



### PRESIDENT'S MESSAGE

## Navigating the Difficult Waters Together: The Long Wait for Autism Care



Photo by Mary Beth Miotto, MD, MPH, FAAP

My summer beach vacation was a welcome respite, although once again, I waited way too long to take it. By the time late August rolled around, I was well past due for some relaxation. Fortunately, the coastal weather agreed with my plans. Sun and warmth abounded, and the getaway allowed me to think and breathe. Then, midway through my week, as I was swimming with a friend in the ocean, a storm at sea churned up the water. I stuck close to my buddy's side as we dove into waves, lest I get churned up too.

Sometimes our experiences trying to solve our patients' problems are a bit like the sea. While we're often rewarded with smooth sailing and positive results when we take a breath and devote time to thoughtful clinical decision-making, we occasionally get roughed up. Advocacy in our organizations, the state, or nationally can also be fruitful, but we're sometimes faced with choppy intervals that wear us down. Working together, learning the

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## Free Play and Other Independent Activities Promote Children's Mental Health

I read with interest Dr. Miotto's President's Message, "Improving Mental Health for Children," in the Spring 2023 issue of *The Forum*. I am encouraged by this clear recognition of the severe mental health crisis among young people and the MCAAP's commitment to help counter it.

I am a research professor of psychology and neuroscience at Boston College who has long been studying and writing about the roles of free play and other independent activities in promoting children's mental growth and well-being. Recently, along with anthropologist David Lancy and developmental psychologist David Bjorklund, I published an article in the *Journal of Pediatrics* entitled "Decline in Independent Activity as a Cause of Decline in Mental Well-being: Summary of the Evidence." You can find the article at [jped.sagepub.com/article/S0022-3476\(23\)00111-7/fulltext](https://jped.sagepub.com/article/S0022-3476(23)00111-7/fulltext) or obtain a personal copy of it from me at [petergray.org](mailto:petergray.org).

We chose to publish in a pediatrics journal after learning that many pediatricians are unaware of the evidence that the decline in children's mental health is likely being caused at least partly by a severe decline in children's opportunities for free play and other independent, growth-promoting activities. We also recognize that pediatricians are in an excellent position, through their work with families and community organizations, to help reverse the trend toward ever greater restrictions on children's activities. Discussions with parents might center on finding the appropriate balance for each child between the child's need for protection and safety, on the one hand, and their need for independence and moderate risk, on the other.

Our article brought together dozens of research studies that collectively provide multiple converging lines of evidence

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Photo by Lisa Dobberteen, MD, FAAP

**EDITOR'S NOTE**

## RSV: A Time for Optimism!

Thanks to some exciting developments in vaccines and treatment, we can be optimistic about the prospects for avoiding severe respiratory syncytial virus (RSV) disease for our patients and their families this winter. Hopefully there will be many fewer calls about infants in distress, and we will be able to avoid those frustrating searches for hospital beds all over New England!

RSV causes severe lower respiratory tract disease (LRTD) in children under the age of two and adults over the age of sixty. In everyone else, it is one of many viral pathogens that cause viral upper respiratory infections (URI) that are self-resolving in five days or fewer. Families with young children and seniors in the household can attest to how RSV can sweep through the whole family, with serious illness in the youngest and oldest and colds in everyone else. It has a seasonal prevalence from late fall to early spring, with occasional cases year-round. During the COVID-19 pandemic, this pattern was altered a bit, and the very low numbers were a result of a lack of opportunities for contagion and widespread mask wearing.

Two to three percent of young children under two years of age with RSV have required hospitalization for bronchiolitis

and pneumonia. Premature infants and infants less than six months old, as well as those with chronic cardiac or pulmonary disease, are most at risk. Previously, the only preventative therapy we had was a monthly injection of the monoclonal antibody palivizumab (Synagis) that was given from November to March for a select group of eligible infants: those who were born at less than twenty-nine weeks and those with chronic pulmonary disease or complex congenital heart disease.

This year, infants less than eight months old at the start of the RSV season are eligible for a single dose of a new monoclonal antibody product, nirsevimab (Beyfortus). The dose lasts for five months and provides good protection against severe RSV disease. It was found to decrease the risk of LRTD by 70 percent in infants younger than one-hundred and fifty days. It is possible some infants may qualify for a second dose during their second winter; stay tuned. Palivizumab is still available for infants who meet the criteria.

There is a new vaccine for pregnant women, Abrysvo, recently approved by the FDA for women at thirty-two to thirty-six weeks of pregnancy. This vaccine, given in a single dose, reduced the

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## Navigating the Difficult Waters Together: The Long Wait for Autism Care

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advocacy ropes from each other, and passing on best practices for dealing with hospitals, schools, state agencies, and insurance are often the only ways to keep our heads above water. Together.

At my first MCAAP Board meeting as chapter president last September, we went around the room and discussed our biggest frustrations. At least one in three board members said the barriers causing delays in autism diagnosis made them feel unable to meet their patients' needs. As dedicated but battered pediatricians spoke of screening toddlers for early signs of developmental disorders only to prepare parents for long waits to see a specialist, a sense of shared moral injury was palpable. The "hurry up and wait" for an autism diagnosis required for much-needed therapies left many feeling powerless. But everyone also started to brainstorm ideas and form partnerships.

Six months after that meeting, in March 2023, the CDC reported an increase in the prevalence of autism spectrum disorder identification in eight-year-old children to one in thirty-six based on data from eleven communities. Meanwhile, the percentage of Black and Brown children identified with autism surpassed the prevalence of autism identification in white children. We don't know if this is due to improved screening and access to services for historically marginalized groups or if there are other factors at play.

Pediatricians around the country are feeling the same pressure as we are here in Massachusetts. During the American Academy of Pediatrics' Annual Leadership Conference this August, one of the top ten resolutions that were referred to areas of the Academy for review and potential action was "that the Academy promote the acceptance of a diagnosis of autism spectrum disorder by pediatricians to allow for the coverage of appropriate services by both private insurers and state Medicaid programs."

Here in Massachusetts, we already have that ability. ARICA (An Act Relative to



Insurance Coverage for Autism), a law passed in 2010, requires private health insurers in Massachusetts to provide coverage for the diagnosis and treatment of Autism Spectrum Disorder. The Autism Omnibus Bill ([malegislature.gov/Laws/SessionLaws/Acts/2014/Chapter226](http://malegislature.gov/Laws/SessionLaws/Acts/2014/Chapter226)) passed in 2014 expanded coverage for autism treatment under MassHealth when the diagnosis is made by a licensed physician or licensed psychologist. The law also established a permanent Autism Commission charged with making policy recommendations pertaining to individuals with autism spectrum disorders (ASD) and individuals with Smith-Magenis syndrome.

Nonetheless, despite having more of the best academic centers in the nation, we don't have enough developmental behavioral pediatricians or autism diagnostic teams to keep up with the demand around the state. Most of us have seen this among the families we care for. And while Massachusetts law allows a trained primary care pediatrician to make the diagnosis, how many pediatric practices have the skills, confidence, and capacity to begin to diagnose autism in toddlers or preschoolers?

The Chapter has been working on supporting pediatricians who are getting trained to make the diagnosis. We have started producing short webinars that can be accessed live or on demand to provide logistical support for the activities around diagnosing and caring for children with neurodevelopmental disorders. By partnering with allies at state agencies, academic centers, and primary care pediatricians like me who

are already successfully navigating developmental assessments, autism diagnoses, and access to school and home therapeutic services, we can share necessary logistical skills.

Some of you may have been coming to the MCAAP website more regularly to find our curated resources for behavioral health care in your offices at the Pediatric Mental Health Gateway ([mcaap.org/pediatric-mental-health-gateway](http://mcaap.org/pediatric-mental-health-gateway)), and that is where you will soon find the archived web series called "Navigating Learning and Behavior." Tips on helping families request IEP assessments, deciphering the IEPs and 504 plans they bring to you, improving communication with Early Intervention, referring to DDS, and other short learning sessions can build your confidence in leading families through developmental delays and neurobehavioral challenges.

- Watch out for our e-newsletters, which announce upcoming lunchtime sessions and ask for your input on topics.
- Visit our [mcaap.org](http://mcaap.org) website more often to look at the calendar and resource lists.
- Take two minutes to answer my one-question "Back of the Envelope Pediatrician Poll" sent out the second Friday of each month. Our first poll question asked about your experiences connecting patients with early intervention agencies, and the results helped me illustrate barriers and solutions the next Monday with the state coordinator of Part C (Early Intervention) services. Each month you'll be sent a new short

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## New Developments in the Treatment of Amblyopia

Are there any new treatments available for amblyopia? Yes! Well, hopefully.

Treatment of amblyopia with glasses, patching, and atropine drops is standard of care,<sup>1</sup> with evidence from studies conducted by the Pediatric Eye Disease Investigator Group (PEDIG), a multi-center clinical research network that studies eye disorders affecting children and is funded by the National Eye Institute, a part of the NIH. It was proposed that patching could treat unilateral amblyopia as early as 800 AD, but since the 1990s PEDIG has conducted twenty-two studies on amblyopia, including studies that found that part-time patching two to six hours a day was as effective as full-time patching. In addition, atropine drops to blur the better-seeing eye were found to result in similar vision improvements as patching. However, adherence to patching and atropine eye drops is often limited, as many children dislike both options, affecting the potential for vision improvement during early childhood. Once a child is old enough to possibly understand the need for treatment, it may be too late to optimize their vision.

Due to these limitations, innovative amblyopia treatments have been studied and developed and are now becoming available. Luminopia was FDA-approved de novo in 2021 and uses a virtual reality headset to present a video to each eye separately, with modifications that blur larger areas of content to the patient's better-seeing eye as well as requiring use of the eyes together (binocularity) to be able to see the entire picture. The headset is used one hour a day, six days a week. Given concerns about near-vision activities, including tablets and smartphones contributing to an epidemic of progressive myopia, the videos were created to simulate a screen at distance so that the eyes do not need to focus at near.

Another treatment called CureSight was FDA-cleared in 2022 and has the child watch a video on a device while wearing specially designed glasses that track where each eye is looking (fixation) and blur the central vision of the better-seeing eye. The glasses also have red-blue lenses to separate the images presented to



each eye. The device with glasses is used ninety minutes a day, five days a week. Both devices require a prescription for use, and only children with small degrees of strabismus qualify.

Other devices using digital videos or games have also been studied and are currently under development. As far as the evidence to support use of these

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### Editor's Notes

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risk of severe LRTD in infants after birth; an 80 percent reduction was seen in babies younger than ninety days and a 70 percent reduction in babies younger than one-hundred and eighty days. We have seen this strategy of vaccinating pregnant women work well for pertussis, with women receiving a Tdap booster with every pregnancy to ensure the passive transfer of antibodies to their infants.

For older adults, two vaccines were approved by the Food and Drug Administration (FDA) and recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) for the prevention of severe disease in adults sixty

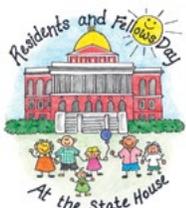
years of age and older. The burden of disease in this age group is severe: sixty thousand to one-hundred and sixty thousand hospitalizations and six thousand to ten thousand deaths of adults older than sixty-five each winter, and it is disproportionately higher among adults with pre-existing conditions such as pulmonary or cardiac disease, diabetes, and renal disease.

Three exciting new developments to help families and pediatricians decrease the burden of RSV disease and keep more babies home safely. Here's to a healthier winter!

Wishing you, your families, and your staff good health and time to enjoy our beautiful New England fall.

— *Lisa Dobbertein, MD, FAAP*

## The 2023 Residents and Fellows Day at the State House (RFDASH)



At this year's RFDASH event, pediatric residents and trainees who participated met at Massachusetts General Hospital to advocate for

three important bills addressing pediatric health issues:

### **An Act to Ensure Equitable Health Coverage for Children**

Speaker — Dr. Fiona Danaher

### **An Act to Promote Public Safety and Better Outcomes for Young Adults**

Speakers — Dr. Destiny Tolliver and Sana Fadel

### **An Act Relative to Vaccinations and Public Health**

Speakers — Drs. Christina Hermos and Vandana Madhavan

For more information regarding these bills and event, you can view the 2023 RFDASH packet on the RFDASH website at [rfdash.weebly.com](http://rfdash.weebly.com).

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question that can guide our work on behalf of members, and you'll hear about the results of last month's poll.

- I also invite you to reach out to me at [Madocforkids@gmail.com](mailto:Madocforkids@gmail.com) to offer an idea for a new poll question, provide more details on a previous question, or pitch a webinar idea.

Serving as chapter president for two years is a real learning experience. How do I take my own passions, like working with autism or educating families on vaccine science, while simultaneously drawing out and addressing member needs to make the pediatric teamwork a bit lighter, more enjoyable, or at least a little less turbulent? Sometimes our learning moments come with a period of regression, dysregulation, and “churn,” similar to Berry Brazelton’s “touchpoints.” We all experience these through our development as pediatricians and leaders. This is your chapter, and we can serve you better if you reach out your hand either to ask for stabilization or to share a tip to keep other pediatricians from being knocked over by the surf. Please engage with us either way! — *Mary Beth Miotto, MD, MPH, FAAP*

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

### **AAP/MCAAP Appointments**

**AAP DISASTER PREPAREDNESS CONTACTS**  
Sarita Chung, MD

**AAP EARLY CHILDHOOD CHAMPION**  
Katherine Wu, MD

**CATCH CO-COORDINATORS**  
Esther Kisseih, MD  
Franny Polcano, MD

**MMS DELEGATE/HOUSE OF DELEGATES**  
Elisabeth Di Pietro, MD

**PROS NETWORK COORDINATORS**  
David Norton, MD  
Ben Scheindlin, MD

### **MCAAP Committees, Initiatives, and Task Forces**

**CHILDREN WITH SPECIAL HEALTH CARE NEEDS COMMITTEE**  
Jack Maypole, MD

### **CHILDREN'S MENTAL HEALTH TASK FORCE**

Michael Tang, MD  
Heather Forkey, MD

**FOSTER CARE COMMITTEE**  
Linda Sagor, MD

**IMMIGRANT HEALTH COMMITTEE**  
Julia Koehler, MD

**IMMUNIZATION INITIATIVE**  
Everett Lamm, MD  
David Norton, MD

**LEGISLATIVE COMMITTEE**  
Eli Freiman, MD

**MEDICAID ACO TASK FORCE**  
James Perrin, MD  
Greg Hagan, MD

**MEDICAL STUDENT COMMITTEE**  
Logan Beyer

**PEDIATRIC COUNCIL**  
Peter Rappo, MD

**COMMITTEE ON CHILD ABUSE AND NEGLECT**  
Sasha Svendsen, MD

### **MCAAP Appointments and Expert Representatives**

**FETUS AND NEWBORN**  
Munish Gupta, MD

**INJURY PREVENTION**  
Michael Flaherty, DO  
Greg Parkinson, MD

**ORAL HEALTH**  
OPEN

**SCHOOL HEALTH**  
Genevieve Daftary, MD

# ShotClock

## 28th Annual MIAP Pediatric Immunization Skills Building Conference



**Wednesday, October 25, 2023  
8:00 a.m.–4:00 p.m.**

**Hybrid Event**

**DCU Center, Worcester, MA**

**Online Registration Will Be Available**

It's not too late to register for the 28th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference. This year's MIAP Conference will be held as a hybrid event on Wednesday, October 25, 2023. The in-person conference will be held at the DCU Center, Worcester, Massachusetts.

This year's Plenary Sessions will include:

- **Where Do We Stand with Pediatric COVID-19 Vaccines?** — Paul Offit, MD, Children's Hospital of Philadelphia
- **Respiratory Syncytial Virus (RSV) Infection Update** — Christina Hermos, MD, MMSc, UMass Chan Medical School/UMass Memorial Healthcare
- **Back to the Vax: The Story of Two Staunch Anti-Vaxxers Returning to Science** — Lydia Greene and Heather Simpson, Back to the Vax
- **Current Advisory Committee on Immunization Practices (ACIP) Recommendations for Pediatric Vaccines** — Angela Fowler, MD, MPH, Massachusetts Department of Public Health (MDPH)
- **State Immunization Update** — Pejman Talebian, MA, MPH, Massachusetts Department of Public Health

Breakout sessions are also planned.

Visit the [conference website](#) for additional information.

Please contact Cynthia McReynolds ([cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org)) with questions.  
— *MCAAP Immunization Initiative*

## Navigating Vaccinations This Fall and Winter

Last fall and winter, there was a simultaneous cocirculation of different respiratory pathogens. This resulted in many illnesses, hospitalizations, and deaths. For the 2023–2024 respiratory disease season, vaccines are available that can provide life-saving protection against three viral respiratory diseases: COVID-19, influenza, and respiratory syncytial virus (RSV).

The Centers for Disease Control (CDC) is asking for your support in maximizing the use of these valuable tools over the course of the next few months. As a health care provider, your strong recommendation and offer of vaccination are vital to whether your patients get vaccinated. Data shows that recommending and offering vaccines during the same visit result in a patient being more likely to get vaccinated. If patients wish to forego vaccines at one visit, continue to recommend vaccination at future visits.

While it is unknown what will happen this fall and winter, respiratory pathogens, including influenza, COVID-19, and RSV, are expected to circulate again. By working together to vaccinate our communities against circulating disease, we can help them to stay healthier.

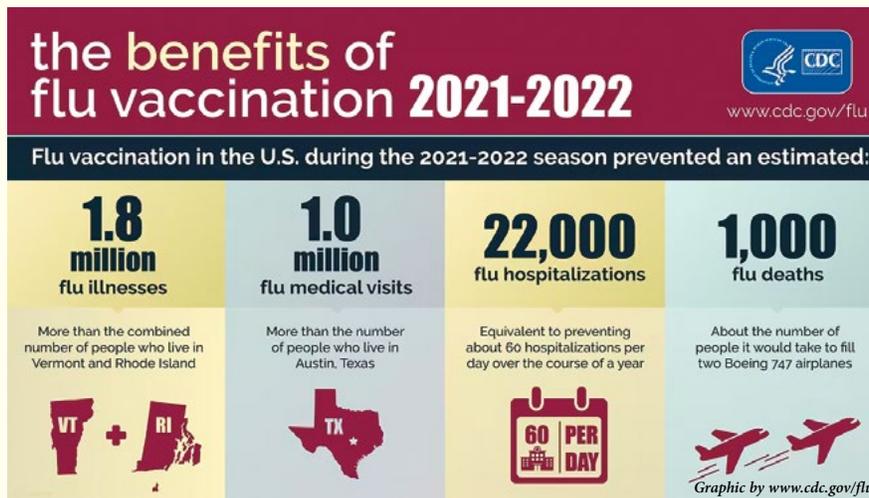
— *MCAAP Immunization Initiative*

## Respiratory Syncytial Virus (RSV) Update

The long-acting monoclonal antibody product, nirsevimab, was approved by the U.S. Food and Drug Administration (FDA) on July 17, 2023. Nirsevimab is given by injection. The antibody boosts the immune system, adding an extra layer of defense against severe illness from respiratory syncytial virus. It is intended for use in newborns and infants to protect against respiratory syncytial virus (RSV) disease.

On August 3, 2023, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted unanimously in favor of recommending use of nirsevimab as





indicated in its FDA package insert. The ACIP also voted unanimously for inclusion of nirsevimab in the Vaccines for Children (VFC) program.

Following the acceptance of the ACIP recommendations by the Director of the CDC, the American Academy of Pediatrics (AAP) [released guidance](#) on the use of nirsevimab in infants and toddlers. Nirsevimab is recommended for:

- all infants younger than 8 months born during or entering their first RSV season, including those recommended by the AAP to receive palivizumab; and
- infants and children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season, including those recommended by the AAP to receive palivizumab.

Per the FDA label, children who have received nirsevimab should not receive palivizumab for the same RSV season.

Additional information and guidance can be found in the RSV resources below.

#### RSV Resources

- [Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023. \*Morbidity and Mortality Weekly Report \(MMWR\)\*. August 25, 2023; 72\(34\):920–925.](#)
- [ACIP and AAP Recommendations for the Use of the Monoclonal Antibody Nirsevimab for the Prevention of RSV Disease. \*Red Book Online\*, August 15, 2023.](#)
- Nirsevimab Frequently Asked Questions [website](#), AAP

- RSV in Infants and Young Children [website](#), CDC — *MCAAP Immunization Initiative*

## 2023–2024 Influenza Season Update

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, 2023–24 Influenza Season](#),” in the August 25, 2023, issue of *Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports*.

The report updates the 2022–2023 recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding the use of seasonal influenza vaccines in the United States.

#### Summary

- Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications.
- All seasonal influenza vaccines expected to be available in the United States for the 2023–2024 season are quadrivalent, containing hemagglutinin (HA) derived from one influenza A(H1N1)pdm09 virus, one influenza A(H3N2) virus, one influenza B/Victoria lineage virus, and one influenza B/Yamagata lineage virus. Inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) are expected to be available.
- For most persons who need only one dose of influenza vaccine for the season, vaccination should ideally be offered during September or October. However,

vaccination should continue after October and throughout the season as long as influenza viruses are circulating, and unexpired vaccine is available.

- The composition of the 2023–2024 US seasonal influenza vaccines includes an update to the influenza A(H1N1)pdm09 component. For the 2023–2024 season, US-licensed influenza vaccines will contain hemagglutinin (HA) derived from 1) an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines); 2) an influenza A/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture-based and recombinant vaccines); 3) an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus; and 4) an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

- ACIP recommends that all persons aged  $\geq 6$  months with egg allergy should receive influenza vaccine. Any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for the recipient’s age and health status can be used. It is no longer recommended that persons who have had an allergic reaction to egg involving symptoms other than urticaria should be vaccinated in an inpatient or outpatient medical setting supervised by a health care provider who is able to recognize and manage severe allergic reactions if an egg-based vaccine is used. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

#### Influenza Season Resources

- [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–2024 Influenza Season. \*Morbidity and Mortality Weekly Report \(MMWR\), Recommendations and Reports\*. August 25, 2023; 72\(2\):1–25.](#)
- [2023–2024 Summary of Flu Vaccine Recommendations](#) (4 pages)
- CDC flu [webpage](#) for health care professionals

- CDC FluView — Weekly U.S. Influenza Surveillance Report [website](#)
- CDC FluVaxView [website](#)
- MDPH flu [website](#) for health care and public health professionals
- MDPH weekly flu reports [website](#)

### Health Care Provider Fight Flu Toolkit

Health care providers (HCP) play a vital role in recommending annual influenza vaccination. The HCP Fight Flu [Toolkit](#) 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 #HowIRecommend series 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*

## COVID-19 Vaccine Update

At the writing of this ShotClock, the Food and Drug Administration (FDA) is expected to approve an updated monovalent COVID-19 vaccine. The Advisory Committee on Immunization Practices (ACIP) has scheduled a meeting for mid-September to discuss the safety and effectiveness of newly approved COVID-19 vaccines. If recommended by the ACIP and approved by the CDC Director, the vaccines could become available shortly thereafter.

Updated information, including recommendations, will be communicated as soon as it becomes available via the MCAAP Immunization Initiative e-newsletter and MCAAP website.

### COVID-19 Vaccine Resources

- COVID-19 Vaccination Clinical & Professional Resources [website](#), CDC
- COVID-19 Vaccine for Children [website](#), AAP
- COVID-19 Vaccine [website](#), Massachusetts Department of Public Health
- COVID-19 Vaccines [website](#), Immunize.org — *MCAAP Immunization Initiative*

## Upcoming Conferences and Meetings

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

October 25–27, 2023

For more information, visit the [ACIP website](#).

### 28th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference

October 25, 2023

This conference will be hybrid. For more information, visit the [conference website](#).

### Massachusetts PTA Health Summit

November 4, 2023

For more information, visit the [Mass PTA website](#).

### National Influenza Vaccination Week (NIVW)

December 4–8, 2023

For more information, visit the NIVW [website](#).

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

February 28–29, 2024

For more information, visit the [ACIP website](#).

## New, Peer-Reviewed Study Shows Transformative Impact of Reach Out and Read

A new, peer-reviewed study in *Academic Pediatrics* demonstrates the impact of [Reach Out and Read](#), a program leading the way in supporting healthy early parent-child relationships through shared reading. The research, which includes more than 100,000 survey responses, shows that parents/caregivers exposed to the Reach Out and Read program are significantly more likely to read with their infants and young children every day and to use books to better engage with their young children, starting in infancy.

“[The Effect of Exposure to Reach Out and Read on Shared Reading Behaviors](#),” a multi-year study, demonstrates that the delivery of the national nonprofit’s model effectively encourages parents/caregivers to read with their young children using

strategies that promote parent-child bonding and connection. This study builds upon earlier evidence that shows families who participate in the Reach Out and Read program are more likely to have books in the household and read them to their infants, toddlers, and preschoolers multiple times each week. In addition, those young children have improved language development by three to six months.

“This integrated, early literacy intervention by a care provider in a medical setting can make a lifelong impact on the child receiving the added care,” said Duke University’s Dr. Elizabeth Erickson, one of Reach Out and Read’s 33,000 clinician partners. “This new research provides additional evidence that Reach Out and Read’s methods can change parent and

caregiver behavior and increase high-frequency reading, which helps build safe, stable, and nurturing relationships.”

Reach Out and Read is a national, family-centric program in which medical providers caring for children offer guidance to parents/caregivers about the importance of reading aloud. During routine well-child visits, Reach Out and Read providers discuss with parents and caregivers how to use books to engage with their infants and young children. They also give the child age-appropriate books to take home and read with their family. This approach helps improve children’s language and literacy skills while also strengthening parent-child relationships. The Reach Out and Read program, which already

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## New, Peer-Reviewed Study Shows Transformative Impact of Reach Out and Read

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serves 4.2 million children annually, has the potential for near-universal and equitable access to families with infants, toddlers, and preschoolers and provides a foundation for early childhood development and long-term health and well-being.

The new research includes more than 100,000 responses from caregivers of children ages six months to five years across 427 primary-care clinics in North and South Carolina. Parents/caregivers completed the Reach Out and Read Parent Feedback Survey during well-child visits. The results revealed a significant association between caregivers' exposure to Reach Out and Read, high-frequency reading, and positive reading behaviors, consistent across all six years studied. The results include:

1. Returning caregivers, those who had previously been exposed to Reach Out and Read's program, were 27 percent more likely to report reading or looking at books with their child every day, compared to parents/caregivers who had no previous exposure to the program.
2. Returning caregivers were significantly more likely to engage in positive shared reading behaviors that support parent engagement and bonding. Those behaviors include letting the child turn pages, making up stories about the pictures, asking the child about the pictures, helping identify things in the pictures, and reading for at least 30 minutes every day.

"Reach Out and Read is changing the way parents and caregivers build everyday moments centered around books and stories with their children, and this important work couldn't be done without the partnership we share with our clinicians," said Callee Boulware, Regional Director supporting Reach Out and Read Virginia, Washington, DC, and the Carolinas, where the research originated. "Our medical providers are helping parents/caregivers learn effective and engaging ways to share books and stories

with their children, which is so significant for development, relationships, and language skills."

Reach Out and Read CEO [Marty Martinez](#) said the new study provides vital evidence supporting Reach Out and Read's methods.

"These important findings further validate the effectiveness of the Reach Out and Read program in encouraging caregivers to read regularly with their children and fostering positive interactions during shared reading experiences," Martinez said. "This new study shows how these real-world interactions positively impact families and promote early childhood development by creating moments that matter for the millions of children nationwide served by Reach Out and Read."

The importance of the study's findings is supported by the American Academy of Pediatrics' (AAP) [2021 policy statement](#) that shows that positive childhood

experiences, like reading with a parent/caregiver, can mitigate adverse childhood experiences that lead to long-term chronic poor health and well-being. The AAP statement also advocates for a public health approach to the promotion of these positive childhood experiences and cites Reach Out and Read as a model that can be a valuable part of that approach. The data from North and South Carolina provides more evidence that Reach Out and Read's program is a primary universal prevention intervention.

The study, supported by local partners and funders in the Carolinas, was conducted by M. Connor Garbe, Sally L. Bond, Callee Boulware, Carolyn Merrifield, Teandra Ramos-Hardy, Marny Dunlap, Alexandria Caldwell, Nikki Shearman, and Anna Miller-Fitzwater. — **Reach Out and Read**

For more information, contact Mr. Alex Chu, Executive Director, Northeast at [alex.chu@reachoutandread.org](mailto:alex.chu@reachoutandread.org).



## Free Play and Other Independent Activities Promote Children's Mental Health

*continued from page 1*

supporting the thesis posed by the article's title. I'll summarize these studies and their theses as follows:

- The decline in children's mental health is not new; it has been occurring for many decades. Analyses of scores on standard clinical assessments given in unchanged form to quasi-normative groups of teens reveal an estimated 5- to 8-fold increase in rates of anxiety and depressive disorders by current DSM criteria over the last half of the twentieth century. Other studies, using other means, reveal a continued large increase in anxiety and depression during the first two decades of the twenty-first century. Likewise, according to CDC data, the suicide rate among children under age fifteen increased 3.5-fold between 1950 and 2005 and by another 2.4-fold between 2005 and 2020.
- Over the same decades in which children's mental health has plummeted, opportunities for children to engage in activities outside the home without direct adult control have also plummeted. Evidence includes historians' accounts of children's activities over decades, surveys of parents about what their children are or are not allowed to do, retrospections by adults about what they were or were not allowed to do at specific ages, and analyses of changes in parenting advice in popular magazines. Such work shows that children's freedoms to play independently, walk or bike any distance from home without an adult, and hold responsible part-time jobs have been declining for decades, with the steepest decline beginning in the 1980s but continuing ever since. Overall, the studies suggest that freedoms even 5- and 6-year-olds enjoyed in decades past, such as walking to school or biking to a nearby store, are commonly denied even to 12- and 13-year-olds today. Free neighborhood play, where children take responsibility for organization and problem solving, has largely been replaced by adult-directed formal sports.
- Much research with people of all ages shows that a strong internal locus of control (that is, a strong sense of being



in control of one's own life and ability to solve problems that arise) protects against anxiety and depression. Other research, using a standard assessment, has shown, not surprisingly, that as children have been increasingly denied opportunities to control their own activities, their internal locus of control has weakened.

- Much research with people of all ages shows that psychological health depends on satisfaction of three basic psychological needs: a sense of *autonomy* (freedom to choose one's own activities), *competence* (being skilled at what one wants to do), and *relatedness* (having friends). Especially for young children, free play with other children is the primary means of satisfying these needs.
- Correlational studies reveal that young children who have more time for independent activity score higher than others on tests of (a) executive functioning, (b) emotional control, (c) social ability, and (d) self-regulation. These are all characteristics that would be expected to contribute to psychological resilience and well-being.
- Correlational studies likewise reveal that college students whose parents, by a standard assessment, engaged in a highly controlling style of parenting fare worse psychologically in college than those whose parents were less controlling.
- In two retrospective studies, adults who reported lots of adventurous free play in their elementary school years were

assessed as having more social success, greater ability to adapt to change, and better overall psychological health in adulthood than those who reported less such play.

- Finally (as if research were needed for this), studies have shown that free play is an immediate source of happiness for children. As one famous play scholar (the late Brian Sutton Smith) used to say, "The opposite of play is not work, it's depression."

We need to consider this mindfully and thoughtfully. Children need lots of opportunity to play and act independently, both for immediate happiness and to develop the inner resources required to deal emotionally as well as practically with the inevitable bumps in the road of life.

Resources that may be useful to practitioners in working with families and communities to promote children's free play and other independent activities can be found on the websites of the nonprofit organizations The National Institute for Play (NIFP) ([nifplay.org/play-for-you/prescribe](http://nifplay.org/play-for-you/prescribe)) and Let Grow ([letgrow.org](http://letgrow.org)). If you are motivated to help spread the word about children's needs for independent activity, you can indicate that at the NIFP site. — **Peter Gray, PhD, Research Professor, Psychology and Neuroscience, Boston College**

Dr. Gray can be reached at [peter.gray@bc.edu](mailto:peter.gray@bc.edu) for more information.

## OP/ED

## Opill Prevents Unintended Pregnancies; Condoms Prevent STIs!

The FDA's approval of the nonprescription oral contraceptive norgestrel (Opill), if taken daily, should significantly alter the incidence of unintended pregnancies, which in the United States (US) has been estimated to be nearly half of all pregnancies. Recent statistics report that there were approximately 6 million pregnancies in the US of which 1,152,000 were induced abortions and 1,087,000 were fetal losses. The vitriolic abortion debate in the US hopefully should be decreased once Opill becomes available without a prescription.

Using Opill may eliminate concerns about a woman becoming pregnant, but unprotected sexual relations (i.e., not using a condom), may result in HIV and sexually transmitted infections such as chlamydia, gonorrhea, syphilis, and human papilloma virus (HPV).

At medical visits, it is crucial that pediatricians and other health care providers advise all their patients, both young men and young women, that condoms must be used if they are having sexual intercourse to protect their partner and themselves.

The effectiveness of condom use was shown in a 2011 study in the *Journal of*



*Adolescent Health* by Wretzel et al., when they reported a 3-year study in Holyoke, Massachusetts, where there was a 47% decrease in chlamydia and gonorrhea in 15–19-year-old males using condoms provided by school nurses compared with nearby Springfield,

Massachusetts, where there was no condom distribution.

— **Robert M. Abrams, MD**

Dr. Abrams is enjoying retirement in Holyoke, MA, and can be reached at [rabrams19@me.com](mailto:rabrams19@me.com). He's a recipient of the 2013 Society for Adolescent Health and Medicine Regional Chapter Award for promoting the distribution of condoms in the Holyoke Public Schools.

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## JOB CORNER

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Centre Pediatric Associates is looking to hire a new full- (8 sessions) or part-time (6 sessions) MD in 2023 or 2024. Centre Pediatrics is a reputable and established pediatric practice located in Brookline, MA, near the Longwood Medical Area. The practice includes 6 MDs and 6 NPs, and we treat a diverse group of patients from the surrounding communities. We highly value forming strong relationships with our patients through offering 30-minute well visits to our patients. We are affiliated with Mass General Brigham and all MDs have Harvard Medical School appointments: we have many opportunities to be involved in teaching and mentoring. We round on newborn babies at BWH and BIDMC and our schedules are set up to include dedicated time for this. If interested, please reach out to Caitlin King at [csking@mgb.org](mailto:csking@mgb.org) or Laura DeGirolami at [ldegirolami@mgb.org](mailto:ldegirolami@mgb.org).

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### New Developments in the Treatment of Amblyopia

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devices goes, a randomized controlled trial of Luminopia found that it was effective compared to glasses alone.<sup>2</sup> Better adherence compared to prior studies on patching was also shown.<sup>3</sup> Further study comparing Luminopia to patching is needed. A randomized controlled trial of CureSight found it to be non-inferior to patching with better adherence as well.<sup>4</sup> While adherence is expected to be better with these forms of treatment compared to patching and atropine drops, there are several limitations to consider: the child must stay engaged in the modified videos for several months; high-tech hardware is required compared to low-tech patches; internet access, cost, and insurance coverage are important considerations; there are concerns about children and excess screen time although therapeutic use may be considered an exclusion; and, as previously mentioned, larger studies are needed.

It has been exciting to see these innovative treatments being developed, and hopefully they will add to the treatment options for amblyopia with positive outcomes.

I have no relevant financial interests to disclose. — *Sylvia H. Yoo, MD, FAAP, FAAO, Associate Professor, Tufts University School of Medicine; Interim Director, Pediatric Ophthalmology and Strabismus, New England Eye Center, Tufts Medical Center*

For more information, Dr. Yoo can be reached at [sylviahwoo@gmail.com](mailto:sylviahwoo@gmail.com).

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<sup>1</sup>Chen, Cotter. *Adv Ophthalmol Optom*. 2016;1(1):287–305.

<sup>2</sup>Xiao, et al. *Ophthalmology*. 2023;129(1):77–85.

<sup>3</sup>Xiao, et al. *Journal of AAPOS*. 2021;25(2):87.E1–87.E6.

<sup>4</sup>Wyganski-Jaffe, et al. *Ophthalmology*. 2023;130(2):274–285.

## IN MEMORIAM

### Dr. Bartley Cilento

Dr. Bartley Gray Cilento, 88, of Scituate, MA, passed away peacefully on July 15, 2023.

Dr. Cilento completed his internship and pediatric residency at the U.S. Naval Hospitals in Newport, RI, Chelsea, MA, and Jacksonville, FL, from 1959–2000.

Being a pediatrician and caring for multiple generations of families was his greatest joy, second only to his family. Bart joined the medical staff at South Shore Hospital in 1967 and remained on the staff until his retirement in 2015.

Dr. Cilento was an active member of the Massachusetts Medical Society and was a thoughtful and valuable member of MCAAP CME Committee for many years. Our sympathies are with his family, friends, colleagues, and his many former patients.

