



PRESIDENT'S MESSAGE

Remember What Your Kindergarten Teacher Taught You

Social media is an interesting thing. On the one hand, it can connect you with people all over the world, a feature we have all come to enjoy particularly during this pandemic and the social isolation it can cause. On the other hand, it can be a terrible force for pain and further isolation, and it can even cause extreme mental anguish, at times pushing people over the brink with horrifying consequences. The anxiety and stress levels of everyone due to the tragedies, the disappointments, and the many challenges that we've seen during the recent pandemic has put everyone on edge and made them frustrated and fearful. As the wise Yoda once said, "Fear leads to anger, anger leads to hate, and hate leads to suffering."

Our early teen daughter recently asked my wife and me when she would be able to have a larger social media presence. Some of her friends have accounts on multiple platforms while we have significantly limited her access to those sites. We discussed how name-calling and teasing have always been a part of childhood and adolescence, but with social media the damage can be far worse and longer lasting. We shared with her how quickly somebody's entire reputation can be impacted when the "social media mob" determines that he or she had broken some rule of which he or she was not even aware or said something about which another person takes offense. A few years ago, I would have pulled out some examples that I use when talking to teenage patients or giving lectures to other physicians on social media use in children. However, this year I simply showed her

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Climate Changes Health — Engaging Pediatricians in the Public Health Crisis



While the climate crisis can seem distant and daunting, we have seen direct impacts of environmental change this summer. June of 2021 was the hottest June on record in Boston, an alarming trend of warming anticipated to increase, posing risks of heat illness and dehydration. In July, we saw wildfire smoke from out west produce hazardous air quality in the Commonwealth.

Our patients experienced this as worsening allergic symptoms and asthma exacerbations. In August, New England faced its first direct hurricane landfall in 30 years with Hurricane Henri, characterized by strong winds and heavy rain. Resultant power outages put vulnerable patients with complex care needs at risk as many rely on

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EDITOR'S NOTE

A Tale of Two Fathers



I imagine your office looks and feels like mine these days. There are lots of physicals — both the usual back-to-school and sports physical rush in August — and the endless backlog of children who haven't been seen for 18–24 months. Most visits are not quick, and they are not your average happy (easy) child physical. Anxiety, depression, and obesity are rampant.

But as I was thinking back to a magical day recently, two visits for physicals stood out. One was a preteen, named after his father, who had been my patient years ago. The teen was waiting for me in the exam room alone; when I asked where a parent was, he said his dad had dropped him off and would be coming back. “Your dad?” I asked. “Or your stepdad?” I knew he lived with his mom, stepdad, and little sister. “Yep, my dad.” After I finished his exam, I said, “I’d love to see your dad” and walked out to the car with him. I remembered that his dad had been about the same age when he became a father, but he had not been allowed by the young mother’s family to have much to do with his son. As a teen, the father was unmotivated and kind of drifted.

Up pulled a nice shiny SUV with a very lovely woman in the front seat, a little baby girl in the car seat in the back, and my former patient in the driver’s seat. I imagined it had been more than 15 years since I’d last seen him. He’s now a state police officer with a purpose, a family, and a great relationship with his son.

Later that same day, I saw a beautiful baby girl for her first visit, the daughter of parents with older children and a blended family. The dad was quite at ease with the new baby, adeptly diapering, burping, and handing her gently over to the mom. He said, “When I was a kid, you’d be chasing me all over the office!” Looking closely at him, I asked, “Do I know you?” as he looked familiar. “You used to be my doctor!” he replied. Let’s just say I lost a bit of sleep over him as a boy and teen! I might have imagined a very different path and outcome for this man. He is now a paralegal, working in housing advocacy, and helps people stay in their homes. He’s also grown into a kind, thoughtful man with a purpose, a family, and a new baby.

With both these men, I was so touched to see them in a new light. Both certainly had their struggles and challenges, which they overcame. And I was reminded, as I am so often, that there is so much we don’t know about the lives of our patients. We only see the tip of the iceberg. We always wonder what kind of adults have they become, and was there any tiny contribution we made that helped them head in the right direction? We almost never know.

These two visits were two magical pediatrician moments for which I am enormously grateful. Wishing you a few moments of magic in the midst of your busy days. — **Lisa Dobberteen, MD, FAAP**

Remember What Your Kindergarten Teacher Taught You

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some posts from a physician-only Facebook group. Highly respected and accomplished physicians are having their entire careers questioned when expressing a thought that may deviate from the opinions of others. She was horrified at some of the things that physicians would say to other colleagues and understood the point that we were trying to make about how the distance provided by social media makes it somehow seem OK to say things that I am quite sure these physicians would never say directly to another person.

Every day, we are seeing evidence of the path that Yoda described. I have become quite sad at the loss of reasonable and respectful discourse. As social media has become the prime method where many people learn information and the place where they share their opinions, the name-calling and disrespectful expression of beliefs have escalated. Those who say something that may differ from another view being expressed are immediately attacked and shunned. This leads to a “piling on” effect where others choose sides, further driving an artificial wedge between two groups that initially may not have differed much in their opinions. However, they are forced to pick a camp.

There is a difference between pointing out misinformation and shutting down discourse. Shutting down discussion is not the scientific way and does nothing to help the current situation. Insulting and shaming does not change anybody’s mind or make anybody see the errors of their ways; it simply causes more distrust of the mainstream message. Filtering and shaming those who do not agree with us will never be an effective method to moving our agenda forward. Frequently, it has the opposite effect of reinforcing the views of those in the extremes and those who believe in conspiracy theories and moving others toward those extremes.

There is a recent and dangerous trend to try to lump people into one radical camp or another. Most people fall along some sort of continuum. However, if we assume that anybody who expresses a particular opinion that we do not agree with falls into



an extreme, it is impossible to have a reasonable discussion. For example, a good friend of mine has a very strong phobia about putting anything into his body, which has been a lifelong fear and has influenced all medical care for years. With the availability of the COVID-19 vaccine, we have had hours of discussions about the safety, efficacy, benefit, scientific background, and any potential long-term consequences of receiving the vaccine. This friend is a rational, reasonable human being with a very irrational fear. If I lumped these concerns and questions into the same bucket as those parents who have “done their research” and are convinced that vaccines are simply a government conspiracy to control the population and a method to gain huge profits for the pharmaceutical industry and the physicians who promote vaccines, I would be doing a grave disservice to my friend. While a parent who has this view is unlikely to be swayed by anything that I say, and despite my best efforts, I will be frustrated and irritated by those who express this point of view, I can have a different kind of conversation with others, like my friend, who have reasonable questions and are willing to listen and consider other points of view. While it is not possible to have the hours of conversations with families in the office that I did with my friend, it is possible to continue to build on those relationships when communication is respectful, and it is possible sometimes to move the needle — my friend did ultimately decide to get the COVID-19 vaccine.

It is time to go back to the basics. We need to relearn the lessons that our kindergarten teachers taught us and that our parents tried to drill into us. The Golden Rule (“Do unto others as you would have them do unto you”) and even more simply “Be kind to your neighbor” have become far less commonly followed in recent times.

The pandemic will end someday. The virus, like all pandemic viruses, will be controlled in time. Unfortunately, many lives will be lost, and many others permanently changed by the devastation from this horrible disease. I worry that we will be left with a world where we are far less kind to each other, where reasonable discourse is discouraged, and opinions that are deemed by some to be “not mainstream” will be silenced. Shaming, shunning, and insulting those with whom we do not agree, especially in a public forum, is not a helpful method. Unfortunately, it is something we can expect from adolescents who are still maturing. However, we should expect more from the adults in their lives, especially physicians and other health care professionals in whom the public has placed their trust to keep them healthy during the current pandemic and beyond and lead them through difficult times. We need to remember the important lessons that our kindergarten teachers taught us many years ago — “Be kind to others” and “No name-calling.” It should be as simple as that.

— *Lloyd Fisher, MD, FAAP*

MEMBER SPOTLIGHT

Clovene Campbell, MD, FAAP

Dr. Clovene “Chloe” Campbell traveled far to make her home at Pediatric Associates of Greater Salem and Beverly, and she celebrates that journey to Massachusetts and to pediatrics. Whether it is pulling out hula hoops for the office’s “Friday Recess” or laying down yoga mats for the staff during a break between patients, Chloe is a medical director who encourages wellness behaviors in her colleagues. Caring for children brings her joy, and she wants to share that joy.

Chloe was born and raised in Jamaica, where she attended the University of the West Indies for a year before moving to New York. She completed her bachelor’s degree at New York University and graduated from Yale Medical School. Finding her way to Boston and Mass General Hospital for Children for residency, she’s been happily settled in the North Shore ever since, making the commute from Lexington where she lives with her husband and two teenage children. Invited almost 20 years ago to join the Pediatric Associates of Greater Salem and Beverly (PAGS) by one of the founders, Dr. James Higgins, Chloe succeeded him as the practice’s medical director three years ago.

With a smaller office in Salem and a large office in Beverly, PAGS was one of the few private practice sites designated as a state COVID vaccine site early in the vaccine rollout. Dr. Campbell explains that pediatric practices have a

greater chance of surviving and flourishing in challenging times by eliciting staff ideas and fostering innovation. She admires the flexibility and tenacity of the staff at PAGS and they never closed their doors. “At the end of it all, the community seems to appreciate that we stayed open.”

Chloe credits the pandemic with her stepped-up efforts to create more life balance and to attend to self-care. Always an active walker, she now commits to “run in winter, run in summer” and has a regular running partner who was a friend from medical school. While she sometimes participated in yoga, she now integrates both yoga and Pilates into her life routinely, frequently rounding up staff to join her in a 10-minute session before they sit down to lunch. “Health care workers need to take care of themselves and in so doing, give good care to others.”

Dr. Campbell started her second term as District 6 representative on the MCAAP executive board this July. “It never occurred to me to reach out and ask for a position at the Chapter, but I was so honored to receive a phone call asking me to run because a colleague recommended me.” Chloe served on the School Reopening Task Force in 2020–21, contributing practical steps on pandemic workflow and firsthand experience in developing return-to-school letters. She encourages members who never considered themselves Chapter



leaders to step forward to give it a try and hopes to see more new faces around the Chapter leadership table. Chloe always looks forward to MCAAP meetings because “everyone arrives with a different perspective.”

Chloe still struggles occasionally with prioritizing and is working on saying no. However, she carries no regrets about allocating extra time to advocate for child health. She won’t say no to the kids. “In every century, there is something that defines us. We have to serve the community and take care of the children.”

Dr. Campbell’s District 6 encompasses most of Essex County as well as Bedford, Billerica, Burlington, North Reading, Reading, Tewksbury, Wakefield, and Wilmington.

— *Mary Beth Miotto, MD, MPH*

Palivizumab Prophylaxis with Atypical RSV Spread

This summer, many states including Massachusetts began seeing unusually high rates of RSV infection in children. In this context, the AAP released interim guidance regarding the use of palivizumab prophylaxis, recommending that providers consider respiratory syncytial virus (RSV) prophylaxis for eligible infants in areas experiencing high RSV rates. AAP guidance in the *Red Book* suggests

prophylaxis should be considered when states see two consecutive weeks of RSV polymerase chain reaction (PCR) test positivity above 3% or RSV antigen test positivity above 10%. Based upon CDC surveillance data, Massachusetts met these thresholds in July, and providers and hospitals have begun administering palivizumab to infants meeting AAP eligibility criteria.



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Climate Changes Health — Engaging Pediatricians in the Public Health Crisis

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electrically powered medical equipment. These are just a few examples of how climate changes health.

The UN's Intergovernmental Panel on Climate Change's (IPCC) most recent statement on climate change categorizes the climate crisis as "a code red for humanity." The extensive study highlights irrefutable scientific evidence that Earth is warming at an unprecedented rate as a result of human activity. The study warns of consequential extreme weather, sea level rise and flooding, worsening air quality,

droughts, and more. Drastic environmental reform to preserve our planet certainly demands large-scale action, policy measures, and legislation — a key mission of the IPCC and its landmark statement. But how can pediatricians engage and amplify this pivotal movement?

The AAP Chapter Climate Advocates network was established to explore the child health issues posed by climate change and encourage state-level action, advocacy, and member engagement. The MCAAP is represented in the Chapter Climate Advocates network by Shalini Shah, DO, who also serves as the Pediatric and Reproductive Environmental Health Fellow at Boston Children's Hospital.

As members of our local and patient communities, pediatricians hold a unique gift in our ability to support community advocacy movements, distill complex data to identify child health risks, and translate that information to communities in a way to promote adaptation and resiliency. We invite you to learn more about how the warming climate is changing health and join our Chapter's efforts to engage in this important health issue on our website (see Climate Change Advocacy [<https://mcaap.org/advocacy-contacts/climate-change-advocacy>]). Please reach out to our MA Chapter Advocate at sshah@mcaap.org with questions, feedback, or interest in joining our efforts!

— *Shalini Shah, DO*

Palivizumab Prophylaxis with Atypical RSV Spread

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MassHealth has confirmed that it will approve palivizumab for these circumstances. It is expected that other payers will do the same, although prior authorization should be obtained when possible.

Ongoing administration in coming months should be based on state RSV trends. The AAP will revisit this topic regularly and will continue to offer guidance regarding timing and number of doses.

- AAP *Red Book* guidance on RSV prophylaxis, including thresholds for beginning palivizumab prophylaxis, can be found here: <https://redbook.solutions.aap.org/chapter.aspx?sectionid=247326907&bookid=2591>.

- The AAP interim guidance on palivizumab prophylaxis during this atypical RSV season can be found here: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization>.
- An article from AAP News summarizes the interim guidance: www.aappublications.org/news/2021/08/10rsv-palivizumab-interim-guidance-081021.
- CDC surveillance data for RSV test positivity rates in Massachusetts can be found here: www.cdc.gov/surveillance/nrevss/rsv/state.html#MA.
— *Munish Gupta, MD, MMSc*

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ShotClock



26th Annual MIAP Pediatric Immunization Skills Building Conference

**Virtual Conference on
Thursday, October 28, 2021,
8:00 a.m.–3:45 p.m.**

It's not too late to register for the 26th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference. The conference will be held virtually on Thursday, October 28, 2021.

Conference plenary session speakers and topics include the following:

- **COVID-19's Impact on Children in Massachusetts** — Katherine Hsu, MD, MPH, FAAP, Medical Director, Division of STD Prevention and Ratelle STD/HIV Prevention Training Center of New England, Massachusetts Department of Public Health (MDPH)
- **COVID-19 Vaccine Recommendations** — Andrew Kroger, MD, MPH, Health Communications Specialist, AD Communications Team, Vaccine Task Force, Centers for Disease Control and Prevention (CDC)
- **Stopping the COVID-19 Pandemic** — Paul Offit, MD, Director, Vaccine Education Center; Professor of Pediatrics, Division of Infectious Diseases, Children's Hospital of Philadelphia
- **State Immunization Update** — Pejman Talebian, MA, MPH, Director, Immunization Division, MDPH
- **National Immunization Update** — A. Patricia Wodi, MD, Medical Officer, CDC
A Q&A panel and breakout sessions are also planned.

To learn more and to register, visit the conference website at <https://cvent.me/grB22G>.

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

2021–22 Influenza Season Update

CDC Publishes Vaccine Recommendations for the 2021–22 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, 2021–22 Influenza Season,” in the August 27 issue of *Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports* (www.cdc.gov/mmwr/volumes/70/rr/pdfs/rr7005a1-H.pdf).

The report updates the 2020–2021 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 the ACIP that were held on October 28, 2020; February 25, 2021; and June 24, 2021.

Primary updates from the report include the following:

- All seasonal influenza vaccines available in the United States for the 2021–22 season are expected to be *quadrivalent*.
- The composition of 2021–22 US influenza vaccines includes updates to the influenza A(H1N1)pdm09 and influenza A(H3N2) components.
- US-licensed influenza vaccines will contain hemagglutinin derived from an influenza A/Victoria/2570/2019 (H1N1)pdm09–like virus (for egg-based vaccines) or an influenza A/Wisconsin/588/2019 (H1N1)pdm09–like virus (for cell culture–based and recombinant vaccines), an influenza A/Cambodia/e0826360/2020 (H3N2)–like virus, an influenza B/Washington/02/2019





(Victoria lineage)-like virus, and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

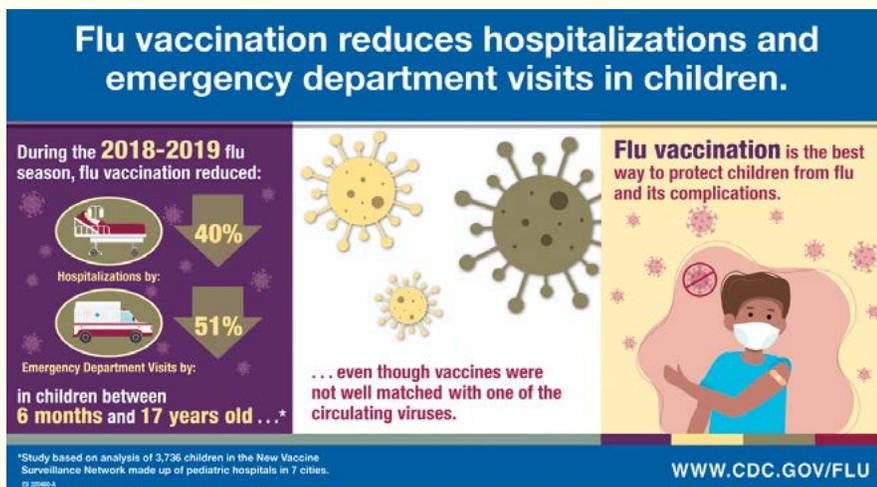
- The approved age indication for the cell culture-based inactivated influenza vaccine, Flucelvax Quadrivalent (ccIV4), has been expanded from ages ≥ 4 years to ages ≥ 2 years.
- Discussion of administration of influenza vaccines with other vaccines includes considerations for coadministration of influenza vaccines and COVID-19 vaccines. Providers should also consult current ACIP COVID-19 vaccine recommendations and CDC guidance concerning coadministration of these vaccines with influenza vaccines. Vaccines that are given at the same time should be administered in separate anatomic sites.
- Guidance concerning timing of influenza vaccination now states that vaccination soon after vaccine becomes available can be considered for pregnant women in the third trimester. As previously recommended, children who need two doses (children aged 6 months through 8 years who have never received influenza vaccine or who have not previously received a lifetime total of ≥ 2 doses) should receive their first dose as soon as possible after vaccine becomes available to allow the second dose (which must be administered ≥ 4 weeks later) to

be received by the end of October. For nonpregnant adults, vaccination in July and August should be avoided unless there is concern that later vaccination might not be possible.

- Contraindications and precautions to the use of ccIV4 and RIV4 have been modified, specifically with regard to persons with a history of severe allergic reaction (e.g., anaphylaxis) to an influenza vaccine. A history of a severe allergic reaction to a previous dose of any egg-based IIV, LAIV, or RIV of any valency is a precaution to use of ccIV4. A history of a severe allergic reaction to a previous dose of any egg-based IIV, ccIV, or LAIV of any valency is a precaution to use of RIV4. Use of ccIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction. For ccIV4, history of a severe allergic reaction to any ccIV of any valency or any component of ccIV4 is a contraindication to future use of ccIV4. For RIV4, history of a severe allergic reaction to any RIV of any valency or any component of RIV4 is a contraindication to future use of RIV4.

Helpful 2021–22 Influenza Season Links

- **Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2021–22 Influenza Season. *MMWR Recommendations and Reports* / August 27, 2021 / 70(5);1–28:** www.cdc.gov/mmwr/volumes/70/rr/pdfs/rr7005a1-H.pdf
- **Summary of ACIP 2021–2022 Recommendations (4 pages):** www.cdc.gov/flu/pdf/professionals/acip/acip-2020-21-summary-of-recommendations.pdf
- **CDC flu webpage for health care professionals:** www.cdc.gov/flu/professionals/index.htm
- **CDC Frequently Asked Flu Questions: 2021–2022 Flu Season webpage:** www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm
- **CDC FluView webpage — Weekly US Influenza Surveillance Report:** www.cdc.gov/flu/weekly/index.htm
- **MDPH flu website for health care professionals:** www.mass.gov/handbook/influenza-information-for-healthcare-and-public-health-professionals
- **MCAAP influenza website:** <https://mcaap.org/immunization-initiative/flu>



Flu Season Resources for Providers

Health care providers (HCPs) play a vital role in recommending the importance of annual influenza vaccination. The HCP Fight Flu Toolkit (www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm) includes the following 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*

HHS Catch-Up to Get Ahead Toolkit

Ensuring that routine vaccination is maintained or catch-up is initiated during the COVID-19 pandemic is crucial for protecting our children and communities from vaccine-preventable diseases and outbreaks. The United States Department of Health and Human Services (HHS) has developed a helpful toolkit (www.hhs.gov/immunization/catch-up/index.html) for providers to use to help spread awareness during the COVID-19 pandemic about the importance of being caught up on routine recommended childhood immunizations. The toolkit materials

also can be used to promote vaccination throughout the lifespan.

The toolkit includes an excellent compilation of catch-up resources from the following partners:

- **American Academy of Pediatrics (AAP)**
 - **#CallYourPediatrician Toolkit:** www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/call-your-pediatrician/Pages/default.aspx
 - **Clinical Guidance during COVID-19:** <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance>
- **American Academy of Family Physicians (AAFP) — Respond to Coronavirus (COVID-19):** www.aafp.org/patient-care/emergency/2019-coronavirus.html?intcmp=nCoV_car_2019-nCoV_promo_pos1
- **Association of Immunization Manager (AIM) — Routine Immunization Media Materials:** www.immunizationmanagers.org/page/VaccineConfidenceMediaMaterials
- **Centers for Disease Control and Prevention (CDC)**
 - **National Immunization Awareness Month Toolkit:** www.cdc.gov/vaccines/events/niam/index.html
 - **Resources for Encouraging Vaccinations during COVID-19:** www.cdc.gov/vaccines/partners/childhood/stayingontrack.html
 - **Vaccines for Children Program — Information for Parents:** www.cdc.gov/vaccines/programs/vfc/parents/index.html

- **Immunization Action Coalition (IAC)**
 - **Repository of Resources for Maintaining Immunization during COVID-19:** www.immunizationcoalitions.org/resource-repository
 - **Ask the Experts — COVID-19 and Routine Vaccination:** www.immunize.org/askexperts/experts_covid19.asp
- **National Foundation for Infectious Diseases — Keep Up the Rates Campaign:** www.nfid.org/keep-up-the-rates
- **National HPV Vaccination Roundtable — Help Get Adolescent Vaccination Back on Track:** <http://hpvroundtable.org/get-involved/health-systems>

The toolkit also includes the following resources:

- **Catch-Up to Get Ahead Talking Points:** www.hhs.gov/sites/default/files/catch-up-get-ahead-talking-points.docx
- **Social Media Graphics and Banners:** www.hhs.gov/immunization/catch-up/index.html#social-media-graphics — *MCAAP Immunization Initiative*

From the MDPH Immunization Division

New Vaccines Available through State Vaccine Program

This summer, the Massachusetts Department of Public Health Immunization Division added the following pediatric vaccines for order by providers enrolled in the state vaccine program: MenQuadfi and Vaxelis.

MenQuadfi (MenACYW-TT) from Sanofi Pasteur, Inc., is a meningococcal quadrivalent conjugate vaccine (MenACWY) vaccine formulation. MenQuadfi is approved for use in individuals two years of age and older. The vaccine is administered as a 0.5 mL intramuscular dose. Starting at two years of age, MenQuadfi is interchangeable with the other MenACWY vaccines, GSK's Menveo and Sanofi's Menactra. For individuals younger than two years of age, Menveo can be used starting at two months of age and Menactra can be used starting at nine months of age.

- **MenQuadfi package insert:** www.fda.gov/media/137306/download

- **Meningococcal ACYW Vaccine Information Statement (VIS):** www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html
- **Advisory Committee on Immunization Practices Recommendations: Meningococcal Vaccination (MMWR, September 25, 2020):** www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html
- **The Immunization Action Coalition's (IAC) MenACWY Vaccine Recommendations by Age and Risk Factor:** www.immunize.org/catg.d/p2018.pdf

Vaxelis (DTaP-IPV-Hib-HepB) from MSP Vaccine Company is hexavalent vaccine indicated for protection against diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib), and hepatitis B.

Vaxelis is the first vaccine available in the United States that has a hepatitis B and Hib component in addition to DTaP and polio components. The vaccine is approved for use as a three-dose series in children from six weeks through four years of age (prior to the fifth birthday). The three-dose series consists of a 0.5 mL intramuscular injection administered at two, four, and six months of age.

- **Vaxelis package insert:** www.fda.gov/media/119465/download
 - **Multi-Vaccine VIS:** www.cdc.gov/vaccines/hcp/vis/vis-statements/multi.html
 - **DTaP (Diphtheria, Tetanus, Pertussis) VIS:** www.cdc.gov/vaccines/hcp/vis/vis-statements/dtap.html
 - **Hib (*Haemophilus influenzae* type b) VIS:** www.cdc.gov/vaccines/hcp/vis/vis-statements/hib.html
 - **Polio VIS:** www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.html
 - **Hepatitis B VIS:** www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html
- For more information on vaccine recommendations and administration, see the following resources:
- **MMWR, February 7, 2020:** www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm
 - **CDC Vaxelis Fact Sheet:** www.cdc.gov/vaccines/hcp/admin/downloads/YCTS-vaxelis.pdf

Upcoming Conferences and Meetings

Advisory Committee on Immunization Practices (ACIP) Meeting

October 20–21, 2021

For more information, visit www.cdc.gov/vaccines/acip/meetings/index.html.

26th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference

October 28, 2021, 8:00 a.m.–3:45 p.m.

This meeting will be held virtually. For more information, visit the conference website: <https://cvent.me/gRB22G>.

Massachusetts PTA Virtual Health Summit: Engaging Together to Be Healthy: Facing Difficulties, Finding Solutions

November 4, 2021

Immunization-related workshops content is included. For more information, visit www.massachusettspta.org.

Immunization Initiative Advisory Committee Meeting

November 16, 2021, 6:30 p.m.

The meeting will be held virtually. Please contact Cynthia McReynolds at cmcreynolds@mcaap.org if you are interested in attending the meeting.

Grand Rounds Seminar – Cape Cod Hospital

November 17, 2021, 8:00 a.m.

Presenter: *Richard Moriarty, MD, FAAP*

For more information, please contact Cynthia McReynolds at cmcreynolds@mcaap.org.

National Influenza Vaccination Week (NIVW)

December 5–11, 2021

For more information, visit www.cdc.gov/flu/resource-center/nivw/index.htm.

Advisory Committee on Immunization Practices (ACIP) Meeting

February 23–24, 2022

For more information, visit www.cdc.gov/vaccines/acip/index.html.

- **IAC Ask the Experts: Combination Vaccines:** www.immunize.org/askexperts/experts_combo.asp
 - **MSP's Vaxelis website:** www.vaxelis.com
 - **MSP's Transitioning to Vaxelis Tool:** www.vaxelistransition.com
- These vaccines have new vaccine codes that will need to be used to ensure proper reporting of these vaccinations to the MIIS. Please be sure your EHR vendor is aware.
- For DTaP, IPV, and Hib Hep B (Vaxelis), the CVX code is 146.
 - For MenACWY TT conjugate (MenQuadfi), the CVX code is 203.

Since these are both new vaccines, providers will need to use the "Add a Vaccine" hyperlink to add these vaccines to their order. Please use the New Order Mini Guide

found in the MIIS training center for help (https://resources.miisresourcecenter.com/trainingcenter/New%20Order_2018_Mini%20Guide.pdf).

As providers consider changing the vaccine they will use for their populations, they must not allow vaccines to expire. Considerations should also be made to not waste current inventory. Providers should call the Vaccine Management Unit at (617) 983-6828 if they have any questions on how to begin ordering Vaxelis or MenQuadfi.

— **MDPH Immunization Division**

Massachusetts Paid Family and Medical Benefits Now Cover Care for a Family Member with a Serious Medical Condition

Effective July 1, 2021, Paid Family and Medical Leave in Massachusetts now covers family leave to care for a family member with a serious medical condition. While the federal Family and Medical Leave Act offers job protection, the Massachusetts law provides income support for working caregivers who rely on steady income to meet their family's needs as well as job protections. This article highlights coverage available, and how pediatricians who care for seriously ill children can help their families access this benefit. Note that this benefit applies to both employed caregivers, and, in many cases, gig workers (like drivers of ride-sharing services), as well as to many recently unemployed workers.

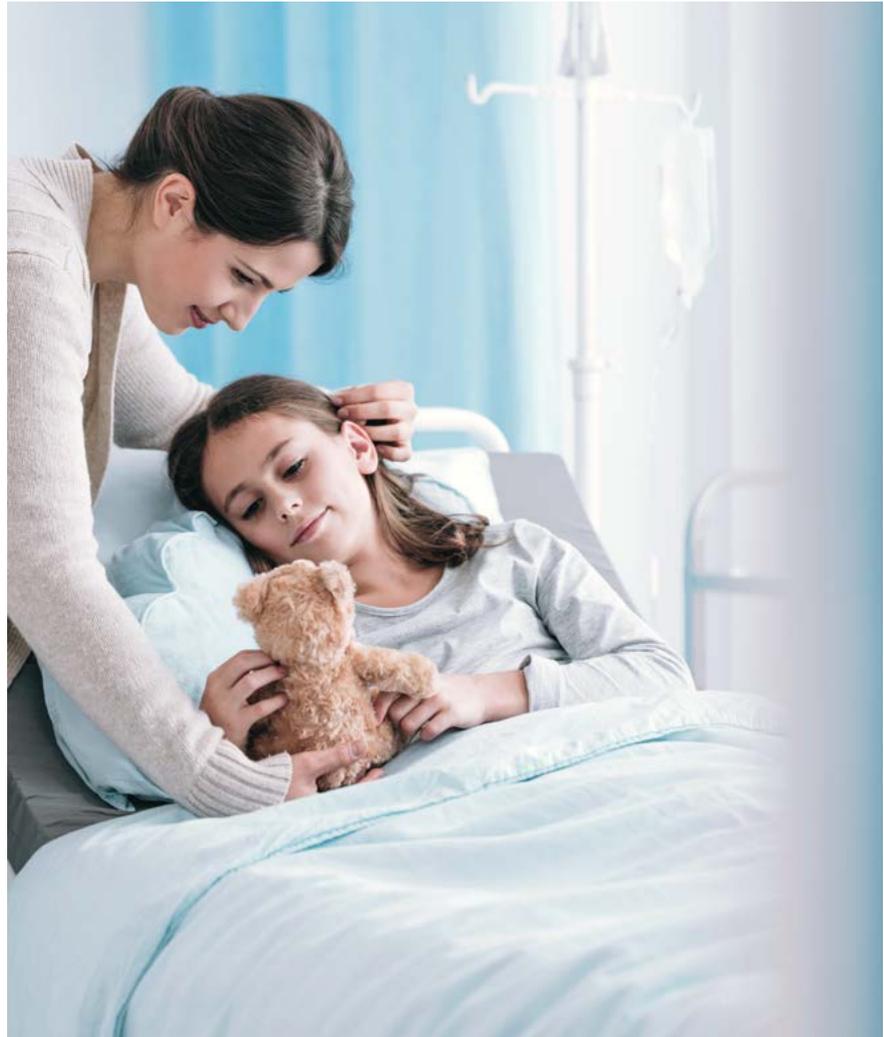
The MCAAP supported the passage of this law because as pediatricians we know that parents need time and support to care for children with serious health conditions and the importance of secure attachment for new babies and children.

Here is a summary of benefits available to Massachusetts working families (up to a maximum of 12 weeks, per benefit year, for any of these, but not more than 12 weeks total for a combination of them):

- Family leave to bond with a new baby, or an adopted or foster child is available for each caregiver. Leave is available any time within the first year of birth, adoption, or foster care placement (in place since January 1, 2021).
- Family leave to care for a family member with a serious medical condition has been available since July 1, 2021.

There are other benefit provisions not directly tied to child health, including up to 20 weeks of paid medical leave to manage one's own serious medical condition, and up to 26 weeks to care for an active service member with a serious health condition related to military service.

We as pediatricians have *three* important roles to play in supporting families to apply for either kind of family leave (bonding or caring for a family member with a serious medical conditions).



1. Encourage both working caregivers, who are likely eligible for family leave, to take bonding leave upon the arrival of a new baby or child (adoptive or foster). This is a precious time to form lifelong attachments that are vital to child and family well-being. This summer, the AAP published a clinical report and policy statement that discussed the key importance of early relational health.
2. Explain this new benefit to families with children and youth with special health needs. In many cases, they may be eligible for family leave to care for a family member with a serious medical condition. This can include providing the daily living needs that family

members cannot perform due to their serious health condition, such as helping them get dressed or helping with meals; providing transportation to the doctor or other facilities for appointments and treatment; providing support for their serious mental health condition, such as taking them to therapy or medication appointments. Families with children with special health needs have been particularly stressed during COVID. For more details, see the AAP "family snapshot" (www.aap.org/en/patient-care/family-snapshot-during-the-covid-19-pandemic).

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The MCAAP Equity, Diversity, and Antiracism



Committee and MCAAP Antiracism Roadmap

The MCAAP Equity, Diversity, and Antiracism Committee was formed in the fall of 2020 in response to recent events involving racism and policing. The committee is comprised of Chapter members who are passionate about creating an equitable and just society for all. We would like to galvanize other members and local advocates to address issues of race and antiracism, especially as they relate to children and the profession of pediatrics. Some recent activities include the following:

- Creation of an antiracism initiative roadmap (see next section), which has been endorsed by the board
- Sponsorship of a webinar series, *Helping Pediatricians to Address Structural Racism*, and the antiracism panel “How Do Pediatricians Diagnose and Treat Structural Racism in Practice: Case Scenarios” at this year’s annual meeting; the Chapter will continue to sponsor these types of educational opportunities to provide tools to help members deal with racism in their practices and community and to promote advocacy around social determinants of health
- Analysis of the Chapter’s demographics in relation to minority and underrepresented physicians with a plan to make recommendations to the board to ensure ongoing efforts to make diversity inclusion a Chapter priority

- Development of an MCAAP web page including national and regional resources to assist Chapter members in addressing racism with their patients and families

The Chair of the Committee is Karen McAlmon, MD. For more information, contact Cathleen Haggerty at chaggerty@mcaap.org.

MCAAP Antiracism Initiative Roadmap

The MCAAP is committed to the attainment of optimal physical, mental, and social health for all infants, children, adolescents, and young adults through provision of quality health care and advocacy for all children and their families.

We are committed to addressing the factors that affect child and adolescent health with a focus on issues that may put some children at more risk than others. Racism in all its forms has devastating impacts on the health, development, and well-being of children and families. We believe that we have a role in creating an antiracist and equitable society, including addressing the health care system’s historical and current racist practices.

In order to live out the universal values of equity and justice and promote them in all places where pediatricians have influence, we the members of the MCAAP aim to increase equity, diversity, and inclusivity in

our organization; increase awareness of racism’s impact on the health of children and their families; decrease bias in pediatric care; and work toward the identification and prevention of racism and its impact on all of the patients we care for.

As an organization, we resolve to intentionally engage in efforts to dismantle systemic racism in order to allow children to thrive and to support our members of color. This will include the following:

1. Increasing our organization’s equity, diversity, and inclusivity
2. Providing education on racial disparities, especially in health care, and antibias training
3. Improving the pediatric standard of care for addressing racism
4. Advocating for legislative policies that combat racist policies and support racial equity

Our goal is to create an inclusive organization that acts as a partner in the greater work for equity and justice in our society. We will hold a critical lens to all our work in order to advocate for equity and justice. We realize that this will require long-lasting efforts and pledge that this will be an integral part of who we are as an organization and what we strive to become — *Karen McAlmon, MD, FAAP*

Why Vaccines Are Important

When I was 10 years old, I came down with the measles. There were seven children in the house — me, my four siblings, and two cousins who had come to stay with us after their father, my mother's sweet brother, died while landing his plane on a carrier in Monterey Bay during a training flight. How I alone had been exposed when we were our own "play group" was a mystery. Perhaps someone in my class at school was an asymptomatic carrier of the virus and had passed it along to me. The year was 1957, and the vaccine would not be available until 1963, another six long years. All the kids in the house had to get gamma globulin shots, big syringes full of measles-preventing magic the consistency of liquified gelatin injected into their bottoms. I was extremely unpopular.

Before the development of the vaccine, nearly everyone got the measles before they reached their 15th birthday. Most weathered the 10 days of misery and recovered, but 400–500 children died of measles complications each year in the United States, and 25% were left with permanent neurologic disabilities. Complications of measles such as ear infections (7%), diarrhea (8%), and pneumonia (6%) occur in about 30% of patients. The overall mortality rate is 0.2% in the United States, but much higher in developing countries. The very young and very old, the malnourished, and of course, the poor have a higher percent of complications and death.

Measles encephalitis is a rare complication that occurs in 0.1% of cases, its onset heralded by headache, vomiting, stiff neck, drowsiness, and in 0.2% of the cases, coma and death. I was soon to join the 0.1%. For the first five days of my illness, my biggest concern, as a normal young girl, was my appearance. I was covered with a dense red rash, described in textbooks as looking like "a bucket of red paint poured over the patient's head." I felt truly ugly. My no-nonsense mother insisted I come downstairs for meals — no room service when there are seven kids in the house. I would dress in long pants and a long-sleeved shirt and wrap a bandana around my face before leaving my

bedroom. Luckily my mother had laid down the law to my siblings: no teasing of the afflicted sister.

After almost a week of illness, I awoke one night with a terrible headache and nausea. I knew I had to get to the bathroom before I threw up, but it was so dark. I was too dizzy to walk, so I crawled, feeling my way along, making it just in time to vomit into the toilet. I decided to stay there until my sister, Mary, with whom I shared a bedroom, woke up. When she finally arrived in the bathroom, it looked like it was still dark night, but Mary said I had to move so she could get ready for school. I was blind.

It turns out I was one of the fortunate ones. My blindness, likely due to retinal or optic nerve inflammation, lasted just four days and then gradually cleared. My dad's brother, William, was a general practitioner in Tempe, Arizona, at that time a small sleepy town about 20 minutes from Phoenix. My parents called him, and he came at once. I have a vivid memory of that visit and how gentle he was and how calmly he spoke. He didn't seem worried, and I began to relax. Uncle William then said he was going to hold up some fingers and that I should tell him how many I saw. In the darkness, I saw a fluttering, as if the wind was blowing against a curtain.

"Three," I blurted out.

"And now, he asked?"

"Two," I said. I remember thinking that if I just said a number, loud and strong, Uncle William wouldn't know about this new, shameful symptom. He told me what a good job I'd done and promised to return the next day. Every morning, just after breakfast, Uncle William would arrive. He'd have coffee first, and chat with my parents, a ritual that was strangely reassuring to me — no rushing in to see the dying girl. Every morning he would put up fingers and I would shout out imaginary numbers, confident that my secret was safe. After he left, my mother would guide me back upstairs to my bed where I would sleep, waking only to vomit periodically into a big bowl and try to count my own fingers. My mother brought me broth and juice and guided me to the bathroom



every couple of hours, but times were different then and there were toddlers and babies to care for. Although I'm sure I would have enjoyed having her sit with me and read a story, I wasn't used to being coddled and was content to daydream and sleep.

On the fifth morning, my headache was gone. I could make out Mary's fuzzy form in the bed next to mine. When Uncle William came and put up his fingers, I squinted and quietly, tentatively said, "Three?" Suddenly everyone was laughing and hugging me, and my mother, the ultimate stoic, was crying. My vision gradually returned, and, almost as importantly to me, the rash faded. I was back to normal.

During my lifetime, from my miraculous childhood escape from permanent neurological damage from measles in the 1950s through my career as a general pediatrician, I've seen the before and after of vaccine-preventable scourges. As a young teen volunteering at the Crippled Children's Hospital on the outskirts of my hometown of Phoenix, Arizona, I helped bathe and feed children paralyzed by polio. At college, I had several friends affected by polio who had contracted the disease just before the vaccine came out. And finally, during my years as a general pediatrician, I watched the miracle wrought by the *Haemophilus influenzae* and pneumococcal vaccines. Meningitis and epiglottitis became rare visitors to our young patients as did the deafness and disability they sometimes left behind.

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Massachusetts Paid Family and Medical Benefits Now Cover Care for a Family Member with a Serious Medical Condition

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3. Consider whether caregivers will need time to care for hospitalized children. Caregivers of children with newly diagnosed or ongoing serious illness, including cancer, diabetes, and serious injuries, may also be eligible.

How to Apply

Families can apply for this benefit via the Department of Family and Medical Leave website (www.mass.gov/orgs/department-of-family-and-medical-leave). Through this site, caregivers can explore the benefits and eligibility, get information on required forms, and the process by which to apply for benefits. And the department's Contact Center — (833) 344-7365 — can also assist families, including those whose primary language is not English. Contact Center staff can also assist self-employed individuals to complete an application.

Pediatricians will need to certify medical conditions for caregivers looking to apply for family leave to care for a family member with a serious health condition.

Information on the certification form can be found on the Department of Family and Medical Leave website. NOTE: Physicians do not need to certify a birth or adoption.

More Details about Paid Family and Medical (PFML) in Massachusetts

1. The better known Family and Medical Leave Act (FMLA) benefits do not include paid leave. The PFML leave program offers a percentage of an individual's pay, making leave accessible to many families who lack the financial resources to use FMLA.
2. Most Massachusetts employees and many independent contractors are covered by the PFML law and eligible for benefits.
3. Most municipal employees, including teachers, are not eligible.
4. Massachusetts PFML benefits include job protection.
5. Weekly benefit amounts are calculated as a percentage of earnings. Individuals can check their eligibility and use the online calculator (www.mass.gov/info-details/estimate-your-available-paid-family-and-medical-leave-benefits) at the Department of Family and

Medical Leave website to estimate their benefit amount.

6. Application for benefits can be made online, via computer or cell phone, or on paper.
7. The Department of Family and Medical Leave has a staffed PFML Contact Center to answer questions.
8. Persons unemployed for up to 26 weeks may also be eligible.
9. Self-employed individuals may be eligible for coverage but must opt-in and pay the tax.

Let's reach as many babies, children, and families as we can!
— *Robert Sege, MD, PhD, Floating Hospital for Children at Tufts Medical Center; Elaine M. Gabovitch, MPA, Director, Division for Children & Youth with Special Health Needs, Massachusetts Department of Public Health; and Alexandra Risley Schroeder, MEd, DMin, Economic Opportunity Team Facilitator, MA Essentials for Childhood*

The authors are members of Massachusetts Essentials for Childhood, a CDC-funded statewide coalition of which MCAAP is a part.

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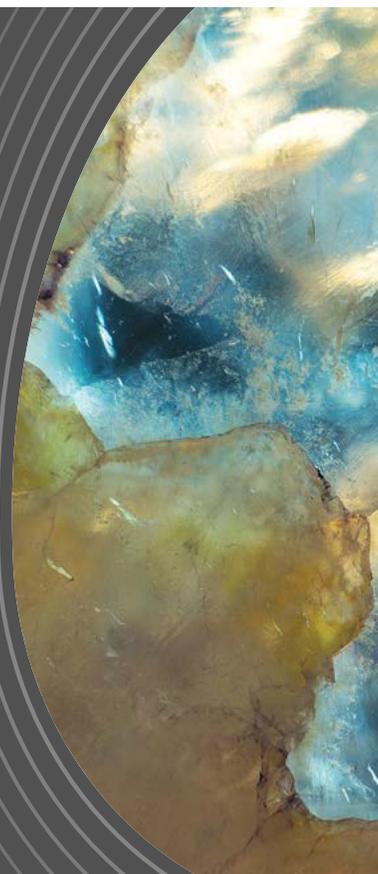
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The Forum

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Why Vaccines Are Important

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After the measles vaccine became available in 1963, cases in the United States dropped by 95%, and the dream of eradication was in sight. However, like COVID-19, measles is extremely contagious by droplet, and since no vaccine is 100% effective, it only takes a small number of unvaccinated people to keep the measles virus active, ready to start an epidemic at any time. Measles is once again surging in our country due to pockets of unvaccinated children whose parents choose to not vaccinate.

Now we are once again in a situation where we have a chance to vanquish a deadly disease with the help of a vaccine. Some will refuse it out of actual fear, but there will also be those who refuse it for themselves and later for their children, on the basis of “personal freedom of choice.” As a pediatrician and therefore children’s advocate, I am an unapologetic vaccine

advocate. While there are still too many unknowns about COVID-19 to make accurate predictions about future outbreaks or long-term vaccine effectiveness, what we do know is that we have at least three vaccines that work against this virus. My hope is that wisdom and good citizenship will prevail, and people will choose vaccination for their own safety and that of others. However, I would not make it easy to be one of the “unvaccinated by choice.” Requiring documentation of vaccination with a “vaccine passport” for public travel, restaurants, hotels, stores, and school attendance would be my choice, if I were making the rules. People are still free to exercise personal choice — they can choose to get vaccinated or stay home.

— **Catherine Bartlett, MD**

Dr. Bartlett retired from Northampton Area Pediatrics in 2010 and since then has been having lots of adventures in global pediatrics, both in person and virtually due to COVID. She can be reached at ccpbartlett@gmail.com.