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AAP Response to President Obama's State of the Union Address by: Sandra G. Hassink MD, FAAP, president, American Academy of Pediatrics

"Tonight, President Obama delivered his annual State of the Union address to the nation, outlining his administration's priorities for the American people and the federal legislators who lead our country's government. Pediatricians welcome and stand behind the president's plans to make high-quality child care more affordable, to provide paid sick leave to support families, to offer community college free of charge, and to protect children from the devastating effects of a changing climate. These investments will have positive impacts on children and families, but we can and must do more to ensure that the state of our children is as strong as the state of our union.

"To improve the state of the child in this country, the American Academy of Pediatrics (AAP) is focused on meeting three of their most basic needs: sound nutrition, nurturing relationships and safe environments. There are

many ways our government can help meet children's needs, and the AAP stands ready to partner with elected officials to do so.

"Tonight, on the heels of the president's State of the Union address, pediatricians offer a challenge to our nation's leaders to improve the state of the child. Pass strong policies that invest in children in the earliest days of life. Offer opportunities for all young children to grow to their fullest potential. Take meaningful strides to address chronic poverty and its impacts on the health and well-being of American families. Work together to overcome partisanship and pass strong policies focused on children at their core.

"Near the end of his speech, President Obama said, 'I want our actions to tell every child, in every neighborhood: your life matters, and we are as committed to improving your life chances as we are for our own kids.' As a new Congress and a new year begin, let us prove that every child's life matters by making the state of the child our national focus, and meeting children's needs our topmost priority."

HAN 376: U.S. Multi-state Measles Outbreak, December 2014-January 2015

This is an official CDC HEALTH ADVISORY
Distributed via the CDC Health Alert Network
January 23, 2015, 14:00 ET (2:00 PM ET)
CDCHAN-00376
U.S. Multi-state Measles Outbreak, December 2014-January 2015

Summary

The Centers for Disease Control and Prevention (CDC) and State Health Departments are investigating a multi-state outbreak of measles associated with travel to Disneyland Resort Theme Parks (which includes Disneyland and Disney California Adventure). The purpose of this HAN Advisory is to notify public health departments and healthcare facilities about this measles outbreak and to provide guidance to healthcare providers. Healthcare providers should ensure that all of their patients are current on MMR (measles, mumps, and rubella) vaccine. They should consider measles in the differential diagnosis of patients with fever and rash and ask patients about recent international travel or travel to domestic venues frequented by international travelers. They should also ask patients about their history of measles exposures in their community. Please disseminate this information to healthcare providers in hospitals and emergency rooms, to primary care providers, and to microbiology laboratories.

Background

Measles is a highly contagious, acute viral illness. It begins with a prodrome of fever, cough, coryza (runny nose), conjunctivitis (pink eye), lasting 2-4 days prior to rash onset. Measles can cause severe health complications, including pneumonia, encephalitis, and death. Measles is transmitted by contact with an infected person through coughing and sneezing; infected people are contagious from 4 days before their rash starts through 4 days afterwards. After an infected person leaves a location, the virus remains viable for up to 2 hours on surfaces and in the air.

The United States is experiencing a large multi-state measles outbreak that started in California in December 2014 and has spread to six additional states and Mexico. The initial confirmed case-patients reported visiting Disneyland Resort Theme Parks in Orange County, CA, from December 17 through December 20, 2014. From December 28, 2014, through January 21, 2015, 51 confirmed cases of measles linked to this outbreak have been reported to CDC, 42 from California and 9 from six other states (3 in UT, 2 in WA, 1 in OR, 1 in CO, 1 in NE, and 1 in AZ). In addition to the U.S. cases, one case was reported from Mexico in an unvaccinated child who visited Disneyland Resort Theme Parks on December 17 and December 20, 2014. At this time, no source case for the

outbreak has been identified, but it is likely that a traveler (or more than one traveler) who was infected with measles overseas visited one or both of the Disney parks in December during their infectious period.

For cases with age reported, the age of case-patients range from 10 months to 57 years (median = 16.5 years). To date, 8 (15%) case-patients were hospitalized. Of the 52 outbreak-associated cases, 28 (55%) were unvaccinated, 17 (31%) had unknown vaccination status, and 6 (12%) were vaccinated. Of the 6 cases vaccinated, 2 had received 1 dose and 4 had received 2 or more doses. Among the 28 unvaccinated cases, 5 were under age for vaccination. Measles genotype information was available from 9 measles cases; all were genotype B3 and all sequences linked to this outbreak are identical. The sequences are also identical to the genotype B3 virus that caused a large outbreak in the Philippines in 2014. During the last 6 months, identical genotype B3 viruses were also detected in at least 14 countries and at least 6 U.S. states, not including those linked to the current outbreak.

Measles was declared eliminated (i.e., interruption of year-round endemic transmission) in the United States in 2000, because of high population immunity achieved by high 2-dose measles vaccine coverage and a highly effective measles vaccine. However, measles is still endemic in many parts of the world, and outbreaks can occur in the U.S. when unvaccinated groups are exposed to imported measles virus. In 2014, nearly half of importations in the U.S. were linked to travel to the Philippines during the large measles outbreak in that country. Disney and other theme parks are international attractions, and visitors come from many parts of the world, including locations where measles is endemic. The current multi-state outbreak underscores the ongoing risk of importation of measles, the need for high measles vaccine coverage, and the importance of a prompt and appropriate public health response to measles cases and outbreaks.

Because of the success of the measles vaccine program, most young physicians have never seen a case of measles and may not take a detailed history of travel or potential exposure and initially may not consider the diagnosis in a clinically compatible case.

Recommendations for Health Care Providers

- Ensure all patients are up to date on MMR vaccine* and other vaccines.
- For those who travel abroad, CDC recommends that all U.S. residents older than 6 months be protected from measles and receive MMR vaccine, if needed, prior to departure.
 - Infants 6 through 11 months old should receive 1 dose of MMR vaccine before departure.†
 - Children 12 months of age or older should have documentation of 2 doses of MMR vaccine (separated by at least 28 days).
 - Teenagers and adults without evidence of measles immunity** should have documentation of 2 appropriately spaced doses of MMR vaccine.
- Consider measles as a diagnosis in anyone with a febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has recently traveled abroad or who has had contact with someone with a febrile rash illness. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash. The incubation period for measles from exposure to fever is usually about 10 days (range, 7 to 12 days) and from exposure to rash onset is usually 14 days (range, 7 to 21 days).
- Isolate suspect measles case-patients and immediately report cases to local health departments to ensure a prompt public health response.
- Obtain specimens for testing, including viral specimens for confirmation and genotyping. Contact the local health department for assistance with submitting specimens for testing.

* Children 1 through 12 years of age may receive MMRV vaccine for protection against measles, mumps, rubella, and varicella.

† Infants who receive a dose of MMR vaccine before their first birthday should receive 2 more doses of MMR vaccine, the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later.

** One of the following is considered evidence of measles immunity for international travelers: 1) birth before

1957, 2) documented administration of 2 doses of live measles virus vaccine (MMR, MMRV, or measles vaccines), 3) laboratory (serologic) proof of immunity or laboratory confirmation of disease.

For more information:

CDC. Measles—United States, January 1–May 23, 2014. MMWR. 2014;63:496-499
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6322a4.htm>

CDC's Measles (Rubeola) website.
<http://www.cdc.gov/measles/index.html>

CDC's Measles Vaccination website.
<http://www.cdc.gov/measles/vaccination.html>

CDC. Notes from the Field: Measles Transmission at a Domestic Terminal Gate in an International Airport — United States, January 2014. MMWR. 2014; 63):1211-1211
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6350a9.htm>

Medscape Today: CDC Expert Commentary: Measles: What You Might Not Know Recognizing, diagnosing, and preventing measles (running time: 5:20 mins).
<http://www.medscape.com/viewarticle/741206>

CDC. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP) <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>.

CDC. Manual for the Surveillance of Vaccine-Preventable Diseases; Chapter 7: Measles <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.



It's time to nominate a senior pediatrician for the Senior Child Advocacy Award DUE: 2/2/15
Arthur Maron, MD, MPA, FAAP
Chairperson, Section on Senior Members

The AAP Section on Senior Members each year recognizes and honors an outstanding senior pediatrician actively engaged in advocacy to improve the lives of children. This award is supported by funding from Mead Johnson Nutrition. Today's political and economic climate demand that Fellows of the

Academy actively advocate for children and the Section on Senior Members has a wealth of effective child advocates among its members. The Section annually encourages such advocacy through honoring outstanding contributions to child advocacy by a senior member of the AAP. You'll note on the enclosed nominations criteria sheet an effort to distinguish specific, focused, child advocates ("speaking up for children") from volunteers. Both are commendable endeavors, of course, but there are many more pediatrician volunteers than active child advocates and the Executive Committee appreciates your recognition of the distinction.

This is the only call for nomination of a senior pediatrician (age 55 or older) in your Chapter whom you consider to have made outstanding contributions to active advocacy on behalf of children. Please note that **nominations will be limited to one per AAP CHAPTER (versus one from each state or province)**. Current AAP Board members and members of the SOSM Executive Committee are not eligible for nomination for the Senior Section Advocacy Award.

Criteria and past recipients for the award are attached. Questions can be directed to tcoletta@aap.org.

Please email your nomination, including a **detailed letter of recommendation and biosketch (CV will not be accepted)**, to Tracey Coletta, Sections Coordinator of the Section on Senior Members, at tcoletta@aap.org by **February 2, 2015**.

Medicaid/ Bayou Health

DHH Invites Health Leaders to Participate in Upcoming Behavioral Health Services Integration *Health Leaders Will Work with DHH to Ensure a Smooth Transition*

Wednesday, Jan. 21, 2015 | Contact: John Ford; (225) 342-9010; jpford@la.gov

Baton Rouge, La. - The Louisiana Department of Health and Hospitals (DHH) sent invitations to state health leaders and stakeholders last week requesting their input on the process of integrating Medicaid recipients' behavioral health services into the Bayou Health plans.

In November, DHH announced its plan to transition specialized behavioral health services from the Louisiana Behavioral Health Partnership (LBHP) and improve those services by fully-integrating planning, treatment and care coordination with physical healthcare through the recipients' Bayou Health plans.

Meetings for the advisory group, which will include directors and key members of various health and advocacy organizations, are scheduled for Jan. 30, Feb. 20 and March 20 from 1 p.m. to 4 p.m. in Room 118 of the Bienville Building in downtown Baton Rouge. The public is welcome to attend and observe the meetings.

Dr. Rochelle Head-Dunham, DHH's Assistant Secretary and Medical Director for the Office of Behavioral Health, is looking forward to working with the health community during the transition.

"We are committed to improving health outcomes across Louisiana, and we encourage our health leaders to participate in that process," Dunham said. "Involving the community in the transition will help ensure our plan is successful."

DHH anticipates full integration of these services into Bayou Health by Dec. 1, 2015.

The advisory group members will be selected from psychological, social work, licensed professional counselor, pharmacy, state board of medical examiner and psychiatric organizations. Please visit the [Behavioral Health Advisory Council webpage](#) for a full list of advisory group members.

The Louisiana Department of Health and Hospitals strives to protect and promote health statewide and to ensure access to medical, preventive and rehabilitative services for all state citizens. To learn more about DHH, visit www.dhh.louisiana.gov. For up-to-date health information, news and emergency updates, follow DHH's Twitter account and [Facebook](#).

Bayou Health Teleconference for Providers

The Department of Health and Hospitals (DHH) will continue its weekly teleconference for providers interested in learning more about [Bayou Health's managed care organizations \(MCO\)](#), however participation will be limited to the first 250 callers.

The teleconference will take place from noon to 1 p.m. every Wednesday until further notice. DHH staff will provide updates on the upcoming changes to the Bayou Health Program. Staff and representatives from each MCO will be available to answer your questions.

To participate in the teleconference, dial 1-888-278-0296. When prompted, enter access code 2833686.

DHH will take steps to allow more callers to participate in future teleconferences. A summary of each teleconference will be made available on the Health Care Provider page at www.MakingMedicaidbetter.com.

Providers may also email their questions to bayouhealth@la.gov.

Medicaid Check Write Schedule Jan. - June 2015

Click [here](#) for link to the Medicaid Check Write Schedule for January through June 2015

Bayou Health Providers: Verify Provider Registry Information

When selecting a Bayou Health Plan among Louisiana's five managed care organizations (MCOs), Bayou Health enrollees rely on the accuracy of the information contained in the Bayou Health provider registry and the MCO online directories. Medicaid needs your assistance in ensuring your information is accurate and up-to-date, to be certain your patients have the latest information about your practice when making this important decision.

Links to the five MCO provider directories as well as a link to the Bayou Health provider search tool can be found below.

To verify your information, click on the links and search for your practice. Please search for your name among those MCOs that you are not contracted with and notify us if you appear as part of their network. The inclusion of non-contracted providers in an MCO directory is strictly prohibited and can lead to linkage issues for members.

If your contact information is incorrect, please contact the plan directly to update your information. If you appear in the MCO's provider search but are NOT contracted with the MCO, please notify the Department by contacting Mark Perry at mark.perry@la.gov or Jode Burkett at jode.burkett@la.gov as soon as possible.

[Aetna Better Health](#)

[Amerigroup](#)

[AmeriHealth Caritas Louisiana](#)

[Louisiana Healthcare Connections](#)

[UnitedHealthcare Community Plan](#)

[Bayou Health Provider Search](#)

Community Access to Child Health (CATCH™) Grant Opportunity-Deadline Jan. 30, 2015

Call for Proposals-Submissions due January 30, 2015

The CATCH Program is seeking grant applications for innovative community-based projects to improve access to health services for children who are most likely to experience barriers. Eligible initiatives reach out to the community at large. Chapter officers are eligible to apply.

Up to \$10,000 will be awarded to pediatricians and fellowship trainees and \$2,000 to pediatric residents to work collaboratively with local community partners to ensure that all children have access to medical homes or access to specific health services not otherwise available.

Applications available November 3 for Planning Grants, Implementation Grants, and Resident Grants. Learn more at <http://www2.aap.org/catch/funding.htm>.

Examples of Recent Topics

Bullying Prevention
Children of Incarcerated Parents Health
Continuity of Care for Youth in the Juvenile Justice System
Gun Violence
Immunizations
LGBTQ Youth
Military Children's Health
Refugee/Immigrant Health
Teenage Pregnancy & Parenting
Youth in Group Homes Health

To see what others are doing with their CATCH grants, visit the Community Pediatrics grants database at <http://www2.aap.org/commpeds/grantsdatabase>. You can search by several categories, including health topic and AAP grant program.

SUDIA Recipe: Slow Cooker Fresh Veggie Lasagna



Make this veggie-filled lasagna in the slow cooker for an easy, family-pleasing dinner.

Ease: Moderate

Yield: 6 servings

Preparation time: 20 minutes

Cook Time: 5 hours

Source: Recipe created by 3-A-Day of Dairy

Ingredients

nonstick cooking spray
1 1/2 cups Mozzarella cheese, shredded
1/2 cup part-skim Ricotta cheese
1/3 cup Parmesan cheese, grated
1 egg, lightly beaten
1 teaspoon dried oregano
1/4 teaspoon garlic, powder
1 cup low-sodium fat-free marinara sauce (plus additional for serving)
1 medium zucchini, diced

4 no-boil lasagna noodles
1 bag baby spinach
1 cup thinly sliced mushrooms
fresh basil leaves (optional)

Directions

Spray crockery pot of slow cooker with nonstick cooking spray; set aside. In a small bowl, mix together Mozzarella, Ricotta, Parmesan, egg, oregano and garlic powder.

Spread 2 tablespoons of pasta sauce in bottom of pot. Sprinkle 1/2 of zucchini over sauce and top with 1/3 of the cheese mixture. Break 2 noodles into pieces to cover cheese. Spread 2 tablespoons of sauce and then layer 1/2 of the spinach and 1/2 of the mushrooms. Repeat layering, ending with cheese and the remaining sauce. Firmly press ingredients into pot.

Cover and cook over low heat for 4-5 hours. Allow lasagna to rest 20 minutes before cutting into wedges to serve. Spoon a little extra sauce over each serving and top with a basil leaf, if desired.

For more information and recipes visit www.southeastdairy.org

Upcoming Events



Pediatric Jambalaya XII

Saturday, April 25, 2015

Louisiana Immersive Technologies Enterprise (LITE)
Lafayette, Louisiana

2015 Pediatric Potpourri

Aug 21-23, 2015

New Orleans Sheraton, 500 Canal Street
New Orleans, LA

More details coming soon!

Job Announcement

Children's International Medical Group is seeking two pediatric hospitalist to be based in Covington and Slidell. Both positions offer a great lifestyle with one week on & one week off with no set shifts in the hospital (on call as needed) If you would like to learn more about CIMG's hospitalist program, please send a CV to zach.allen@cimgpeds.com