

## **AskCrozerPeds newsletter – January 2009**

### **AAP Releases 2009 Childhood and Adolescent Immunization Schedule**

The new Childhood and Adolescent Immunization Schedule released by the American Academy of Pediatrics (AAP) recommends an annual influenza vaccine for all children, ages 6 months through age 18, all eligible close contacts of children 0 through age 4, and contacts of children ages 5 through 18 who have an underlying medical condition that predisposes them to influenza complications. The new schedule also includes the dosage schedule for a second oral rotavirus vaccine recently licensed by the Food and Drug Administration. For more information, visit [www.aap.org](http://www.aap.org).

Pediatricians are urged to stay current on the continuing vaccine controversy by reading “The Problem with Dr Bob’s Alternative Vaccine Schedule,” an article in *Pediatrics*, Vol. 123 No. 1, January 2009, pp. e164-e169, co-authored by Paul A. Offit, M.D., of Children’s Hospital of Philadelphia. The vaccine schedule – which differs from that recommended by the AAP, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention – is offered by Dr. Robert Sears in his popular publication, “*The Vaccine Book: Making the Right Decision for Your Child.*” Dr. Bob’s Alternative Vaccine Schedule – a formula that allegedly allows parents to delay, withhold, separate or space out vaccines – puts children at risk of vaccine-preventable diseases, according to Offit. The article explains “how Dr. Sears’ misrepresentation of vaccine science misinforms parents who are trying to make the right decision for their child.”

### **Improved Insurance Payment Needed for Adolescent Health Care, AAP Says**

A new AAP policy statement recommends improved health plan payment for adolescent preventive, reproductive and behavioral care with optimal benefit design to address the comprehensive health care needs of adolescents. Nearly 14 percent of adolescents are uninsured, and many more are underinsured, with 40 percent of adolescent health expenses paid out of pocket. Pediatricians are encouraged to take every opportunity to advocate for proper insurance coverage for adolescent patients when in contact with insurance companies. For more information, visit [www.aap.org](http://www.aap.org).

### **Kids with Asthma Miss More School if Parent Has Chronic Illness**

Compared with other children with asthma, children whose parents have a chronic disease were more likely to miss school, according to a study published in *Pediatrics*, January 2009, pp e60-e66. Researchers analyzed the 2003 National Health Interview Survey (NHIS) records of children with asthma, ages 5 to 17. The children of a parent with a chronic disease missed an average of 1.3 additional school days each year. This emphasizes the need for pediatricians to be aware of the health status of the parents of patients who have asthma, and to work with them to ensure that their children do not unnecessarily miss school and other activities.

### **Behavioral Therapy and Sertraline Effective for Childhood Anxiety Disorders**

Cognitive behavioral therapy and the use of selective serotonin reuptake inhibitors, particularly sertraline, are each effective in treating anxiety disorders in children, but they are most effective when used together, according to a study published in the *New England Journal of Medicine*, December 25, 2008, Volume 359, pp.2753-2766. Pediatricians should be on the lookout for anxiety disorders in children, which are more prevalent than previously thought according to the study, and recommend treatment as appropriate.

### **Melamine Contamination Has Global Implications**

Since the discovery of melamine poisoning resulting from tainted infant formula in China, melamine is being found in other foods worldwide, according to an article published in the *New England Journal of Medicine*, December 25, 2008, Volume 359, pp. 2745-2748. No one knows the true extent of the problem or the long-term health effects. This should serve as a caution to pediatricians to be vigilant about potential problems in the food chain that could adversely affect infants and children.

### **Adolescents Welcome Discussion of Sensitive Health Topics**

When physicians discuss sensitive health topics with teenage patients during primary care visits, the teenagers' perception of the quality of care they receive improves, according to a study published in the *Journal of Adolescent Health*, January 2009, pp. 48-54. Adolescents feel that they are getting better care and feel more positive toward the overall encounter when the physician talks about topics such as mood, behavior, getting along with others, drugs, alcohol, sex, or parent/family problems. Pediatricians are encouraged to take a few minutes to screen for risks and delve into family and behavioral issues with adolescent patients.