



President’s Message

It’s already back-to-school season! I hope you were able to relax a little this summer before the anticipation of combatting the expected fall viruses. The Chapter would like to support you by providing resources and guidance that can be used in your clinics, wards, and beyond.

Here are some school-related news and activities where the Chapter has been busy:

Joint Statement and Back to School and Immunization Resources

At the end of August, the Chapter released a statement along with the Massachusetts Medical Society and Massachusetts Academy of Family Physicians.

“Massachusetts physicians are urging all families to ensure that school-aged children are up to date on required and recommended vaccines and boosters, including those that reduce the spread and severity of Covid-19 and influenza. The recent surge of Covid-19, evidenced by recent wastewater surveillance and community reporting, underscores the importance of discussing with your child’s trusted health care provider Covid-19 vaccines and boosters.”

Click [here](#) for the full statement.

- The MCAAP Immunization Initiative provides many immunization resources and educational programs, including the Annual Conference October 30, 2024, and more that can be found [here](#).
- The AAP provides excellent patient tips and resources that can be found [here](#).

Legislative Advocacy

Here are updates on our end-of-legislative session immunization work summarized by our MCAAP lobbyist:

- **Repeal Vaccine Religious Exemption. H.604 & S.1391, [“An Act Relative to](#)**

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Chronic Absenteeism: What’s a Pediatrician to Do?



Pediatricians, who devote their professional lives to improving child health and well-being, have always been enthusiastic about the benefits of school. A room full of pediatricians will be vigorously nodding yes and cheering at Nelson Mandela’s quote, “Education is the most powerful weapon you can use to change the world.” Yet many of us may be shocked to hear

that school attendance has been “failing to thrive” for a number of years now.

Chronic absenteeism, which is defined as missing 10 percent of regular school days or more each year, was a concern prior to the pandemic. However, national rates doubled from eight million students chronically absent in pre-COVID years to

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Photo by Lisa Dobberteen, MD, FAAP

EDITOR'S NOTE

Just a Reminder...

I recently experienced a health crisis accompanied by my own existential crisis. As health care professionals, we often have a hard time being patients, and I proved no exception. The experience of surrendering control to others, hanging on their every word, and following their direction is profoundly humbling. And then there's the waiting — an ordeal that can feel like an eternity unto itself.

After many appointments, many scans, and many sleepless nights over the course of two months, I received exceptionally good news at the end of a dark tunnel. Instead of a very much shortened lifespan of only two to five years, I'm now looking beyond. How long? Do any of us really know? I've been given the incredible gift of more time.

Rather than an abrupt end, I now have a chronic disease that I will have to manage. Lots more masking ahead, lots of COVID and high-dose flu vaccines, and perhaps less of a busy bee schedule than is my usual style. I'll spend my time more intentionally with my family, including my new grandson, with my friends, practicing more yoga, trying some acupuncture, and, most importantly of all, savoring life's

simple pleasures. After a professional and personal lifetime of putting others first, it's time for me to be a little selfish and do less for others and more for myself.

We see examples of similar things every day in the stories our patients and their families share with us. We hear of the grandparent with dementia, the sudden death of a parent, the miraculous recovery from something that was supposed to be terminal, and more. We support our families as we always do.

We can remind them to make every day count for themselves and their children. For parents, we can make a point to stress the gift of time with their children and continue to educate them on what we do know about the effects of screen time on the developing brain. We know how important imaginative play is and how it fosters healthy brain growth and development for young children.

And from me to you, a heartfelt reminder. Wishing you, your staff, and your families a wonderful New England fall and a renewed intention to make every day count.

— **Lisa Dobberteen, MD, FAAP**

President's Message

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Vaccinations and Public Health,” would repeal the religious exemption for childhood vaccines. A **Chapter priority**. Public Health Committee reporting date extended to 12/31/24 (did not make it through the session).

- **Community Immunity. S.1458 & H.2151**, *“An Act Promoting Community Immunity”* requires childhood immunizations for daycare, early education, public and private schools, and colleges. Maintains the religious exemption with a DPH-approved form. **MCAAP did not support it** because of the religious exemption. Public Health Committee reporting date extended to 12/31/24 (did not make it through the session).
- **Protection of Medical Exemptions. H.582**, *“An Act Relative to the Protection of Medical Exemptions for Immunizations for School Attendance,”* allows for a medical exemption where a physician has examined the child and, in the physician’s opinion, making such a determination would not be subject to discipline by BORIM absent manifest bad faith. The bill would maintain the religious exemption. **Chapter opposed**. Public Health Committee sent to study (did not make it through the session).



Chronic Absenteeism Webinar

Lastly, the Chapter hosted a CME/MOC 2 webinar *“Chronic Absenteeism and Child Health: To Excuse or Not Excuse,”* on Wednesday, September 25, 2024. For more information about the program and/or to access the archived recording, click [here](#).

As always, I truly want to hear from you about how you want the Chapter to address issues facing children and families as well as the profession of pediatrics in general. Feel free to email me your ideas or concerns at any time at bpring@mcaap.org.

— **Brenda Anders Pring, MD, FAAP**

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Franny Polcano, MD

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PROS NETWORK COORDINATORS
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CHILDREN'S MENTAL HEALTH TASK FORCE
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ORAL HEALTH
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Chronic Absenteeism: What's a Pediatrician to Do?

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14.7 million in the 2021–2022 school year. What happened? Families continued to experience illness, transportation challenges, and other barriers to getting their children to school, but there also appears to have been a shift in expectations. Did “the perfect attendance medal” lose its luster?

When we talk about absenteeism, it is easy to focus only on truancy, which refers to unexcused absences, and forget that excused absences also take children away from the learning and social environment. If a youth has 18 excused absences in a year, they are still considered chronically absent because that level of absenteeism is associated with negative learning and behavioral outcomes. In fact, 10 years of 18 excused absences annually actually adds up to missing a year of school.

Why should it matter to pediatricians who have a lot of other pressing childhood health and wellness concerns on our plates?

- Chronic absenteeism can be an early warning sign that a medical, psychosocial, or mental health condition may be present or that a family is faced with challenging social drivers of health.
- Children who are chronically absent are more likely to display behavior and

discipline problems in and out of the classroom.

- Chronic absence is often associated with reading delays by third grade or not completing middle school graduation and/or not graduating from high school.

We are making some progress in getting children back to daily attendance in the classroom. Massachusetts has seen a slow decline, with a March 2024 report demonstrating a 19.5 percent rate of chronic absenteeism in Commonwealth schools. We need to work together with parents, school health offices, teachers, and school administrators to remind youth and families that “Your Presence Is Powerful” in schools. We can also make it easier for youth to return to school promptly, whether they are acutely or chronically ill, need appropriate school forms, or need assistance with social barriers to getting to school.

On September 25, 2024, Chapter members Drs. Mona Roberts and Mary Beth Miotto led an interactive webinar for child health professionals on the scope of the chronic absenteeism problem in Massachusetts and what we can do to help get kids back to school. Some suggestions included to:

- Increase practice staff awareness of the problem to create a positive “let’s get you back to school” culture in the medical home and specialty offices.

- Start families focusing on regular school attendance in preschool and kindergarten. Evidence suggests that a significant percentage of chronically absent students start missing school regularly in early grades.
- Partner with families on how to keep children healthy enough to attend school every day and explain why it’s important. The national organization Attendance Works offers many resources and handouts to help jumpstart this pediatrician-family discussion: attendanceworks.org/resources/handouts-for-families-2.
- Advocate for bidirectional communication with school nurses, including sending appropriate medication administration orders and asthma or food allergy action plans. Reach out to educational programs to clarify “return to school” protocols.

This fall, the Chapter has established a “Chronic Absenteeism Task Force” to support pediatric and other medical offices and collaborate with families and other child-facing professionals on this critical initiative. Please contact Mary Beth Miotto at MAdocforkids@gmail.com if you would like to get involved. For more information from the September 25 webinar, please check out the recording and slide deck at mcaap.org/cme. The Chapter will also be launching a quality collaborative with MOC4 credits, so stay tuned.
— **Mary Beth Miotto, MD, MPH, FAAP**

Do You Treat Children with Asthma Who Are Insured by MassHealth?

We Would Like to Talk to You!

This opportunity is open to all clinicians and staff who provide medical care to children in a primary care setting — physicians, nurse practitioners, nurses, care coordinators, community health workers, medical assistants, and others.

Researchers at UMass Amherst are recruiting frontline medical providers for short virtual interviews about pediatric asthma care. The study examines the impact of the MassHealth ACOs on pediatric asthma care and outcomes. Here are some details about the interviews:

- Interviews occur over Zoom and last approximately 30 minutes.
- Each participant receives a \$50 Amazon gift card as a thank you.
- Up to three individuals in a medical practice may participate. All participants should be knowledgeable about pediatric asthma care in the practice.

Complete an eligibility screener here: bit.ly/asthmainterviews.



For more information, contact Erin DeCou at edecou@umass.edu. Ms. DeCou is a Research Fellow and Project Manager in the School of Public Health and Health Sciences at UMass Amherst.



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Now Recruiting: BCG Vaccinations for Pediatric Type 1 Diabetes

Researchers at Massachusetts General Hospital (MGH) are seeking **pediatric** patients with **type 1 diabetes** to participate in a clinical trial to assess the effects of Bacillus Calmette-Guérin (BCG) vaccination on blood sugar control.

BACKGROUND:

Introduced in 1921, BCG is a tuberculosis vaccine considered to be **extremely safe**, is on the World Health Organization's List of Essential Medicines, and administered to roughly 100 million infants per year globally. It is not routinely given in the United States due to the low risk of tuberculosis infection. BCG is also one of the most affordable medicines, costing less than a dollar per dose in many parts of the world.

In a randomized double-blind Phase I adult clinical trial conducted at MGH, two injections of BCG showed significant efficacy in **lowering HbA1c** in established type 1 diabetes. A similar open-label trial confirmed the promising data. The vaccine lowered HbA1c without a high incidence of hypoglycemia, resulting in a **lower insulin requirement** and **easier diabetes management**. BCG is currently being studied in a randomized double-blind Phase 2 adult trial.

Global studies suggest BCG protects from other autoimmune diseases such as multiple sclerosis. It is also a highly effective treatment for bladder cancer. In addition to tuberculosis, BCG protects humans from other viral and bacterial infections.

NEW PEDIATRIC TRIAL:

This 5-year randomized double-blind placebo-controlled Phase 2 pediatric trial will study the potential of two doses of the BCG vaccine as a treatment for type 1 diabetes. We will characterize the efficacy of BCG in lowering HbA1c values as well as important markers of type 1 diabetes including c-peptide and insulin use.

A complete list of inclusion and exclusion criteria can be found on clinicaltrials.gov (NCT05180591 & NCT05866536)

HOW TO GET INVOLVED IN OUR TRIALS AND LEARN MORE:

First Step

Join: <https://redcap.link/faustmanimmunobiologylab>

All are encouraged to sign up! You will receive an email directly from us after you complete your registration.

Please Contact:

Email: diabetestrial@partners.org

Phone: 617-726-4084

Website: www.faustmanlab.org

1. Kuhlreiber WM et al. Long-term reduction in hyperglycemia in advanced type 1 diabetes: the value of induced aerobic glycolysis with BCG vaccinations. **NPJ Vaccines**. 2018; 3:23.
2. Ristori, G et al. Use of Bacillus Calmette Guerin (BCG) in multiple sclerosis. **Neurology**. 1999; 53:588-1589.
3. Shpilsky GF et al. Bacillus Calmette-Guérin 's beneficial impact on glucose metabolism: Evidence for broad based applications. **iScience**. 2021; 24:103150.
4. Faustman DL et al. Multiple BCG vaccinations for prevention of COVID-19 and other infectious diseases in Type 1 diabetes. **Cell Rep Med**. 2022; 3:100728.

ShotClock

29th Annual MIAP Pediatric Immunization Skills Building Conference



**Wednesday, October 30, 2024,
8:00 a.m.–4:00 p.m.
In-Person Event
DCU Center, Worcester, MA**

The 29th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference. This year's MIAP Conference will be held as an in-person event on Wednesday, October 30, 2024, at the DCU Center, Worcester, Massachusetts. Visit the conference [website](#) for additional information and to register for the conference.

This year's Plenary Sessions will include:

- **Katelyn Jetelina, PhD, MPH**, Your Local Epidemiologist
- **Andrew Kroger, MD, MPH**, Centers for Disease Control and Prevention
- **Mary Beth Miotto, MD, MPH, FAAP**, Massachusetts Chapter, American Academy of Pediatrics
- **Christy Norton, RN, PhD, CNM**, Massachusetts Department of Public Health
- **Grace Ryan, PhD, MPH**, UMass Chan Medical School
- **Pejman Talebian, MA, MPH**, Massachusetts Department of Public Health

Breakout sessions also are planned. Visit the conference [website](#) for additional information and to register for the conference.

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

Upcoming Webinars: MCAAP Immunization Initiative Webinar Series

**September 25, 2024, 12:00–1:00 p.m.
Accessible Vaccination:
A First Step Toward Health Equity**

Presenter: Danielle Hall, Director of Health Equity Initiatives, Autism Society

Registration is free; preregistration is required. Click [here](#) for more information and to register for the webinar on September 25.

**October 8, 2024, 12:00–1:00 p.m.
2024–2025 Influenza Season Update**

Presenter: Lisa Grohskopf, MD, MPH, Centers for Disease Control and Prevention (CDC)

Registration is free; preregistration is required. Click [here](#) for more information and to register for the webinar on October 8.

Click [here](#) for more information about the webinar series. — *MCAAP Immunization Initiative*

Confirmed cases of pertussis are reportable to your local board of health. For questions about pertussis and diagnostic testing, please call an epidemiologist at the Massachusetts Department of Public Health at (617) 983-6800.

Test kits for pertussis culture:

NP specimen collection kits for pertussis culture can be ordered from the MA SPHL Kit Room at (617) 983-6640 or by email at: masphl.specimenkitorders@mass.gov.

For additional information, please see MDPH's [Clinical Advisory](#) (8/20/24).

Pertussis Resources

- CDC Whooping Cough (Pertussis) [webpage](#)
- MDPH Pertussis Fact Sheet [webpage](#)
- MDPH [Pertussis Clinical Advisory](#) (8/20/24)

— *MCAAP Immunization Initiative*

Navigating Immunization This Fall and Winter

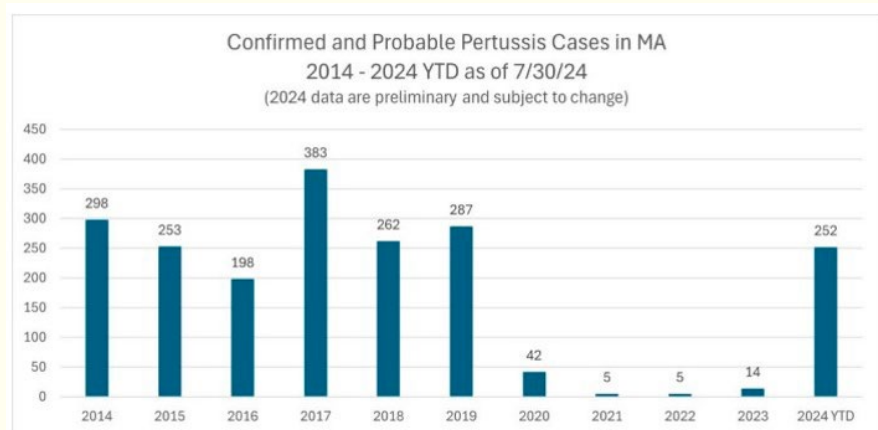
During the 2023–2024 respiratory illness season, there was a simultaneous cocirculation of different respiratory viruses that resulted in many illnesses, hospitalizations, and deaths. For the 2024–2025 respiratory disease season, vaccines are available that can provide life-saving protection against COVID-19, influenza, and respiratory syncytial virus (RSV).

The Centers for Disease Control and Prevention (CDC) is asking for your support in maximizing the administration of these immunizations throughout the 2024–2025

Pertussis Update

In August, the Massachusetts Department of Public Health reported that as of July 30, 2024, pertussis was spreading in Massachusetts, particularly among adolescents.

MDPH recommended that pertussis be considered with a high index of suspicion in patients of any age with prolonged cough, regardless of their vaccination status.



respiratory illness season. As a health care provider, your **strong recommendation and offer of vaccination** are vital to whether your patients decide to get vaccinated. Data shows that recommending and offering vaccine during the same visit result in a patient being more likely to choose 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 viruses, 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.

Respiratory Syncytial Virus (RSV) Immunizations Update

The Advisory Committee on Immunization Practices (ACIP) [recommendations](#) for the use of nirsevimab among infants and young children for the prevention of RSV remain unchanged from 2023. The ACIP [recommendations](#) for maternal RSV vaccination also remain unchanged from 2023.

CDC recommends the providers use one of the following two tools to protect infants and young children from getting very sick with RSV during the 2024–2025 respiratory illness season:

- An [RSV vaccine](#) given to the mother during pregnancy
- An [RSV immunization](#) given to infants and some older babies

Nirsevimab is expected to be widely available by October 1, 2024. A nirsevimab supply shortage is not expected for the 2024–2025 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. MMWR Morb Mortal Wkly Rep. 2023 Aug 25;72\(34\):920–925.](#)
- [Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization](#)

[Practices — United States, 2023. MMWR Morb Mortal Wkly Rep. 2023 Oct 13;72\(41\): 1115–1122.](#)

- [AAP Recommendations for the Prevention of RSV Disease in Infants and Children. Red Book Online, February 21, 2024.](#)
- Nirsevimab Frequently Asked Questions [website](#), AAP.
- RSV in Infants and Young Children [website](#), CDC.
- RSV in Infants and Young Children [Poster](#), CDC.
- MCAAP Nirsevimab [Resource Packet](#) (8/27/24).
- [On demand webinar](#): MCAAP Immunization Initiative Webinar Series — *Pregnancy and Newborn Immunization During the 2024–2025 Respiratory Illness Season* — Recorded 8/27/24. — *MCAAP Immunization Initiative*

Influenza Vaccines 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, 2024–2025 Influenza Season.](#)” in the August 29, 2024, issue of *Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports*.

The report updates the 2023–2024 recommendations of the ACIP regarding the use of seasonal influenza vaccines in the United States.

Summary

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.

- Trivalent inactivated influenza vaccines (IIV3s), trivalent recombinant influenza vaccine (RIV3), and trivalent live attenuated influenza vaccine (LAIV3) are expected to be available.
- All persons should receive an age-appropriate influenza vaccine (i.e., one approved for their age), with the exception that solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens may receive either high-dose inactivated influenza vaccine (HD-IIV3) or adjuvanted inactivated influenza vaccine (aIIV3) as acceptable options (without a preference over other age-appropriate IIV3s or RIV3).
- Except for vaccination for adults aged ≥65 years, ACIP makes no preferential recommendation for a specific vaccine when more than one licensed and recommended vaccine is available.
- Following a period of no confirmed detections of wild-type influenza B/Yamagata lineage viruses in global surveillance since March 2020, the 2024–2025 U.S. influenza vaccines will not include an influenza B/Yamagata component. All influenza vaccines available in the United States during the 2024–2025 season will be trivalent vaccines containing hemagglutinin derived from:
 - 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);
 - an influenza A/Thailand/8/2022 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Massachusetts/18/2022 (H3N2)-like virus (for cell culture-based and recombinant vaccines); and
 - an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus.

The Benefit of Flu Vaccination 2022-2023

Flu vaccination in the U.S. during the 2022-2023 season prevented an estimated:			
<p style="font-size: 2em; font-weight: bold; margin: 0;">6</p> <p style="margin: 0;">million flu illnesses</p>	<p style="font-size: 2em; font-weight: bold; margin: 0;">2.9</p> <p style="margin: 0;">million flu medical visits</p>	<p style="font-size: 2em; font-weight: bold; margin: 0;">65,000</p> <p style="margin: 0;">flu hospitalizations</p>	<p style="font-size: 2em; font-weight: bold; margin: 0;">3,700</p> <p style="margin: 0;">flu deaths</p>
Around the number of people who live in the Metro Atlanta area.	About the same number of people that fly in and out of U.S. airports each day.	Around the number of people who can fit in an average American football stadium.	Slightly more than the average number of people who can fit on a cruise ship.
www.cdc.gov/flu			

- Persons with an egg allergy:
 - Multiple studies indicate that egg-allergic persons are not at increased risk of severe allergic reactions to egg-based influenza vaccines.
 - Any influenza vaccine that is otherwise appropriate for the recipient's age and health status (egg based or nonegg based) can be administered to persons with egg allergy.
 - Egg allergy necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine.

Influenza Season Resources

- [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–2025 Influenza Season](#). *MMWR Recomm Rep.* 2024 Aug 29;73(5):1–25.
- [2024–2025 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 Vaccines Update

In June, the CDC Director approved the ACIP's [recommendation](#) for updated 2024–2025 COVID-19 vaccines.

Summary

- CDC recommends everyone ages 6 months and older receive an updated 2024–2025 COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 this fall and winter whether they have ever previously been vaccinated with a COVID-19 vaccine.
- The Food and Drug Administration (FDA) has approved and authorized 2024–2025 Moderna and Pfizer-BioNTech COVID-19 vaccines.

At the time of the writing of this “ShotClock” article, the 2023–2024 Novavax COVID-19 vaccine remains authorized but is no longer available in the United States as all doses have expired. Accordingly, at this time, CDC recommendations for use of Novavax COVID-19 vaccine have been removed from the Interim Clinical Considerations. Updated information will be communicated if the FDA approves or authorizes additional 2024–2025 COVID-19 vaccines.

As soon as it becomes available, updated information about COVID-19 vaccines, including *MMWR*-published recommendations, will be communicated via the MCAAP Immunization Initiative e-newsletter and MCAAP [website](#).

COVID-19 Vaccine Resources

- COVID-19 Vaccination Clinical & Professional Resources [website](#), CDC

- Use of COVID-19 Vaccines in the United States [webpage](#), 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*

Massachusetts Vaccine Confidence Project Update



The [Massachusetts Vaccine Confidence Project \(MVCP\)](#) is a collaboration of the Immunization Division, Massachusetts Department of Public Health (MDPH), the Massachusetts Adult Immunization Coalition (MAIC), and the Massachusetts Chapter, American Academy of Pediatrics (MCAAP).

The MVCP's mission is to increase vaccine confidence throughout Massachusetts to ensure that all residents are fully protected against serious, vaccine-preventable diseases. This is accomplished through the development of educational activities and science-based resources and training materials for health care providers and the public, and collaboration with organizations that support immunization.



Recent MVCP activities include:

- Health care provider (HCP) education through collaborative webinars. Click [here](#) to access the webinar recordings.
- Exhibits at HCP conferences, such as the Northeastern University School Health Academy. The MVCP also will exhibit at the 29th Annual MIAP Pediatric Immunization Skills Building Conference on October 30, 2024.
- Recognition of Massachusetts Community Health Centers during National Health Center Week (NHCW).
- HCP and public outreach during NHCW through exhibits at Baystate Health's Brightwood and High Street Health Fairs.
- Vaccine confidence education for oral health providers.
- Communication of project activities and resources through the MVCP newsletters and cofacilitator newsletters. Visit the MVCP [website](#) to access recent newsletters, including a special edition 2024–2025 *Respiratory Illness Season* newsletter.
- Continued enhancement of the project's [website](#), including its [resource library](#).

Are you looking for specific resources that would promote vaccine confidence in your practice, or would you like more information

about how you can become involved in the project? If yes, please contact Cynthia McReynolds, MCAAP Immunization

Initiative Program Manager and MVCP Cofacilitator (cmcreynolds@mcaap.org).
— MCAAP Immunization Initiative

Upcoming Conferences and Meetings

MCAAP Immunization Initiative Advisory Committee Meeting

September 24, 2024, 6:30 p.m.

The meeting will be hybrid. The in-person meeting will be held at Massachusetts Medical Society, Waltham, MA. If you are interested in attending the meeting or have questions, please contact Cynthia McReynolds (cmcreynolds@mcaap.org).

MCAAP Immunization Initiative Webinar Series

**Accessible Vaccination:
A First Step Toward Health Equity**
September 25, 2024, 12:00–1:00 p.m.

Presenter: Danielle Hall, Director of Health Equity Initiatives, Autism Society

Registration is free; preregistration is required. Click [here](#) for more information and to register for the webinar.

2024–2025 Influenza Season Update
October 8, 2024, 12:00–1:00 p.m.

Presenter: Lisa Grohskopf, MD, MPH, Centers for Disease Control and Prevention (CDC)

Registration is free; preregistration is required. Click [here](#) for more information and to register for the webinar.

Advisory Committee on Immunization Practices (ACIP) Meeting

October 23–24, 2024

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

29th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference

October 30, 2024

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

National Influenza Vaccination Week (NIVW)

December 2–6, 2024

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

Advisory Committee on Immunization Practices (ACIP) Meeting

February 26–27, 2025

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



Illustration by Jack Maypole, MD

JOB CORNER

Pediatrician

Seeking BC/BE pediatrician to join thriving private practice. Situated in a beautiful coastal area just south of Boston and affiliated with Massachusetts General Hospital/Brigham. Looking for full- or part-time. Supportive, team-oriented group with both primary care and developmental-behavioral pediatrics as well as a clinical therapist. The practice consists of three physicians and one NP, an LICSW, and full administrative support staff, as well as RNs and an MA. This position is outpatient only, with a share of evening/weekend coverage. Night call consists of second call coverage to support nurse triage services. Compensation is competitive and includes a generous benefit package. Utilizing the methods of continuous quality improvement, teamwork, and striking a balance between work and family time are fundamental to our practice. Caring, sensitive physicians who share these values are invited to apply with a CV and note of interest to Jocelyn Healey, MD, by email at jhealey@drbelknap.com.

Pediatrician

Garden City Pediatrics Associates is seeking a BC/BE pediatrician to join our practice in Beverly, MA, just 20 miles north of Boston and with easy access to both beaches and mountains. We are a group of eight pediatricians (six full-time and two part-time) who, along with our four advanced practice providers and exceptional nursing staff, are dedicated to providing high-quality, evidence-based care to children in our community 365 days a year. This 0.75 FTE position would entail three office days/week and a share in holiday/weekend coverage, which includes newborn nursery rounds at Beverly Hospital and sick visits at our office on the Beverly Hospital campus. Our proximity to the hospital allows for close collaboration with our Boston Children's and BIDMC colleagues, who provide neonatal, emergency, and inpatient care on site. Generous

compensation is based on revenue. Please contact Steve Brickman, practice manager, at ofcmgr@gardencitypediatrics.com for more information.

FOR HIRE

General Pediatrician with Autism and Neurodevelopmental Expertise Available Per Diem

Are you looking for occasional or regular per diem coverage for general outpatient pediatrics care? Would you like to offer autism diagnosis right in the medical home? An energetic general pediatrician with six years of primary care autism diagnostic assessments and two decades of complex ADHD care experience may be just what the doctor ordered. Supporting my colleagues is not new for me, but now it's an official part of my new professional adventure. I'm a Massachusetts pediatrician who can partner with you and the families you

care for from day one. Reach out, and we can brainstorm creative solutions for your practice needs. Open to travel. Email Mary Beth Miotto, MD, MPH, FAAP, at MAdocforkids@gmail.com.

Looking to Hire or Be Hired?

Job listings are a free service provided by *The Forum* to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.*

To submit a listing, email chaggerty@mcaap.org. 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.

