

Clinical Updates

A childhood vaccine that's more important than you might think

Oct. 9—Atlanta Which virus causes the greatest number of hospitalizations among children in the United States younger than 5 years? Did you say “influenza”?

Not true, according to Larry Pickering, MD, senior advisor to the director of the National Center on Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention. The correct answer is, in fact, rotavirus.

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Providing an update on new vaccines today at the AAP's National Conference and Exhibition, Dr. Pickering spoke first about rotavirus at the audience's request—even though only about half of attendees at the scientific session indicated by show of hands that they planned to use the newly approved vaccine (sold under the name RotaTeq) in their practice.

“I've heard several comments that the vaccination schedule is cumbersome,” said Dr. Pickering. “I think a lot of the willingness to incorporate rotavirus vaccination into a practice depends in the type of practice. Family practices don't see a lot of rotavirus cases. Hospital-based practitioners do.”

Rotavirus is the most common cause of severe diarrhea in children worldwide, with the highest incidence in children between 3 and 24 months old. In the United States, estimates are that more than 55,000 hospitalizations annually are caused by rotavirus.

An even larger obstacle to acceptance of the vaccine by clinicians, however, may be lingering concern over a risk of intussusception. That's because an earlier rotavirus vaccine, Rotashield, was withdrawn from the market after a short time in 1999 following several reports of the catastrophic event that appeared to be associated with Rotashield vaccination (especially the first dose).

Dr. Pickering explained that, although it isn't certain that intussusception would not occur at all with RotaTeq, he did volunteer his opinion that the problem is much less likely: Not only was the study that supported RotaTeq very large and free of cases of intussusception above the rate seen in a placebo group, but the use of the vaccine in the field, post-approval, is being monitored closely.

Pickering cautioned pediatricians to educate parents that vaccination will not prevent all cases of diarrhea caused by rotavirus, but that it does virtually eliminate severe rotaviral diarrhea and provides almost all the protection necessary to prevent hospitalization.

RotaTeq requires three oral doses; the series is to be completed by 32 weeks of age. The first dose is given between 6 and 12 weeks of age; the following two doses, at least four weeks apart. RotaTeq is contraindicated in patients who have a severe hypersensitivity to any component of the vaccine.

The rotavirus vaccine has been recommended for inclusion on the childhood schedule by the Advisory Committee on Immunization Practices. An AAP recommendation statement is in the approval process and, Pickering reported, will be released shortly.

You've got mail! Info about a new Internet safety tool is on its way

Oct. 9—Atlanta—Members of the AAP can expect to receive a letter this month from Microsoft Corporation promoting a novel Internet safety tool, "Windows Live OneCare Family Safety," that's available on-line for downloading at no cost to users. That announcement came today at the AAP's National Conference and Exhibition by Donald L. Shifrin, MD, clinical professor of pediatrics at the University of Washington and chair of the AAP Committee on Communications.

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In a presentation addressing safety issues associated with on-line activities by children, Dr. Shifrin noted that keeping their children safe is an increasingly complex challenge for parents in the face of advancing technology.

“The struggles parents have had with television, they are now facing with computers,” Dr. Shifrin declared. Computers today are the technology of choice, he explained, because they provide children with interactive and social activities that were not available previously.

The number of children who have Internet access has grown tremendously. A 2003 report by the US Census Bureau showed that approximately 67% of children between 3 and 5 years old have access to the Internet through a home computer, and that this number rises with age. It’s estimated that almost 95% of adolescents between 15 and 17 years who have a computer at home are surf the World Wide Web.

Dr. Shifrin reported that alarming statistics released recently by the Pew Research Center show that parents have reason to worry about their child’s time on the Internet: Among adolescents between 15 and 17 years, 70% had stumbled onto pornographic Web sites and 64% admitted they engage in activities on-line that they wouldn’t want their parents to know about. Among adolescents between 14 and 18 years, 90% had communicated with people whom they did not know.

To address some of the issues parents face, Dr. Shifrin explained, Microsoft Corporation approached the AAP last year for assistance in establishing guidelines for a new on-line safety tool. A steering committee of Academy members and Microsoft executives was formed and developed three age-based guidelines for use with the tool. The result, Windows Live OneCare Family Safety, was released to the public last month as a free download at <http://onecare.live.com/familysafety>.

The Microsoft tool allows parents to create a default setting based on the age of their child. Parents can also customize their child’s Internet experience based on their specific family values as they pertain to 10 categories, ranging from alcohol to weapons. The tool includes a dynamic filter that controls where

the child visits on the Web by blocking inappropriate sites. Parents can manage and monitor their child's activities from any point of Internet access—not just from the home computer.

In addition to the letter from Microsoft that's in the mail, pediatricians will receive a brochure and a poster from the Academy that addresses Internet safety for the family. Dr. Shifrin views the poster as a tool to pediatricians open a conversation on the topic with parents.

Dr. Shifrin offered advice for parents on what they can teach their children about using the Internet safely. Never give out personal information, for one; never share passwords; and never meet, in person, a friend they only know from on-line conversation.

"I implore you, as pediatricians," Dr. Shifrin said, "to figure out how to make the time to ask parents two questions: 'Where is your child's computer?' and 'Do you know how your child uses the computer?' Those two questions will provide answers you can use to springboard a discussion during which you can provide parents with information regarding the available tools that can help them keep their children safe."

Spread the word: Youngsters need more play!

Oct. 9—Atlanta—A new clinical report released today by the AAP declares that *free and unstructured play* is essential for a child's healthy cognitive, physical, social, and emotional development.

Addressing the press today at the Academy's National Conference and Exhibition, Kenneth Ginsburg, MD, MS Ed, a pediatrician at the Craig-Dalsimer Division of Adolescent Medicine at The Children's Hospital of Philadelphia and author of the clinical report, said that play that encourages imagination, such as with blocks and dolls, builds the creative foundation a child needs to become resilient to stress.

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“Our call for an increase in childhood play supports the goal of creating of an optimal developmental environment that will prepare our children to be academically, socially, and emotionally equipped for the future,” Dr. Ginsburg said. He went on to express special concern for the nation’s under-resourced children, who are in need of a safe place to play, a recess period as a part of their school curriculum, and enrichment activities.

The report, “The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds,” was written in response to forces that increasingly threaten children’s free play and unscheduled time, Dr. Ginsburg said, including increasing pressure on children to achieve academically and federal education policies that have led to reductions in recess time and physical education in many schools.

Marilee Jones, dean of admissions at the Massachusetts Institute of Technology, reported at the press conference that colleges across the United States and in Europe are noticing an increase in the level of stress among students, as well as a fear of failure—effects of a loss of resiliency, it’s believed. This change, Ms. Jones said, and this is taking a heavy toll on “out-of-the-box” thinking in school work.

“We are seeing students that work very well in teams, but there’s very little creativity expressed by individuals,” she said. “And we are wondering, how is this going to affect our country’s innovation in the future?”

Jones told reporters that changes will be coming to the college admissions process in the next five years.

“It’s important to get the message out that getting into a good college is not just about grades. It’s also about the child’s personality and interests. There has to be a fit for both the college and the child.”

Because there are multiple contributors to the decline in children’s play time, the report concedes that there is not a single position that child advocates should take in approaching the problem. Suggestions for pediatricians include:

- Recommend to parents that their child be given ample unscheduled, independent play time that is child-driven, not parent-directed
- Emphasize the advantages of active play over passive activities, such as television and video games
- Educate families about the benefits of free play, such as increased resiliency
- Remind parents that the character traits that will prepare their child for future success arise most of all from a firm grounding in parental love, role modeling, and guidance, not exclusively from academic commitments and participation in extracurricular activities
- Help parents evaluate the claims of marketers and advertisers about products designed to produce “super achievers”
- Be available to parents as a sounding board in evaluating their child’s needs
- Advocate for “safe spaces” for children living in under-resourced neighborhoods
- Have information handy to share with parents about community resources that foster play and healthy child development
- Support a balanced, appropriately challenging academic schedule, based on the child’s unique needs, skills, and temperament
- Encourage parents to allow their child to explore a variety of interests without pressure to excel in all of them
- Assess your patient’s manifestations of stress, anxiety, and depression in family-centered interviews and private interviews with the patient; refer the patient, or the family, to a mental health professional when stress, anxiety, or depression appears excessive.

“Parents feel like they are on a treadmill,” Dr. Ginsburg noted in closing, “and they worry that they won’t be doing their job as parents if they don’t participate in a hurried lifestyle. These parents need to be assured that the cornerstones of parenting, listening, caring, guiding are the true predictors of whether their child is going to be happy and successful.”

FOR A HEALTHY PRACTICE

Retail medicine: What’s up with this new phenomenon?

Oct. 9—Atlanta—Retail medical clinics are sprouting all across the country—in pharmacies, grocery stores, and even department stores. Will your patients be treated in one? The answer depends a lot on you and your practice, according to Mark S. Reuben, MD, president of Reading Pediatrics, Inc., and chair of the department of pediatrics at Reading Hospital and Medical Center, Reading, Pa.

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Dr. Reuben told an audience at the AAP National Conference and Exhibition today that busy and overtaxed parents might consider the occasional visit to a retail clinic when their regular pediatrician is too busy to see their child or when they seek care after regular office hours.

“If patients see no value above the individual visit, why wouldn’t they go to a retail clinic?” Reuben asked. “In some states, like Minnesota, there isn’t even a copay associated with a retail clinic visit. This encourages patients to leave their medical home for care, and organized medicine needs to stand up and make a statement about this.”

The number of retail clinics that provide pediatric services isn’t clear, but their presence is on the rise and widespread.

Reuben advises that you let parents (and a retail clinic, if one calls you) know that you can’t answer questions regarding a patient’s condition or history unless you see that patient in *your* office. This is a liability issue that you want to avoid, Reuben advises.

To counter any impact that retail clinics may have, Dr. Reuben said that pediatricians have to realize that they are now in a service industry and, as such, must respond to the changing needs of their clients. Here are some recommended steps offered by Dr. Reuben that you can take in your practice to better meet the expectations and needs of busy parents:

- Keep your office clean and attractive
- Run the practice on schedule—retail clinics offer parents beepers so that they can get other things accomplished instead of sitting and waiting to be seen
- If you have a surly front-desk presence, change it! Stressed-out parents want to be greeted and feel respected when they come through the door or call.
- Bill efficiently to compete with retail-based clinics
- Increase the hours that your practice is open to accommodate busy families
- Offer weekend hours
- Consider instituting open-access scheduling

Remember, concluded Dr. Reuben, parents of patients are always your best advertising, and you are only as good in their eyes as what they experienced at their child's last visit.

“Keep them happy, and you'll have patients referred to you.”