

September 24, 2014 Progress Notes

In this Edition

[Speak Up for Children- Contact Congress!](#)

[Updates from Louisiana WIC](#)

[Medicaid Drug Utilization Review Committee Votes to Recommend New Guidelines](#)

[Early Childhood Network Presentation](#)

[Highlights of updated AAP policy on influenza](#)

[Medical Homes @ Work e-Newsletter: ACA Resources](#)

[LA Perscription Monitoring Program \(PMP\) Delegate Notifications and Instructions](#)

[Resources for Healthcare Professionals on the Safety of Thimerosal in Vaccines](#)

[SUIDA Recipe: Apple Cinnamon Breakfast Quesadillas](#)

[Upcoming Event: Primary Prevention Of HPV Related Cancers: HPV Vaccines_](#)

Speak Up for Children- Contact Congress!

Congress is back in session as of Monday, September 8, and the AAP is calling on you to ensure children have a voice on Capitol Hill. Over the next two weeks before adjourning to prepare for mid-term elections, your federal legislators will be considering several key pieces of legislation. We need your help to make sure children's health is at the top of their agendas.

There are numerous federal child health policy issues moving on the Hill that need your support, including extension of the Medicaid payment increase and the Children's Health Insurance Program, reauthorization of the Newborn Screening Saves Lives Act and legislation to prevent liquid nicotine poisonings.

Take Action

In order urge your members of Congress to support these and other legislative issues critical to children's health, please visit the Advocacy Action Center on the Academy's newly-designed federal advocacy website, federaladvocacy.aap.org, where you will find issue summaries, talking points and draft emails to help guide your outreach. Also, be sure to check the website regularly for the latest updates and breaking news related to these federal child health policy issues. Note- you will be asked to sign in to the AAP members section.

Pediatricians are strong advocates for children, and there could not be a more critical time to speak up for your patients and children across the country.

Thank you for all you do for children.

Updates from Louisiana WIC

The attached documents are WIC related notifications that Louisiana pediatricians might find useful when treating WIC participants:

[PurAmino Reformulation 2014](#)

[WIC e-Leaks September 2014](#)

[WIC e-Leaks August 2014](#)

[WIC-48 Medical Documentation for Special Nutrition Final to State Printing 9-18-14BC](#)

[13-06-14216P Switch to 1 Percent Milk Poster-adapted](#)

Medicaid Drug Utilization Review Committee Votes to Recommend New Guidelines

On Wednesday, September 17, 2014, Dr. Joseph Bocchini presented the updated AAP Guidelines on the use of Palivizumab for the prevention of Respiratory Syncytial Virus Infections to the Medicaid Drug Utilization Review Committee. The committee voted to accept the updated recommendations and will be working on the process of implementation. The Louisiana Chapter was encouraged by the committee's decision. Because the Bayou Health Shared Savings plans utilize the State's formulary, they will be updated to the new recommendations. The Louisiana Chapter is working to talk with each of the Bayou Health Pre-Paid plans to encourage each of them to accept the new recommendations and reflect the changes in their policies and formularies. We will keep you updated to the status as progress is made.

Early Childhood Network Presentation

On Monday, September 15, 2014 Superintendent John White, Secretary Suzy Sonnier and Secretary Kathy Kliebert hosted the Early Childhood Network Presentation to provide an update on the Early Childhood Policy Blueprint. You can view the report [HERE](#).

Additionally, you can view a DRAFT of the Early Childhood Network report card [HERE](#). The Department of Education is accepting public comments on this document for 30 days

Highlights of updated AAP policy on influenza

By: Henry H. Bernstein, D.O., M.H.C.M., FAAP

Read online: <http://aapnews.aappublications.org/content/early/2014/09/22/aapnews.20140922-1>

The beginning of autumn reminds us that it is time to prepare for the 2014-'15 influenza season. The Academy's updated recommendations for the prevention and treatment of influenza in children are available at www.pediatrics.org/cgi/doi/10.1542/peds.2014-2413 and will be published in the November issue of *Pediatrics*.

The 2013-'14 influenza season was less severe than the 2012-'13 one, with a lower percentage of outpatient visits for influenza-like illness, lower rates of hospitalization, and fewer deaths attributed to pneumonia and influenza. Still, providers must remain vigilant since the influenza virus is unpredictable.

The influenza season may start early in the fall/winter, have more than one disease peak in a community and even extend into late spring. Therefore, as soon as the seasonal influenza vaccine is available locally, health care personnel should be immunized, parents and caregivers should be notified about vaccine availability, and immunization of all children 6 months and older, especially children at high risk of complications from influenza, should begin.

Following are key messages from the updated policy statement.

THE INFLUENZA VACCINE COMPOSITION IS *UNCHANGED* FROM LAST SEASON.

The 2014-'15 influenza vaccine will be available in both trivalent and quadrivalent formulations. (Neither the Centers for Disease Control and Prevention [CDC] nor the Academy has a preference.)

The trivalent vaccine contains the following three virus strains:

- A/California/7/2009 (H1N1)-like virus
- A/Texas/50/2012 (H3N2) virus
- B/Massachusetts/2/2012-like virus (B/Yamagata lineage)

The quadrivalent influenza vaccine includes the same three strains as the trivalent vaccine plus an additional B strain: B/Brisbane/60/2008-like virus (B/Victoria lineage).

ANNUAL UNIVERSAL INFLUENZA IMMUNIZATION IS INDICATED FOR *ALL* CHILDREN AND ADOLESCENTS 6 MONTHS OF AGE AND OLDER.

Optimal protection is achieved through annual immunization. Antibody titers wane to 50% of their original levels six to 12 months after vaccination. Although the vaccine strains for the 2014-'2015 season are unchanged from last season, a repeat dose this season is critical for maintaining protection in all populations.

Outreach efforts should be made to vaccinate people in the following groups:

- all children 6 months of age and older, especially those with conditions that increase the risk of complications from influenza (e.g., asthma, diabetes mellitus, hemodynamically significant cardiac disease, immunosuppression or neurologic and neurodevelopmental disorders);
- children of American Indian/Alaska Native heritage;
- all household contacts and out-of-home care providers of:
 - children with high-risk conditions, and
 - children younger than 5 years, especially infants younger than 6 months;
- all health care personnel;

- all child care providers and staff; and
- all women who are pregnant, are considering pregnancy, are in the postpartum period or are breastfeeding during the influenza season.

WHEN READILY AVAILABLE, LIVE ATTENUATED INFLUENZA VACCINE (LAIV) SHOULD BE CONSIDERED FOR *HEALTHY* CHILDREN 2 THROUGH 8 YEARS OF AGE WHO HAVE NO CONTRAINDICATIONS OR PRECAUTIONS TO THE INTRANASAL VACCINE.

This consideration is based on a Grading of Recommendations Assessment, Development and Evaluation (GRADE) analysis done by the CDC, which concluded that there is an increased relative efficacy of LAIV as compared with inactivated influenza vaccine (IIV) against laboratory-confirmed influenza among younger children.

If LAIV is not readily available, IIV should be used; vaccination should not be delayed in order to obtain LAIV.

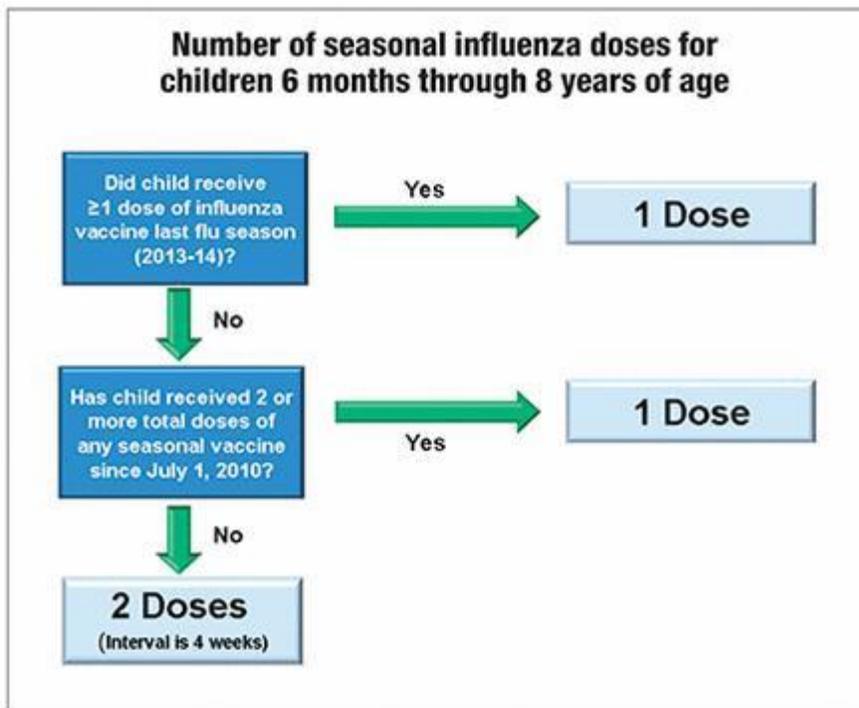
THE DOSING ALGORITHM FOR CHILDREN 6 MONTHS THROUGH 8 YEARS (BELOW) REFLECTS THAT VIRUS STRAINS IN THE VACCINE HAVE NOT CHANGED FROM LAST SEASON.

- Children 6 months through 8 years of age receiving the seasonal influenza vaccine for the first time should receive a second dose this season at least four weeks after the first dose.
- Children 6 months through 8 years of age need only one dose of vaccine in 2014-'15 if they have received it according to any one of the following scenarios (otherwise they need two doses):

At least one dose of 2013-'14 seasonal influenza vaccine.

Two or more doses of seasonal vaccine since July 1, 2010.

Two or more doses of seasonal influenza vaccine from any prior season *and* at least one clearly documented dose of a pH1N1-containing vaccine (i.e., any seasonal vaccine since July 1, 2010, or a monovalent pH1N1 vaccine during the 2009-'10 season).



ANTIVIRAL MEDICATIONS CONTINUE TO BE IMPORTANT IN THE CONTROL OF INFLUENZA.

Treatment should be offered for:

- any child hospitalized with presumed influenza or with severe, complicated or progressive illness attributable to influenza, regardless of influenza immunization status or whether onset of illness has been greater than 48 hours prior to admission; and
- influenza infection of any severity in children at high risk of complications of influenza, such as children younger than 2 years.

Treatment should be considered for:

- any otherwise healthy child with influenza infection for whom a decrease in duration of clinical symptoms is felt to be warranted by his or her pediatrician. The greatest impact on outcome will occur if treatment can be initiated within 48 hours of illness onset but still should be considered if later in the course of illness.

The neuraminidase inhibitors oral oseltamivir and inhaled zanamivir are the only antiviral medications routinely recommended for treatment or chemoprophylaxis of influenza for the 2014-'15 season. Chemoprophylaxis should never be a substitute for immunization.

Given preliminary pharmacokinetic data and limited safety data, oseltamivir can be used to treat influenza in both term and preterm infants from birth as benefits of therapy are likely to outweigh possible risks of treatment. Chemoprophylaxis should be considered only in term infants.

FOOTNOTES

Dr. Bernstein is Red Book Online associate editor and an ex officio member of the AAP Committee on Infectious Diseases.

Medical Homes @ Work e-Newsletter: ACA Resources

The National Center for Medical Home Implementation (NCMHI)—a cooperative agreement between the AAP and the federal Maternal and Children Health Bureau—is happy to share the latest Medical Homes @ Work e-Newsletter. The theme of this month's e-Newsletter is the Affordable Care Act.

The ACA impacts many children and families across the country that are cared for by our Academy pediatricians.



In preparation for the 2015 health insurance enrollment period, the National Center for Medical Home Implementation (NCMHI)—a cooperative agreement between the AAP and the federal Maternal and Children Health Bureau—has developed resources to enhance understanding of specific provisions of the Affordable Care Act and their relationship to children and their families. View the [Affordable Care Act e-Newsletter](#) and please sign up for the [NCMHI listserv](#) to stay updated on health reform and medical home implementation resources, such as soon-to-be released family friendly fact sheets on specific provisions of the Affordable Care Act such as Concurrent Care for Children, Habilitative Services, Health Homes, and Health Insurance Marketplace and Medicaid Coverage for Children with Disabilities. For more information, contact Alex Kuznetsov at akuznetsov@aap.org.

LA Perscription Monitoring Program (PMP) Delegate Notifications and Instructions

Source: Louisiana Board of Pharmacy

September 22, 2014

The Louisiana Prescription Monitoring Program (PMP) is pleased to announce that Prescribers and Pharmacists with access to the Louisiana PMP can now utilize a "delegate" to assist in retrieving PMP patient reports. Please refer to the following attachments for detailed information and instructions:

[LA PMP Delegate Notification 2014-0922](#)

[LA PMP Delegate Instructions 2014-0922](#)

Resources for Healthcare Professionals on the Safety of Thimerosal in Vaccines

*From: Rubén A Tapia, MPH Director, Immunization Program
Louisiana Department of Health and Hospitals, Immunization Program*

On September 11, the Dr. Oz Show discussed influenza vaccines and thimerosal. Robert F. Kennedy Jr. and the co-author of his recent book on thimerosal, Mark Hyman, MD, presented inaccurate information about the use of thimerosal as a preservative in vaccines. Below you will find links to resources about thimerosal and vaccines that healthcare providers may find useful when parents and patients come to them with questions generated by this show.

Related Links

- [CDC's 9/10/14 Statement on Thimerosal](#)
 - [Vaccine Concerns: Thimerosal](#) web page on immunize.org
 - CDC's [Thimerosal](#) web page
 - IAC handout: [Evidence Shows Vaccines Unrelated to Autism](#)
 - IAC handout: [Clear Answers & Smart Advice About Your Baby's Shots](#)
 - Vaccine Education Center handout: [Thimerosal: What you should know](#) (English)
 - Vaccine Education Center handout: [Thimerosal: Lo que debe saber](#) (Spanish)
-

SUIDA Recipe: Apple Cinnamon Breakfast Quesadillas

Studies show children who eat breakfast have better attendance in school, improved test scores, superior nutrition and are less likely to be overweight. Whether we are an adult or a child, eating a morning meal improves our mood, sharpens our minds and prevents us from getting too hungry before lunch. These quick and easy, yet wholesome, breakfast quesadillas support a healthy and smart start to any day of the week!

Ingredients:

Nonstick cooking spray
4 (10-inch) flour whole-grain tortillas
1 cup chunky applesauce
4 ounces Cabot 50% Reduced Fat Cheddar, grated (about 1 cup)
2 tablespoons light brown sugar
1 teaspoon ground cinnamon

1 tablespoon melted Cabot Salted Butter
1/2 cup Cabot Light Sour Cream

Directions:

Preheat oven to 400 degrees. Coat baking sheet with cooking spray.

Spread applesauce over two tortillas. Top with cheese and remaining tortillas.

In small bowl, mix together brown sugar and cinnamon. Brush tops of quesadillas with butter and sprinkle with half of sugar-cinnamon mixture.

Bake for 6 to 10 minutes or until golden brown. Set aside to cool.

Meanwhile, stir sour cream into remaining sugar-cinnamon mixture.

Cut each quesadilla into quarters. Serve topped with dollops of sour cream mixture.

Nutrition Information:

Calories: 312
Total Fat: 10g
Saturated Fat: 6g
Sodium: 587mg
Carbohydrates: 44g
Dietary Fiber: 11g
Protein: 14g
Calcium: 240mg

For more information and recipes visit www.southeastdairy.org

Upcoming Events

Primary Prevention Of HPV Related Cancers: HPV Vaccines

LA Chapter American Academy of Pediatrics

www.laaap.org

Presented by

Dr. Joseph Bocchini, Jr., MD, FAAP

[Objectives]

-
- Review epidemiology & outcomes of HPV infection
- Discuss rationale for current HPV vaccine recommendations
- Review recent uptake date and early impact evidence
- Review 2 dose data and discuss investigational 9-valent vaccine

[Time]

6:00 - 6:30 pm Registration, Dinner (Please arrive by 6:30 pm to make your meal selection)
6:30 – 8:00 pm Presentation, Q&A, Evaluation

[Dates/ Location]

Sept. 3 - Lake Charles

Pats of Henderson, 1500 Siebarth Dr.

Sept. 4 – Lafayette

Marcellos Wine Market Café, 340 Kaliste Saloom Rd.

Sept. 9 – Shreveport

Anvil Bar & Grill, 6301 Line Dr.

Sept. 24- Covington

The Dakota, 629 N. Hwy. 190

Oct. 2 – Monroe

Geno's Italian, 705 N. 8th St.

Oct. 21 – New Orleans

Zea Rotisserie & Grill, 525 St. Charles Ave.

Oct. 22 - Thibodaux

Location, TBD

To register, go to: www.hpv-la.eventbrite.com and select the date you will attend.

Continuing Education Credits:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Louisiana State Medical Society (LSMS) through joint sponsorship of Woman's Foundation, Inc. and the Louisiana Chapter of the American Academy of Pediatrics. The Woman's Foundation, Inc. is accredited by Louisiana State Medical Society to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

Woman's Foundation, Inc. designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The LA AAP would like to thank our SPONSORS, EXHIBITORS and SUPPORTERS! Each of them help make this event possible

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www.ejhdh.la.gov



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