and minor infections, thanks to a generous donation and full support from the Cambridge Health Alliance pharmacy.

About a quarter of the children had moderate to severe pediatric health conditions, including the following: skin disease, minor-moderate infections, pneumonia, an unrepaired inguinal hernia, a lipoma, and an unknown ophthalmological disorder that had probably already resulted in legal blindness in one

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continue to brainstorm ways for our specialty to recruit more pediatric trainees with similar lived experiences to our increasingly diverse patient communities, we're also looking for diversity of thought and representation of varying practice type, geography, and background. My question for you is, If you see everyday problems that we as a Chapter can tackle or have ideas about the required solutions, how can we help you forge or continue your leadership journey? We need you.

Over the years, I've been inspired by the narratives of the roads our state and national AAP leaders have traveled. MCAAP members and fellows range from medical students to retired pediatricians, but their passion for improving child health through advocacy, research, teaching, and quality care is a common element. Each of these activities can be a stepping stone to leadership. In fact, the most inspiring leadership stories always seem to start with a pediatrician creating solutions to

problems in the communities where the pediatricians work or live. Everyday leadership is seen when pediatricians model de-escalation techniques for parents during a child's meltdown in their offices, coordinate a new Reach Out and Read initiative in a practice, contact a legislator, or collaborate with colleagues on an op-ed submission on food insecurity. Read the biosketches of AAP president-elect candidates each summer, and you'll see that their stories may have started off just like your own. We want to provide the next stepping stone in your leadership journey. And we need you.

Sometimes formal mentors or informal sponsors nominate a fellow member or encourage colleagues to dip their toes into the AAP leadership experience. A few names pop up again and again in conversation because these pediatricians are so enthusiastic about advocacy and the AAP. Long before we knew each other, our Chapter's immediate past-president, Dr. Lloyd Fisher, and I both were nudged toward leadership by Dr. Lynda Young, MCAAP president from 2004 to 2006. All of us can act as sponsors by suggesting a fellow

member for a position and promote their candidacy when we see a call for nominations. Activities like Residents and Fellows Day at the State House (RFDASH) or the Annual Advocacy Conference often allow us to "pay it forward" as sponsors when we meet Chapter members who may be ready for a leadership challenge.

Increasingly, Chapter and national AAP advocacy leaders chronicle journeys that include self-nomination for positions of interest. By identifying opportunities in Chapter e-blasts, national AAP all-member email updates, or newsletters from the council sections, a member may submit his or her own application and personal statement for consideration. Dr. Katherine Wu, an MCAAP board member, describes most of her most valued activities as self-nominated, including membership on the PREP Self-Assessment editorial board, the Bright Futures Steering Committee, and multiple Chapter leadership activities. My own national AAP experience began many years ago when I answered a Young Physicians Section (now called the Early Career Physicians Section) call for a representative on the Pediatric Leadership

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Perspective

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eye for that child. I'm in the process of arranging definitive care for those who needed more than I had in my duffle bag. Their families will need support every step of the way including money for a ride on the back of a *moto* to a hospital 1–4 hours or more away.

As we pediatricians well know, children are children. Their squeals of delight, their humor, their teasing, and their delight in adult approval are all universal demonstrations of human emotion. They made it all worthwhile.

On my return, I felt as if I was awakened from a dream. The joy I felt at being able to drink my fill at the tap was amazing! To not worry about malaria, dengue, or Zika, and to sleep well in my own bed, after a shower in a bathroom with plumbing that worked, were all restorative.

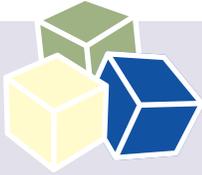
When I came back to work, my eyes were reopened. My beautiful exam room was well-stocked, with an adorable fire engine exam table. A beautiful, clean, well-fed happy child and beaming parent were waiting for me for my first visit. We all know what returning from vacation is like! The glow wore off a bit as the day progressed, but I felt as if I was experiencing the benefit of excellent preventive pediatric care as we practice it in this country for the first time all over again.

I'm grateful for the brief opportunity to make a difference in these children's lives, as well as renewing my appreciation for my usual work. In the words of Albert Schweitzer: "The purpose of human life is to serve, and to show compassion and the will to help others."

Oh, where did I go? Haiti.
— **Lisa Dobbertein, MD, FAAP**

For more information, see www.thehaitiancroissant.com/thehaitiancroissant/foundation or visit @thehaitiancroissant on Instagram.





BUILDING BLOCKS OF EARLY CHILDHOOD

Bright Futures for Better Parenting

You may know about the “Bright Futures Periodicity Schedule” and the “Bright Futures Pocket Guide,” but did you know that the big book of “Bright Futures Guidelines” offers a cornucopia of parenting tips? From toilet training to oral health, the book expands upon the bullet points offered in the “Pocket Guide.”

Below is an excerpt from the chapter “Promoting Mental Health” explaining how four “domains of influence” (developmental/health, temperament and sensory processing, family-child interactions, and other environmental influences) can affect a child’s behavior and how pediatric health care providers can help families use these domains to identify strengths and make adjustments.

The “Bright Futures Guidelines” is available for free in electronic form at <https://bit.ly/3KROLFO>, where you can also find the “Bright Futures Tool and Resource Kit,” which has sample parent handouts with more great parenting tips. — *Katherine Wu, MD, FAAP*

Dr. Wu can be reached at katawu@gmail.com.

Examples of Behavioral Concerns	Developmental/ Health Status	Temperament and Sensory Processing	Family-Child Interactions	Other Environmental Influences
Excessive tantrums	<p>What other means does the child have for expressing frustration and anger? Can he or she do so through speech?</p> <p>Do developmental delays in self-care or other skills routinely cause frustration?</p> <p>Are there physical causes of chronic discomfort or pain, such as eczema or chronic rhinitis? Is the child getting sufficient sleep?</p>	<p>What is the influence of the child’s temperament?</p> <ul style="list-style-type: none"> • High intensity? • Negative mood? • Reactivity to sensory input? • High persistence? 	<p>What is the child trying to communicate through the tantrum?</p> <p>Do specific events or interactions in the family trigger the tantrums? How do the parents respond? Do their responses help calm the child or escalate the tantrum?</p> <p>Are the parents able to give support without giving in to unacceptable demands?</p>	<p>Are the tantrums linked to family change or stress?</p> <p>Are other family members also experiencing high levels of frustration? How is anger generally expressed in the family?</p> <p>Are the tantrums linked to a change in the childcare setting or provider?</p>
Chronic aggression	<p>Do developmental delays contribute to chronic frustration, including deficits in expressive language and fine motor abilities?</p>	<p>What is the influence of the child’s temperament?</p> <ul style="list-style-type: none"> • Negative mood? • Highly impulsive? • Difficulty in adapting to changes in routine? • High intensity? • Unusually sensitive to sensory input? • Has he or she learned to attack before being threatened? 	<p>Is the child needy or angry because emotional needs are unmet?</p> <p>What is the quality of the parent-child attachment? Is the child seeking attention?</p> <p>Is there overt or covert encouragement of aggression in the family, such as an indication that parents are proud of child being feisty or showing acceptance of aggression by ignoring it?</p> <p>Is there a parental perception that being aggressive is a survival tactic in the neighborhood or community?</p>	<p>Has the child witnessed violence and aggression, especially within her family? Has the child witnessed or been exposed to violence or aggression in the community or neighborhood?</p> <p>Has he or she experienced physical abuse, at home or in childcare?</p> <p>Have there been significant disruptions in the life of the family that affect daily routines?</p> <p>Has there been unsupervised viewing of violent or mature TV or video games?</p>

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Alliance Planning Group and continues today with my current work on the QI Education Advisory Group, the Executive Committee of the Council on Quality Improvement and Patient Safety, and even as a policy statement author for the Council on School Health. Self-nomination has been shown to be a successful approach for organizations to expand pipelines and create diverse leader groups beyond classic networking strategies. The Academy explicitly looks at nominees to see how they will contribute to geographic, ethnic, and other diversity, and encouraging self-nomination increases our reach. And for a member, it can be like a *Choose Your Own Adventure* novel as you explore the many projects that need your special contribution.

Are you an academic pediatrician looking for opportunities to share your expertise with colleagues in primary care or to create nationwide initiatives with colleagues across the Academy? Are you in a community practice and looking for a way to bring your passion for continuing medical education, quality improvement, or a specific clinical topic to venues outside your practice site? Are you looking for

activities to bolster your professional advancement? Our Chapter wants to help all members locate worthwhile endeavors within Massachusetts and the United States. And we need you.

Here are some tips for jump-starting your MCAAP and AAP leadership journey:

- Let Chapter leaders know your specific areas of interest. We'll try to loop you in on relevant opportunities.
- Watch for opportunities listed in our MCAAP emails and *The Forum*, and subscribe to AAP member e-blasts like *AAP News OnCall*.
- Join an AAP council (<https://bit.ly/3qfQH1A>) or section (<https://bit.ly/3qkAb06>). Keep up with their activities, read their newsletters, and consider their calls for nominations.
- Reach out to MCAAP board members, officers, and our executive director, Cathleen Haggerty, for recommendations on Chapter, district, and national level engagement. Many of our officers have also held AAP committee or council leadership positions and can share their experiences.
- If you are self-nominating to an AAP committee, contact the Chapter for any

letter of recommendation requests early in the timeline.

- If you aren't successful with your initial self-nomination, keep trying. Your name will get known and your enthusiasm will be rewarded. There are many activities on any given topic. Just let us know and we'll help identify these when they are announced.
- Do you have an idea for the Chapter that doesn't fit into any of these buckets? A proposal for AAP policy that you'd like to champion? Email me at mmiotto@mcaap.org. Our Chapter is about the needs of our member pediatricians and kids in the Commonwealth and we want to hear from you.

There are many demands on the lives of pediatricians. Your time for self-care, family, and friends brings important balance to your work life. A sense of purpose and impact on the systems of care that help our patients can also bring great satisfaction. My work with the AAP and MCAAP has helped to "immunize me against burnout." If you are looking to renew your enthusiasm for child health, you may find the solution lies with bringing your voice to the Chapter! And, yes, once again: WE NEED YOU.
— **Mary Beth Miotto, MD, MPH, FAAP**

BOOK CORNER

A Targeted Impact of Reach Out and Read

Many studies over the years have demonstrated the efficacy of Reach Out and Read (ROR) in supporting and improving early childhood literacy. It is substantially more difficult to find studies that evaluate the impact of ROR on children with developmental disabilities; in fact, many studies list developmental disability as an exclusion criterion. While I certainly understand the need to reduce factors that reduce the interpretability of data, it strikes me that these children often need the most support, and therefore ROR could stand to make the largest impact.

I was gratified to see a study in the *Journal of Pediatric Healthcare* from the University of Colorado that examined a ROR program established in a dedicated

Down syndrome clinic at the University of Colorado. Given that ROR is designed for primary care, special permission was required to include this clinic as part of the program. Once approved, the clinic took additional steps to tailor the program to children with Down syndrome by distributing books based on the developmental level of the patient, providing books that address special topics such as "the positive aspects of being different," and highlighting books that address common comorbidities, such as snoring with obstructive sleep apnea.

This paper was largely descriptive and outlined family dynamics such as strategies used to encourage children to read, behaviors of children while reading,

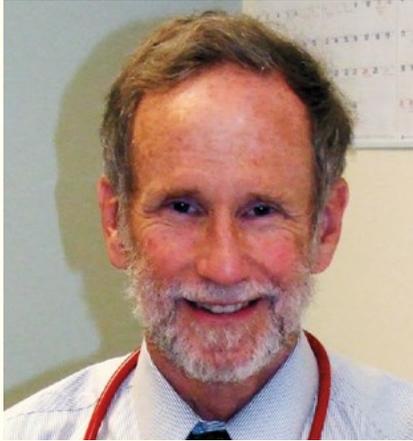


and the impact of maternal education on the number of minutes per week spent reading. Additionally, the authors use a Child Home Literacy Index to show encouraging results: 25.1 percent of their patients included books/reading in their favorite activities, 70.3 percent of patients' bedtime routine included reading, and 95 percent of families read aloud at least three days per week.

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ShotClock

Honoring Sean Palfrey, MD, FAAP



Sean Palfrey, MD, FAAP, recently retired as a pediatrician and professor of Clinical Pediatrics and Public Health at Boston University. Dr. Palfrey studied at Harvard College and Rockefeller University, received his MD from Columbia College of Physicians and Surgeons, and completed his residency at Tufts New England Medical Center. He served in many clinical, teaching, and administrative roles at UMass, Children's Hospital Boston, and Boston Medical Center.

Almost three decades ago, Dr. Palfrey founded the Immunization Initiative of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) and served as director until his retirement. During that time, he worked closely with the Massachusetts Department of Public Health (MDPH) to optimize pediatric immunization rates in Massachusetts. He played an instrumental role in the successful passage of *An Act Establishing the Massachusetts Childhood Vaccine Program*, which established the Vaccine Purchase Trust Fund. The Vaccine Purchase Trust Fund restored Massachusetts as a universal supplier of vaccines for children through 18 years of age and secured permanent funding for the Massachusetts Immunization Information System.

From 2002 to 2004, Dr. Palfrey also served as MCAAP president. Through these roles, Dr. Palfrey has worked with Massachusetts and national legislatures to build better public health programs for children. Among countless other advocacy roles, he led poisoning prevention programs for

the Commonwealth and the City of Boston, and he was an outspoken advocate for better research on and regulation of potential toxic materials in the environment.

The MCAAP and the Immunization Initiative are grateful to Dr. Palfrey for his tireless dedication through advocacy, collaboration, and education to ensuring not only that the children of Massachusetts are fully immunized against vaccine-preventable diseases, but also that overall childhood health and well-being remain the focus of our efforts. — *Cathleen Haggerty, executive director, Massachusetts Chapter of the American Academy of Pediatrics, and Cynthia McReynolds, program manager, Immunization Initiative*

MCAAP Welcomes Lloyd D. Fisher, MD, FAAP, as Immunization Initiative Medical Director

The MCAAP is pleased to announce that Lloyd Fisher, MD, FAAP, has joined the MCAAP Immunization Initiative as medical director. Dr. Fisher assumed this role in July 2022, following the retirement of Sean Palfrey, MD, FAAP, founder and director of the MCAAP Immunization Initiative.

Dr. Fisher brings decades of experience and passion to this role. He currently is associate medical director for Informatics at Reliant Medical Group and assistant professor of Pediatrics at UMass Chan Medical School. In addition to a wealth of knowledge and clinical experience in pediatric immunization, Dr. Fisher has been a leader in the MCAAP in many roles, most recently as MCAAP president. Dr. Fisher enjoys taking advantage of all the modern tools that make his job easier and more efficient. "I think having an electronic health record (EHR) is very important for both doctors and patients, especially in pediatrics. You spend so much time checking if immunizations are up to date along with other issues and having an EHR makes that so much easier. I also can gather all the information I have on a patient and electronically send it to a specialist if I need too. Having an EHR makes me more efficient and allows me to spend more time with my patients."

Dr. Fisher has worked closely with the Massachusetts Department of Public Health, is a member of the Massachusetts Vaccine Purchasing Advisory Council, and has collaborated with other stakeholders to advance the optimal immunization of children in Massachusetts. — *Cathleen Haggerty, executive director, Massachusetts Chapter of the American Academy of Pediatrics, and Cynthia McReynolds, program manager Immunization Initiative*

27th Annual MIAP Pediatric Immunization Skills Building Conference

Hybrid
Conference
on Tuesday,
October 25,
2022,
8:00 a.m.–
4:00 p.m.



It's not too late to register for the 27th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference. The hybrid conference will be held virtually on Tuesday, October 25, 2022.

Conference Plenary Session speakers and topics include the following:

- **Future Vaccine Technologies** — Robert Langer, PhD, MIT institute professor, Massachusetts Institute of Technology
- **Pediatric COVID-19 Vaccines Landscape** — Stephen Pelton, MD, FAAP, professor of Pediatrics and Epidemiology, Boston University School of Medicine and Public Health; director of Pediatric Infectious Disease at Boston Medical Center
- **State Immunization Update** — Pejman Talebian, MA, MPH, director, Immunization Division, MDPH
- **National Immunization Update** — A. Patricia Wodi, MD, medical officer, Centers for Disease Control and Prevention
- **Improving Vaccine Confidence by Building a Pro-vaccine Presence on Social Media** — Todd Wolyyn, MD, FAAP, president and CEO of Kids Plus Pediatrics, Pittsburgh, Pennsylvania

Breakout Sessions also are planned.

To learn more about and to register for the conference, visit the conference website: <https://cvent.me/9BDlw4>.

If you have any questions, please contact Cynthia McReynolds (cmcreynolds@mcaap.org). — *MCAAP Immunization Initiative*

2022–2023 Influenza Season Update

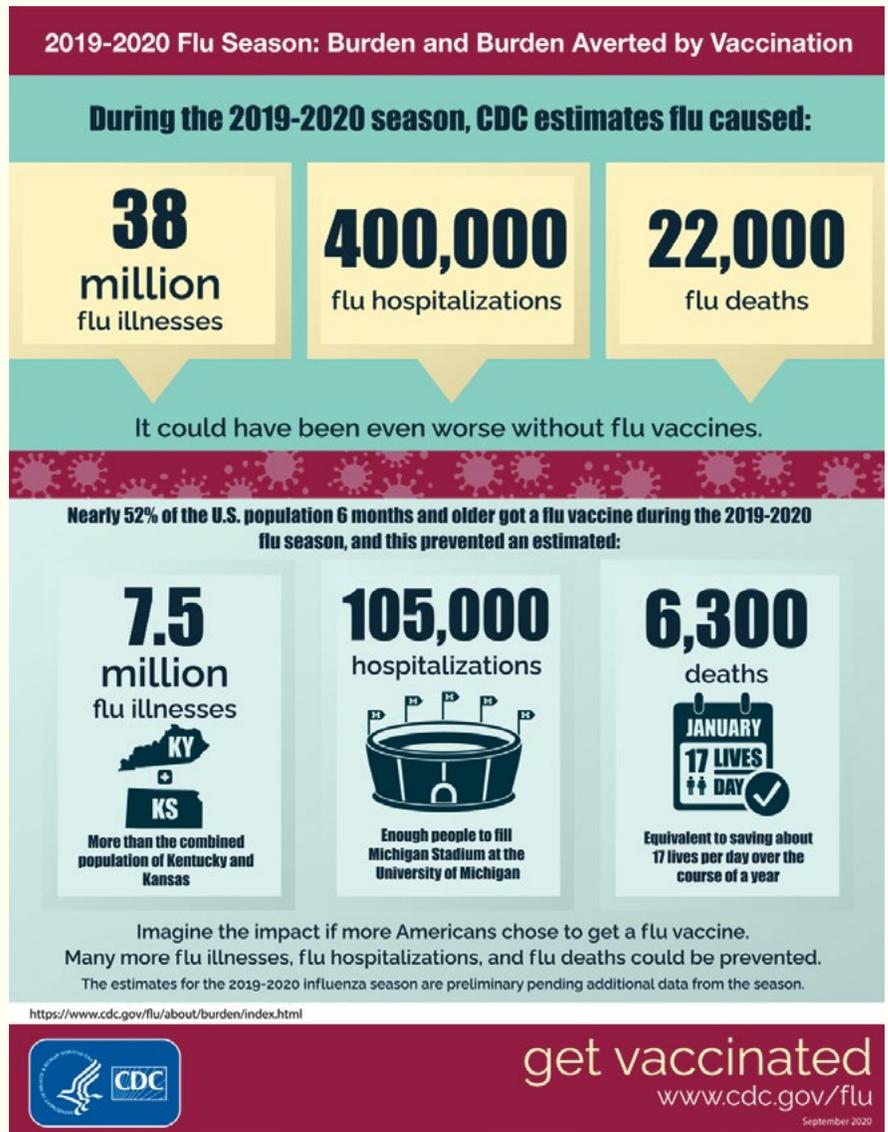
CDC Publishes Vaccine Recommendations for the 2022–2023 Influenza Season

The Centers for Disease Control and Prevention (CDC) published “Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2022–23 Influenza Season,” in the August 27 issue of *Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports* (<https://bit.ly/3KTC1i4>).

The report updates the 2021–2022 recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding the use of seasonal influenza vaccines in the United States. Updates described in this report reflect discussions during public meetings of ACIP that were held on October 20, 2021; January 12, 2022; February 23, 2022; and June 22, 2022.

Helpful 2022–2023 Influenza Season Links

- **Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2022–2023 Influenza Season.** *Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports / August 26, 2022/71(1);1–28:* <https://bit.ly/3KTC1i4>
- **Summary of ACIP 2022–2023 Recommendations (4 pages):** <https://bit.ly/3cTSzcn>
- **CDC flu webpage for health care professionals:** <https://bit.ly/3qgusIM>
- **CDC Frequently Asked Flu Questions:** 2022–2023 Flu Season webpage: <https://bit.ly/3cQs8VZ>
- **CDC FluView webpage — Weekly US Influenza Surveillance Report:** <https://bit.ly/3euGOuh>
- **MDPH flu website for health care professionals:** <https://bit.ly/3KXt1Zs>



- MCAAP influenza website: <https://bit.ly/3RKEdKU>

Flu Season Resources for Providers

Health care providers (HCPs) play a vital role in recommending annual influenza vaccination. The HCP Fight Flu Toolkit (<https://bit.ly/3TQ88U4>) includes the materials to assist you and your practice in making a strong influenza vaccine recommendation and facilitating your conversations with patients and parents:

- Tools for your practice including a training presentation and link to the #HowIRecommendSeries videos
- Communications messages for talking with patients and parents about flu vaccine
- Handouts for patients and parents
- Appointment reminder email template
- Sample social media messages
- Pharmacist guide with key points — *MCAAP Immunization Initiative*

Upcoming Conferences and Meetings

27th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference

October 25, 2022, 8:00 a.m.–4:00 p.m.

This conference will be hybrid. For more information, visit the conference website: <https://cvent.me/9BDlw4>.

National Influenza Vaccination Week (NIVW)

December 6–12, 2022

For more information, visit <https://bit.ly/3Bgpscr>.

Advisory Committee on Immunization Practices (ACIP) Meeting

February 22–23, 2023

For more information, visit <https://bit.ly/3QmY29Z>.

A Plan for the Upcoming School Year *continued from page 1*

“do everything” and “do nothing.”

How many layers can a school feasibly implement given pandemic fatigue, limited resources, strong opinions, and differing risk calibrations?

The answer is multilevel; it requires a balance of tradeoffs from students, parents, teachers, schools, and the community. Our primary goal should be to maximize the number of days children are present. This can be accomplished many ways, but I think there are three **buckets** schools should *really* focus on.

Back-to-School Vaccination Campaign

We need strong, universal vaccine campaigns at schools. Parents report that schools, pediatricians, and health departments are the most trusted sources of information about vaccines (<https://bit.ly/3eB2bu5>). Schools can also significantly improve access to vaccines, as 38 percent of parents say they do not have enough info on where their kid can get vaccinated (<https://bit.ly/3TROfvJ>). A fall back-to-school campaign could really help move the needle for vaccinations, and thus school absences. And not just for COVID, but other vaccine preventable diseases.

- **COVID-19:** The number of children vaccinated against COVID-19 remains abysmally low. (Only 10 percent of



5–11-year-olds and 27 percent of 12–17-year-olds are up to date [<https://bit.ly/3B5o3p0>].) Vaccines are safe, prevent infections (especially within a few months of vaccination), prevent severe disease, and reduce risk of long COVID. But parents have a lot of great questions; we need to anticipate concerns (<https://bit.ly/3TUeXUA>).

- **Flu:** The flu season in Australia just wrapped up, and it wasn't pretty. This is notable because, historically, Southern Hemisphere patterns predict what is to come in the Northern Hemisphere. (We've been worried about a “twin-demic” since COVID-19 began, but it hasn't happened yet. We are not sure

why [<https://bit.ly/3Rq2er9>].) We should heed Australia's warning and prepare for the worst.

- **Other routine vaccines:** New York is strongly warning parents about a dip in routine vaccinations. For example, 13.8 percent of children have not been vaccinated against polio (<https://bit.ly/3TRgZoe>). This reflects patterns we've seen nationally and internationally with other routine vaccinations, too (<https://bit.ly/3DoSQzV>). We cannot lose decades-long progress toward eliminating vaccine-preventable diseases.

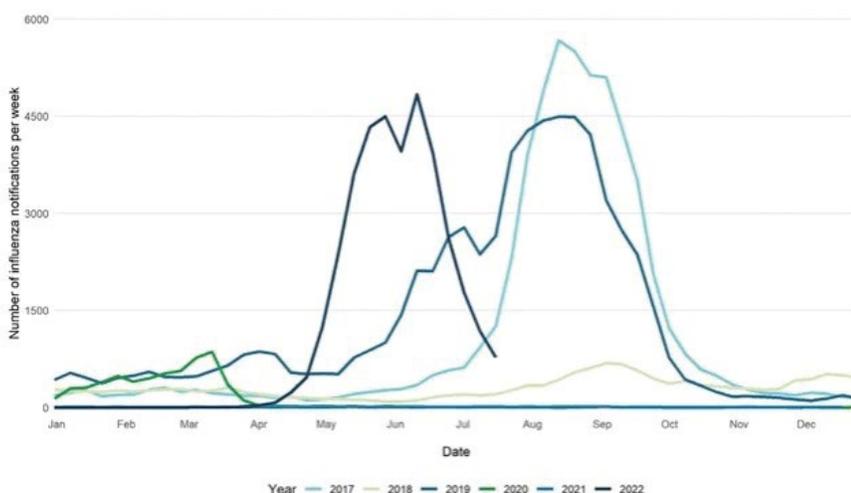
We can reimagine how vaccines and information reach students and parents. For example, the Teens for Vaccines campaign in Detroit was highly successful by empowering student ambassadors (www.detroitk12.org/Page/15592). A school district in Florida recognized that active communication and education promoted vaccine confidence and uptake, so they sent text reminders, posted on social media, and provided credible information. Los Angeles School District even had a TikTok campaign.

Ventilation and Filtration

Schools *need* to upgrade their ventilation and filtration systems. This is one of the most powerful tools we have to curb COVID-19 and other viruses because it happens in the background — it's an institutional-level intervention that doesn't require the teachers, parents, or students to

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Laboratory-confirmed influenza notifications in Queensland, by week and month of onset, 1 January 2017 to 24 July 2022.



A Plan for the Upcoming School Year
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do anything. Unfortunately, a small proportion of schools report using these strategies, especially in rural and mid-poverty schools (<https://bit.ly/3Ql9Tpa>). Many administrators aren't aware that federal funding is available for ventilation improvements (<https://to.pbs.org/3x6alkg>).

Layman wording on how to improve ventilation and filtration is difficult to find. I worked with Drs. Whitney Robinson and Katie Harper, fellow epidemiologists, on a one pager that outlines available strategies and how to test effectiveness (<https://bit.ly/3U3lFqi>). This may help (see chart at right).

Testing and Isolating

Now that everyone is eligible for vaccines, and treatments (monoclonal antibodies, antivirals, and Evusheld) are available for high-risk family members, a more targeted approach to testing, isolating, and masking in the upcoming school year is reasonable:

- **Testing:** Sick, symptomatic kids should stay home. At-home or at-school antigen tests would be a great tool to use for this. (Do not use PCR tests, as these could stay positive for weeks).
- **Quarantining:** Attending school far outweighs benefits of quarantining for a respiratory virus that is out of control in the community. It's reasonable (and overdue) to remove quarantine requirements.
- **Isolation:** The ideal scenario is that a child tests-to-exit isolation using antigen tests. But this can mean a lot of school missed (and a lot of work missed for parents), with the average infection lasting 8–10 days. The CDC says people can leave isolation after 5 days if they remain positive as long as they mask. If children need to go back to school at that time, it's certainly reasonable and should be expected that kids mask if they are still positive.
- **Masks:** Masks are effective to the wearer. They are even more effective if everyone is masking. If a school is in an area of high transmission, it's certainly reasonable to mask to reduce transmission and, thus, reduce missing school.

However, for that strategy to work, the wearer must mask everywhere else in the

Air quality approaches to minimize spread of COVID-19 (and other viruses) in public and shared spaces

Good air quality is a cornerstone to lowering viral spread in public and semi-public spaces like workplaces, schools, restaurants, parties, dorms, etc. Measures to "clean the air" prevent super-spreaders and have the advantage of operating in the background. Instead of putting the preventive burden on everyone who comes into a space, hosts can plan and implement good air quality.

Note: An alternative or complementary approach to cleaning the air is creating a COVID-free "bubble." Everyone must test negative right before (e.g., <1 hr before) entering a space. The NBA and movie and television productions have used this strategy. Adding a "bubble" strategy may make sense for contexts where people will have close, sustained unmasked contact, as in some sports.

By Whitney R. Robinson, PhD
Kathleen Harper, MSPH
Katelyn Jetelina, PhD

community. I don't think it makes sense for a school to mandate masks if the larger community does not do so either. We shouldn't ask students to hold down the fort if the larger community hasn't also committed either.

Other Random Thoughts

Preparedness needs to be the name of the game. Schools need a plan in case we do get another Omicron-like event or if there's a big super-spreader event, like a homecoming dance. There need to be very important conversations about normalizing decisions around masking, even if not required. Very important conversations may also need to ensue if a child is high risk in a classroom, so they, too, can attend in-person learning.

LESS COST / UPKEEP / EXPERTISE	<p>VENTILATION</p> <p>"Add outdoor air to dilute virus in inside air"</p> <ul style="list-style-type: none"> • Open cross-facing windows and doors to outside <i>Tip: Box fans in open windows add effectiveness</i> • Hold gatherings outdoors • Set HVAC or furnace fan to "ON" instead of "Auto" before, during, and after people are in space <i>Tip: Running kitchen and bathroom exhaust fans also improves ventilation</i> • "De-density" the space: Use much larger spaces than needed <i>Tip: High ceilings also reduce risk</i> • Change HVAC settings to bring in more outside air (e.g., open outside air intakes) • Professional HVAC evaluation and updates, e.g., increase air exchanges per hour, "economizer" settings, heat recovery ventilation. Many options: tailor to local climate, needs, and budget - see page 6 here. 	<p>FILTRATION</p> <p>"Capture & remove virus in inside air"</p> <ul style="list-style-type: none"> • DIY Corsi-Rosenthal box (supplies ~\$100 each) <i>Tip: Change filters at least every 6 months.</i> • Portable air cleaners (~\$100-\$500 each, plus costs of replacement "HEPA only" filters ~\$25-80 each) <i>Tip: Multiple cleaners at lower fan setting may be less noisy and as effective as one cleaner at highest setting</i> • Ask HVAC professional: Can your HVAC system handle upgrading filters to (a) MERV-13 or greater or (b) HEPA (~MERV-17+)? • Universal masking (good-fitting, high-filtration masks) filters virus as people breathe <i>Tip: Strategy allows closer face-to-face contact. May require enforcement.</i> 	<p>UV GERMICIDAL IRRADIATION</p> <p>"Kill virus in inside air"</p> <ul style="list-style-type: none"> • In-duct/HVAC UVC or Upper room UVC best for high risk settings where ventilation & filtration strategies not implemented. <i>NOTE: EPA-registered professional needed for installation and maintenance (every 1–2 years)</i>
MORE COST / UPKEEP / EXPERTISE	<p>TO DETERMINE EFFECTIVENESS</p> <ul style="list-style-type: none"> • "NDIR" CO2 monitors (~\$150-\$300). Portable & stationary options available. A common target is <800 ppm CO2 for low risk of COVID spread • Use ventilation strategies with caution in high-pollution areas. Consider combining with filtration strategies to reduce pollution 	<p>TO DETERMINE EFFECTIVENESS</p> <ul style="list-style-type: none"> • No direct way to monitor • For Corsi-Rosenthal boxes and portable air cleaners, use online or published calculators to determine how many needed for the space. Key info: 1) size of space; 2) Air Cleaner's Clean Air Delivery Rate or CADR (Corsi-Rosenthal box CADR ~165-239); 3) Air Changes per Hour target: 6 ACH is common 	<p>TO DETERMINE EFFECTIVENESS</p> <ul style="list-style-type: none"> • UV strategies require professional assessment: to evaluate not just efficacy, but also safety, UV only recommended when adequate ventilation or filtration are not possible

Bottom Line

This pandemic landscape continues to change and, with it, we should adapt. But if we continue to fail to act, children will continue to have their education disrupted by COVID-19. There are a number of measures schools can put in place to maximize the number of days children are in school so they can have a safe and successful school year.

— Katelyn Jetelina, MPH, PhD

Dr. Jetelina is an epidemiologist, biostatistician, wife, and mom of two little girls. During the day she works at a nonpartisan health policy think tank, and at night she writes the *Your Local Epidemiologist* newsletter (<https://yourlocalepidemiologist.substack.com>). Her main goal is to "translate" the ever-evolving public health science so that people will be well equipped to make evidence-based decisions.

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MCAAP Legislative Process and Updates



The MCAAP Committee on Legislation (<https://bit.ly/3qhl9f>) tracks legislation relevant to children's health care and related issues. One of the major roles of the MCAAP is to advocate for children and families. To that end, the MCAAP Legislative Committee and Chapter lobbyist Ed Brennan make recommendations to the Board about legislation that is brought forth by members, advocacy organizations, and others. The MCAAP Board carefully reviews all legislation before making decisions on whether to support, abstain, or oppose and at what level.

The committee works in collaboration with other AAP and MCAAP subcommittees and advocacy groups who are invested in children's health. The committee is comprised of a chair,

cochair, and five other voting members. The committee is open to all members who may serve nonvoting members.

If you are interested in submitting legislation for review, please complete the MCAAP Legislative Policy and Endorsement Form (<https://bit.ly/3RtqoAL>).

Here is the 2022 End of Session Report of Lobbyist (<https://bit.ly/3DbTUXw>).

If you are interested in being part of this process, please contact Cathleen Haggerty at chaggerty@mcaap.org to find out how to become involved. — *Cathleen Haggerty, executive director, Massachusetts Chapter of the American Academy of Pediatrics*



Cartoon by Jack Maypole, MD

Developmental Behavioral Pediatrician

Tufts Medical Center is looking for developmental behavioral pediatrician to see ambulatory patients in one of the Tufts ambulatory locations. Full-time position is available now. Please contact Anny Hamshaw, senior provider recruiter, at anny.hamshaw@tuftsmedicine.org for more information. To apply directly online, please visit <https://bit.ly/3E4Fs4i>.

Academic Newborn Hospitalist

The Division of Pediatric Hospitalist Medicine at Tufts Medical Center is seeking an experienced board-certified newborn hospitalist to staff our level 1 nursery. Full-time position is available now. Please contact Anny Hamshaw, senior provider recruiter, at anny.hamshaw@tuftsmedicine.org for more information. To apply directly online, please visit <https://bit.ly/3xYpioT>.

JOB CORNER Part-Time BC/BE Pediatrician

Solo practice in Wellesley, affiliated with PPOC of Boston Children's Hospital, is looking for a part-time BC/BE pediatrician to join us. Position is available now. Call is flexible. Our focus is on providing unhurried, personalized quality pediatric care for our patients. Please send CV to Ally Hickey, practice manager. Email: contact@nwcdcr.com; phone: (781) 235-KIDS (5437).

Framingham Pediatrics Seeks BC/BE Pediatrician

Framingham Pediatrics is seeking a BC/BE pediatrician to join our team. Well-respected, established practice affiliated with Boston Children's Hospital through our membership in the PPOC. On-site integrated behavioral health, patient-centered medical home, and nutrition services. Very favorable call schedule, and no hospital coverage responsibilities. Established and excellent support staff. Competitive

salary and benefits with the potential for future partnership.

Interested candidates reply to Dr. Richard Garber at richard.garber@childrens.harvard.edu.

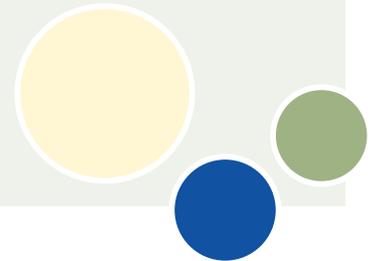
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A Targeted Impact of Reach Out and Read

continued from page 5

To my mind, this paper is an excellent proof of concept that generates many potential hypotheses. Are there differences in literacy between specialty clinics that use ROR versus those that don't? Does tailoring ROR books to specific developmental reading levels improve literacy? Do parents who are directed toward books pertaining to their child's condition feel more confident and prepared to deal with medical comorbidities? Answers to these questions can benefit not only patients of specialty clinics, but primary care patients as well. I hope that other clinics follow the authors' example and look forward to seeing future studies that address these questions. — **Rajapillai Pillai, MD, PhD**

Dr Pillai completed his pediatric training at Baystate Medical Center and has just moved to Boston for a fellowship in neurodevelopmental disabilities at Children's Hospital. In his free time, Dr. Pillai enjoys writing one-act plays, hiking, and playing Dungeons and Dragons.

Dr Pillai can be reached at Rajapillai.Pillai@childrens.harvard.edu.

Reference

Daniels D, Wolter-Warmerdam K, Holland S, Hickey F. Reach Out and Read implementation in a pediatric Down syndrome clinic. *J Pediatr Health Care*. 2022 May-Jun; 36(3):231-239. doi: 10.1016/j.pedhc.2021.10.003. Epub 2021 Dec 5. PMID: 34879985.

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