Our return to normal starts with the COVID-19 vaccine
• Addressing Vaccine Hesitancy
• Update on MIS-C

2021 Annual Meeting, Safely Back Together in October
New Combination Vaccine for Infants
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Ohio Pediatrics: A publication of the Ohio Chapter, American Academy of Pediatrics

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Ohio AAP educates, innovates and advocates for 2,900 pediatricians to positively impact over 1M (and counting) children and their families each year, ultimately enabling them to grow and achieve their dreams.
President’s Message

Jill Fitch, MD, FAAP
President, Ohio Chapter, American Academy of Pediatrics

I wanted to take the opportunity to recognize all the staff who are an integral part of the Ohio AAP with Melissa Wervey Arnold, our CEO. Many of you have not yet had the chance to meet this wonderful group in person due to COVID, but without each and everyone one of them, we could not hold Annual Meeting, provide CME opportunities, raise funds, or perform QI projects. Their teamwork and enthusiasm for promoting the health of children in Ohio is evident and they serve as the backbone of Ohio AAP.

Lory Sheeran Winland is a small-town girl at heart, growing up in Bryan, Ohio. She received her undergraduate degree in Political Science and Women’s Studies from Ohio University in Athens – Go Bobcats! (This may have a little something to do with why she was hired – right Melissa?) She obtained her MPH from The Ohio State University’s John Glenn College of Public Affairs. Lory has been with Ohio AAP for nearly three years as the Director of Immunization Programs, working closely with Denise Warrick on the Ohio Champions for Vaccines coalition (http://ohioaap.org/oc4v). Lory has two daughters, Cate (13) and Ellie (11), and her fiancé is Scott. A fun fact about Lory is that for many years she babysat for her neighbor, the current San Francisco Giants pitcher, Matt Wisler. She’s also distantly related to Sarah Palin and the Irish mobster, Frank Sheeran. We assume she’s also related to singer-songwriter, Ed Sheeran, but there is no actual proof of that.

Hayley Southworth has worked at Ohio AAP for almost nine years, and her role with the Ohio AAP aligns with her goals of working in a mission-driven nonprofit organization. Hayley earned her master’s degree in public relations with a focus on health communication and completed her thesis research project on building relationships with nonprofit supporters and partners (all before joining the Ohio AAP – what a perfect fit)! She has really embraced injury prevention with Mike Gittleman and Sarah Denny. Knowing that even one child’s death could have been prevented serves as the focus and drive for her work. Hayley’s true passion though is Disney. She married her high school sweetheart at Disney World and returns every year with her immediate or extended family and, of course, family is required to wear coordinating outfits. She has a 9-year-old daughter Ellie and a 9-year-old miniature pinscher/chihuahua, Raymond. Rumor has it she plans a future career as a Disney Imagineer one day.

Kristen Fluitt grew up in a small coal mining town in southwestern Virginia. Graduate school and post-graduate work took her to Louisville, KY and then to Hanover, NH, where she got a taste for the fun of exploring new and different places. Fun fact: she is an expert costumer and excels with her bling gun! Look out or you might leave sparkly when you encounter her!! Working at the Ohio AAP is a great source of pride for Kristen, particularly as so much of the team’s work is geared toward supporting children and families in living a healthier life so that children can reach their full potential. Programs that Kristen has worked on that have had a major impact include work to prevent smoke exposure early in a child’s life, providing comprehensive reproductive healthcare in an adolescent’s medical home, and working closely with payers to align work to support providers, children, and families.

Alex Miller has worked for the chapter for a year-and-a-half and was recently promoted to Senior Program Manager. She is very passionate about childhood lead prevention and obesity in children. Alex moved from Kentucky after graduating with her MPH from the University of Kentucky and is mother to a two-year-old golden doodle named Taco. In her free time, she loves to spend time outside and is an avid reader.

Olivia Simon grew up in Columbus but was living in Washington, DC for the past seven years until her return to Columbus last year. She recently adopted a kitten named Kiki! Olivia really enjoyed working on the chapter’s injury prevention initiatives like Store It Safe, Put-A-Lid-On-It, and SEEK. She helped run the Put-A-Lid-On-It program last year, distributing 8,000 bike helmets across the state (and of course, we hope to exceed that number this year)! When asked about her role, she was excited to “meet” all our Foundation Board Members and to help the Foundation grow its outreach (even during these difficult times).

Liz Bowman joined us in August of 2019 as the Executive Assistant. She handles a variety of administrative support tasks for the office. Liz previously worked in the private sector at a graphic design company, but she found her passion for non-profit work, especially work centered around housing and food insecurity. This passion for philanthropy led her to the Ohio AAP, where she is thrilled to help improve the lives of children. Liz is a mom to two grown daughters and “Gigi” to two granddaughters. In her spare time, she enjoys kayaking, hiking, and travelling the state to sample craft beer.

Best regards,

Jill Fitch, MD, FAAP
As Ohio emerges from the COVID-19 pandemic, several bills have been introduced to restrict or modify the authority of the Governor and the Ohio Department of Health related to public health emergencies. Most notably, lawmakers enacted Senate Bill 22 despite a veto from Governor DeWine. This legislation, which takes effect later this month, would allow the General Assembly to rescind emergency declarations and public health orders issued during a pandemic. Many healthcare organizations, including the Ohio Chapter, opposed the measure. Lawmakers are also considering bills to prohibit ‘vaccine passports’ and mandatory immunizations for COVID-19.

The most concerning piece of legislation currently pending in the Ohio General Assembly is House Bill 248, sponsored by State Representative Jennifer Gross (R-West Chester), a nurse practitioner from Southwest Ohio. HB 248 is a combination of other anti-vaccine bills introduced in recent years as well as new language expanding exemptions for school and childcare entry. HB 248 has received two hearings in the House Health Committee and has become a rallying point for anti-vaccine advocates across the state. A broad coalition of healthcare providers, business organizations, and patient advocates has been formed to oppose this harmful legislation.

HB 248 would expand the current exemptions allowed for K-12 and childcare immunization requirements. These are the only vaccine mandates in the Ohio Revised Code and, under current law, exemptions are granted for medical reasons with physician attestation and for reasons of conscience including religious and philosophical beliefs. HB 248 would remove requirements that a physician attest to a medical exemption, allow for parents to claim an exemption for ‘natural immunity’ without any testing or sign off from a healthcare provider, and would allow parents to claim an exemption verbally or in writing. This would dramatically lower the bar for vaccine exemptions and likely lead to lower rates and less reliable data.

HB 248 also restricts the ability of businesses and hospitals to require employees to be immunized against the flu or other vaccine-preventable diseases. This is especially problematic in the healthcare space where flu vaccine requirements are often conditions for employment. Further, these mandates are essential to patient safety. HB 248 also restricts the ability of employers to require masks for unvaccinated individuals or to transfer those employees to a different unit or area. For example, a nurse working in a NICU who declines the flu vaccine could not be required to wear a mask during flu season; the hospital also could not move that nurse to a different unit or administrative role.

Many legislators and supporters of HB 248 are concerned over mandated COVID-19 vaccination and related issues around reporting and documentation. Unfortunately, these concerns are being used to justify a significant change to Ohio’s vaccine laws. While Ohio’s current school entry requirements are far from perfect, HB 248 adds to the imbalance that exists between parents who choose to immunize and parents who opt out. At a minimum, Ohio should be encouraging parents to have their children immunized; however, HB 248 moves in the opposite direction. Further, HB 248 dramatically expands government regulation of private business and healthcare facilities while simultaneously putting patient safety at risk.

Anti-vaccine advocates continue to bully lawmakers and harass pediatricians on social media. During propo- nent testimony, many witnesses leveled baseless accusations and offered up misinformation and misleading facts. We will continue to respect the legislative process and work constructively with legislators to promote accurate information and address concerns around patient safety and privacy.

We are asking all Ohio pediatricians to reach out to their state representative and state senator to ask that they support child health and oppose HB 248.
As the community-focused branch of the Ohio AAP, the Foundation works to create partnerships across the state with community, corporate, state, and federal organizations to help improve the lives of Ohio’s children and families. The Put-A-Lid-On-It Bike Helmet Safety Program, one of the chapter’s longest running programs now in its 11th year, and the Ohio AAP Foundation have worked closely together over the past few years to expand the reach of the bike helmet program and to provide invaluable free resources and helmet education directly into communities across the state.

Thanks to the support of the Ohio AAP Foundation, the Ohio Department of Transportation and Honda of America Marysville, the program was able to provide nearly 9,000 helmets to children throughout Ohio. Encompassing more than 120 unique organizations across 52 counties, recipients included pediatric offices, schools, county health departments, nonprofit organizations, and local fire departments and law enforcement agencies, making this year one of the program’s most diverse yet! Recipients not only received free helmets but also training materials for biking education, including how to properly fit children with bike helmets. The past year saw a huge increase in bike riding as the outdoor activity was a great way for Ohio’s children to have fun in a safe and socially distanced way. But an increase in bike riders also creates the chance for an increase in injuries, making helmet safety more important than ever. Up to 75% of bike-related fatalities would be prevented with a helmet and wearing a helmet can reduce the risk of head injury by 85%.

“Wearing a helmet not only reduces the risk of injury, but it can also prevent unnecessary trips to hospitals, thereby reducing risks for COVID-19 exposure and unnecessary burdens on the health care system.”

- Melissa Wervey Arnold, Chief Executive Officer, Ohio AAP

Despite a few early setbacks, like a shortage in the supply of helmets in the US, the Put-A-Lid-On-It program is set for another successful year, thanks to the hard work of our partners, sponsors, and the Foundation! Helmet recipients have planned bike rodeos, helmet giveaway events, and community outreach scheduled for the summer, helping the program spread necessary resources to those most in need. While the COVID pandemic certainly impacted many helmet distribution activities over the past year, our helmet recipients adapted and are more than ready this year to distribute helmets to their communities in a safe and socially distanced manner.

The success of the Put-a-Lid-on-It program is thanks to the generous donations of our members and partners. To ensure the program’s continued success for years to come, consider donating at ohioaap.org/helmetdonations/. Every $5 donated provides a helmet, so no amount is too small. The Ohio AAP Foundation appreciates your support on our path to bike helmet safety!

Goofy Golf 2021

After a year-long hiatus due to the COVID-19 pandemic, we were glad the Ohio AAP Foundation Golf Outing was officially back! This year’s Goofy Golf themed event was held Friday, May 14th at Royal American Links and was an evening full of networking, golf, and fun activities! Thanks to the generous support of our sponsors, golfers, and Foundation board members we had one of our most successful years yet, surpassing our fundraising goal by raising over $10,000! Funds raised during the event support Put-A-Lid-On-It, ensuring this long running program will be around for many years to come!
The Importance of Prevention: Our Members & Programs Focus on Early Intervention

Lead Screening
Aparna Bole, MD, FAAP

Preventing lead toxicity is important to me because I see in my practice how this completely preventable environmental health hazard affects far too many children, often adding to other risk factors for problems with cognition, learning, attention, and behavior. Pediatricians understand that all children deserve a safe and healthy environment so they can grow, learn, and thrive. That’s why primary prevention of lead exposure, and early detection and intervention, are essential to improving child health in our state.

Lead exposure is toxic to the developing brain, and affects cognition, learning, attention, and behavior. This toxicity interferes with school performance and educational attainment, and has lifelong consequences, affecting, for example, future productivity and risk for criminal behavior. There is no safe level of lead in children, and its effects are irreversible. However, lead poisoning is completely preventable, and its effects can be mitigated with developmental and educational support. While primary prevention of lead exposure is the ultimate goal, early detection in children is critical: it triggers public health intervention, assessment of lead risks to prevent further exposure, and can prompt Early Intervention referral. There remain significant gaps in testing, with 40% of high-risk kids in Ohio not receiving recommended testing at one and two years of age.

The Ohio AAP’s Lead-Free Ohio program provides education and training for pediatric primary care providers on lead poisoning prevention and management, improving adherence to lead screening and testing guidelines, and provision of patient education resources. Eleven practices across the state participated in our quality improvement program with all participating practices reporting an increase in knowledge of testing requirements and confidence in providing anticipatory guidance. They also showed an increase in documented six-month anticipatory guidance from 0-40% and a 25% improvement in lead tests completed at the 24-month visit. Most practices ordered lead tests at the 12- and 24-month visits at or above the 90% goal. As part of the Lead-Free Ohio program, we also developed an online journal club program available for CME credit, and a web-based toolkit to provide practice resources including patient information, workflow guidance, EMR tips, and helpful links.

Nutrition & Obesity
Sarah Adams, MD, FAAP

Obesity’s toll in childhood has short- and long-term effects and with the rise in childhood and adolescent obesity, it is more important now than ever to educate ourselves as providers to guide our families in living a healthy lifestyle preventatively and in treatment.

The Parenting at Mealtime and Playtime program provides tools used for providers who work with families to help children of all ages achieve optimal health and prevent obesity. These tools include educational resources such as toolkits, journal articles, webinars, handouts, strategies and talking points as well as a mobile app they can share with families. In our busy practices, we appreciate the challenges that many of our families face today and I want to help them with nutritional and playtime ideas that are evidence based while at the same time feasible. Promoting healthy lifestyles mentally and physically in childhood and adolescence has led to my passion to educate providers and families to improve the way they view and use mealtime and playtime. This is so important not only because we are seeing a rise in childhood obesity, 1/3 of Ohio’s children are overweight or obese, but also because eating meals and playing together builds a child’s social and emotional development and improves family relationships. The PMP program has helped more than 85,000 providers help children statewide reach their full potential by promoting healthy nutrition and playtime with purpose.

Smoke Exposure
Mike Gittelman, MD, FAAP

Maximizing preventative health care in the primary care setting, such as the screening and counseling provided in the Smoke Free Families (SFF) project, enables children to live longer and free of significant illness and injuries. I have seen firsthand how the Ohio AAP’s projects can help providers improve the ways they address risks, which ultimately encourages families and children to practice safer and healthier behaviors.
Focusing on modifiable parental behaviors after birthing a child, like tobacco smoke exposure (TSE) and sleep-related deaths, infant mortality rates can be significantly reduced. Unfortunately, 40% of children in Ohio are exposed to second-hand smoke in the home, increasing their risk for SIDS, asthma, and other illness, and more than 40% are placed to sleep in unsafe locations or environments. Over four years, more than 185 providers have participated in the Smoke Free Families program. By counseling at-risk families about tobacco smoke and safe sleep risks during infant well visits, caregivers have reduced infant tobacco smoke exposure by 50%, one-third of caregivers have quit smoking, and 49% more children were placed to sleep safely at follow-up visits.

**Family Health & Infant Mortality**  
Jamie Macklin, MD, FAAP

Thanks to initiatives like Healthy Mom, Healthy Family, pediatricians can play an essential role in improving a mother’s health, leading to healthier future pregnancies for her and a healthier family for their young patients.

Did you know that 84% of mothers take responsibility for taking their children to their doctors’ appointments, yet over half receive little to no health counseling for themselves each year? To address this disparity, Ohio AAP’s Healthy Mom, Healthy Family (IMPLICIT) quality improvement (QI) program focuses on improving the health of both pediatric patients and their mothers during pediatric well-child visits from 0-18 months. Using the 5A’s approach, pediatricians will be trained to screen mothers about depression and anxiety symptoms, tobacco and multivitamin use, and family planning and will advise mom about the desired healthy behaviors and arrange further care as needed. As a result, pediatricians can have an essential role in improving the health of a mother, leading to healthier future pregnancies and a healthier family for their young patients. All physician participants will receive QI coaching, supplies, and MOC Part IV credit while completing the project. If you and your practice are interested in participating in this innovative program, please contact Hayley Southworth at hsouthworth@ohioaap.org.

**Social Determinants of Health**  
Sarah Denny, MD, FAAP

I believe it is essential for pediatric providers to assess a child’s social risks just as they should determine their development and medical needs; preventing injuries by identifying risks is one important part of preventative care that I support as a Medical Director with the Ohio AAP.

The National Academy of Health has estimated that social determinants of health – such as poverty, food insecurity and housing issues – can account for close to 80% of overall health outcomes. In fact, Abraham Jacobi once stated “It is not enough to work at the individual bedside in the hospital. In the near or dim future, the pediatrician is to sit in and control school boards, health departments, and legislatures.”

To help pediatric providers screen for the leading causes of death to children – social determinants of health and unintentional injuries – the Ohio AAP developed the Injury Prevention Plus SEEK program. To date, three waves of this program (capturing 19 practices) have been completed. Participating providers have reported feeling more confident in discussing social needs with families and they are more likely to provide families with needed resources.
Dairy Nourishes Life

Helping People Thrive Throughout the Lifespan

Dairy foods, like milk, cheese and yogurt, play a foundational role in the Dietary Approaches to Stop Hypertension (DASH) diet and the Dietary Guidelines for Americans’ Healthy Vegetarian, Healthy Mediterranean-Style and Healthy U.S.-Style eating patterns. From their unique nutrient package, to research linking dairy foods to improved bone health - especially in children and adolescents - and to reduced risk of cardiovascular disease, type 2 diabetes and lower blood pressure in adults, dairy foods help people thrive.

Dairy: Did You Know?

1. Milk Delivers a Unique Nutrient Package. Milk’s nine essential nutrients can be difficult to replace. Did you know it takes 17 cups of raw kale to get the same amount of calcium in 3 cups of milk? But it’s not just about the calcium. See how protein, vitamin D and B vitamins stack up.

2. Milk’s Nutrient Profile is Tough to Match. Encourage people to read the nutrition facts label on milk and milk alternatives to better understand what is in their pour. These flash cards provide an at-a-glance look at the nutrition and ingredient profiles of milk and a variety of milk alternatives.

3. Dairy Foods Play an Important Role in Diets of Expectant Moms, Infants and Children. The 2020 Dietary Guidelines Advisory Committee’s Scientific Report includes historic recommendations for expectant moms and children from birth to 24 months. Yogurt and cheese were recognized as complementary feeding options for infants 6-12 months. And food patterns for toddlers 12-24 months include 1.5 to 2 daily servings of dairy foods (e.g., whole milk, yogurt, reduced-fat cheese). These recommendations align with American Academy of Pediatrics’ guidance represented in this Guide to Feeding Your Baby for the First Two Years. The Committee also notes milk and yogurt are good sources of iodine, a potential nutrient of public health concern for pregnant women, as iodine needs increase by more than 50 percent during pregnancy and prenatal iodine deficiency may lead to irreversible neurocognitive defects and lower childhood IQ.

4. Dairy foods are affordable, nutrient-rich contributions to the diets of children and adults. It only costs about $0.20* for one serving of nutrient-rich, low-fat milk. (*Based on U.S. average gallon milk price. Source: IRI Multi Outlet + Conv. 2020, YTD through 10/04/20.)

5. Farmers Care for Their Cows and the Environment. Every day dairy farmers strive to leave the planet in better condition for the next generation. Check out our website to learn more about their commitment to the environment. To learn more join our virtual field trip and video on the commitment to ensure milk is free of antibiotics.

6. Dairy is Linked to Reduced Risk of Inflammation. Not only are dairy foods, including milk, yogurt and cheese, filled with essential nutrients our bodies need, but they also may help reduce inflammation. Learn more here.

Looking for more information on how dairy nourishes people while responsibly caring for our planet and animals?

Join the Dairy Nourishes Network. Members of the network receive the latest dairy research, resources and recipes, as well as opportunities for free continuing education.
An Update on AAP Priorities for 2021

Lia Gaggino, MD, FAAP, District V Chairperson

With summer upon us, I know we are all hoping for some semblance of a return to a new “normal”, whatever that may look like. It is hard to believe that we have endured 15 months of worry, fear, sorrow, loss, injustice and isolation. For many of us we have missed birthdays, weddings, funerals, dinners out, live music and theater and all those events we take for granted that enrich our lives. Who knew that a cup of coffee with a friend or a trip to a store would be major outings we would long for?

The AAP has focused on three 2021 priorities: COVID guidance, Equity, Diversity and Inclusion (EDI) and Mental Health. There is so much to say on each of these, but I will highlight some of the work that has been done and links to resources.

COVID is the most colossal adverse event that we have faced globally in our lifetime and we have risen to the challenge. Our work lives have had a complete overhaul as we have been challenged over and over to pivot, adjust, innovate and offer our families and patients hope and reassurance while we ourselves struggled with the same fears and uncertainties. In the world of toxic stress, it is stable, secure and nurturing relationships that foster resilience, and pediatricians model this relationship with our families who are frightened, in pain or who have lost hope. While brilliant and dedicated scientists created vaccines with lightning speed and tireless, wise leaders (thank you Dr. Fauci!) faced backlash while continuing to speak truth, pediatricians represented by the AAP have been out front with credible, timely guidance. For abundant resources, visit https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/

As if COVID were not enough, we have seen racial injustice pound our communities of color over and over again, threaten our LGBTQ youth and challenge how we care for children at the border. The AAP has taken a stand to speak up, to create policy, and to imbued EDI principles into our bylaws. Equity, Diversity and Inclusion are not just words on a page, they are values that we strive for in all that we say and do. In June, AAP will publish Words Matter, a document that describes the impact of language and why the words we speak affect the lives of others. To further the work, each District has an EDI Champion who is working with the chapters, committees, councils and sections to lift our consciousness. District V is lucky to have Dr. Smitherman as our champion! Fighting Racism to Advance Child Health Equity is a free resource to all members https://shop.aap.org/fighting-racism-to-advance-child-health-equity/.

Finally, the AAP is committed to the healthy mental development and emotional well-being for our children and adolescents. AAP President Dr. Beers, along with the Children’s Hospital Association, launched a mental health awareness campaign (https://www.childrenshospitals.org/Newsroom/Press-Releases/2021/Mental-and-Behavioral-Health-Crisis-in-Children) to address the mental health crisis our children and adolescents are facing. Additionally, a multistakeholder suicide prevention summit was held in February and recommendations and guidance will follow. The AAP is investing in education and resources including policy statements on toxic stress, webinars, virtual CME conference offerings, and the Addressing Mental Health Concerns Toolkit (https://shop.aap.org/mentalhealthtoolkit/) to support your work. As we ourselves face these challenges, we must be mindful of our own well-being. Please visit https://www.aappublications.org/news/2019/11/14/memberhealthandwellnesscolumns for resources on physician wellness.

May your summer be restorative and full of hope and joy.

Ohio AAP Remembers Sandra Aured

Ohio AAP Board and staff are saddened to share the passing of our former Executive Director (1987-2005) Sandra Sue Workman Aured on Friday, February 26, 2021. Sandy was a longtime Worthington resident and friend of many Ohio AAP leaders, members and past presidents.

Above image: Sandy celebrating MOBI’s 20 year anniversary at the 2016 Ohio AAP Annual Meeting
When a child presents to your office congested, sneezing, and itching, allergic rhinitis (AR) may be the cause. Itching is the most specific symptom for an allergic cause of rhinitis (Wallace 2008). Children with rhinitis may also present with throat clearing, cough, eye rubbing, and dark circles under the eyes. Ocular symptoms such as itching, conjunctival injection, and eyelid swelling consistent with allergic conjunctivitis (AC) often accompany rhinitis symptoms. AR symptoms may be present due to year round allergens (perennial) and/or seasonal allergens.

AR is likely to be encountered in the primary pediatrician’s office, as self-reported rates of AR have been found to be as high as 40% of children in the United States (McRory 2003). In surveys that required a physician-confirmed diagnosis of AR, the prevalence rates were 13% of US children (Dykewicz 2020).

Adequate symptom management is imperative, as allergic rhinitis is a frequent cause of school absence and school underperformance. Up to 45% of children with AR experience sleep disruption (Blaiss 2007).

So how can the pediatrician help? Management of allergies includes reasonable avoidance measures (Table 1) and medications to manage symptoms (Table 2). While most medications used for treatment of AR/AC are approved for use in children under 12 year of age, comparative trials are almost exclusively limited to those older than 12, and therefore principles of treatment are often extrapolated for our youngest patients. As with all medications prescribed to pediatric patients, care must be given to dosage adjustment, monitoring for adverse effects, and long-term safety.

Differential diagnoses for rhinitis should be considered, including adenoid hypertrophy, sinusitis, nasal foreign body, or recurrent upper respiratory infection. If symptoms consistent with allergic rhinitis or conjunctivitis are unrelieved despite treatment, prompt referral to a board certified allergy immunology physician should be considered.

Depot parenteral corticosteroids are not recommended for treatment of AR due to potential risks. Neither acupuncture nor herbal products have adequate studies to support their use for AR.

Table 1: Allergen Avoidance Measures for Seasonal Outdoor Allergens
Adapted from aaaai.org

| Keep windows closed in the home and consider air conditioning, which cleans, cools and dries the air. |
| Encourage indoor play when pollen or mold spore counts are high. Pollen counter apps are available for download. |
| If symptoms are severe, a pollen mask may be considered for long periods of exposure when unavoidable. |
| Children should shower after returning indoors, including shampooing hair and changing clothes. |
| Children with AR should not be responsible for mowing lawns or raking leaves as this can stir up pollen and molds. |
| Avoid hanging sheets or clothes outside to dry. |

References
Table 2: Treatment for Allergic Rhinitis and Allergic Conjunctivitis

<table>
<thead>
<tr>
<th>TREATMENT</th>
<th>DOSAGE</th>
<th>DETAILS</th>
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<tbody>
<tr>
<td><strong>Intranasal corticosteroids (INCS)</strong></td>
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<td>fluticasone (Flonase, Flonase Sensimist),</td>
<td>Typical dose regimen: 1-2 sprays each nostril daily. Adherence may be improved with use of misting formulations such as Flonase Sensimist</td>
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<td>triamcinolone (Nasacort,),</td>
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<td>mometasone (Nasonex), etc.</td>
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<td><strong>Intranasal antihistamines (INAH)</strong></td>
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<td>azelastine (Astelin, Astepro)</td>
<td>Typical dose regimen: 1-2 sprays each nostril twice daily. Can be used simultaneously with INCS. Combination INCS and INAH available for ease of dosing (fluticasone-azelastine, Dymista)</td>
<td>Studies support the additive benefit of combination treatment with INCS and INAH in AR. Particularly effective for histamine mediated symptoms of itching and rhinorrhea.</td>
</tr>
<tr>
<td><strong>Intranasal ipratropium (Atrovent)</strong></td>
<td>Typical dose regimen: 1-2 sprays each nostril 3-4 times daily</td>
<td>Ipratropium has been shown to be effective in reducing rhinorrhea in chronic perennial rhinitis, but is also approved for use for seasonal symptoms and even the common cold.</td>
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<td><strong>Intranasal cromolyn (Nasalcrom)</strong></td>
<td>Typical dose regimen: 1 spray each nostril 3-4 times daily</td>
<td>Nasal cromolyn administered just before allergen exposure, such as before going to a friend’s home where a cat has previously resulted in symptoms, can reduce development of symptoms of AR by stabilizing mast cells.</td>
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<td><strong>Nasal saline</strong></td>
<td>Multiple application vehicles including saline rinses, sprays and gels available. Optimum vehicle and use frequency have not yet been established.</td>
<td>Nasal saline is commonly used as a treatment for rhinitis and rhinosinusitis in both children and adults. Nasal saline can be beneficial for moisturizing dry nasal passages and clearing out mucus and has been shown to improve symptoms in children with AR (Hermelingmeier 2012).</td>
</tr>
<tr>
<td><strong>Oral antihistamines</strong></td>
<td>Weight based dosing recommended</td>
<td></td>
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<tr>
<td><em>Second generation:</em></td>
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<tr>
<td>cetirizine (Zyrtec),</td>
<td></td>
<td>The rhinitis practice parameter recommends against prescribing a first-generation antihistamine in favor of a second-generation antihistamine when prescribing an oral antihistamine for the treatment of AR (Dykewicz 2020). Selecting a second-generation antihistamine reduces potential side effects including sedation, school performance impairment, poor sleep quality, and anticholinergic-mediated symptoms that have been associated with the first-generation antihistamines (Wallace 2008).</td>
</tr>
<tr>
<td>levocetirizine (Xyzal),</td>
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<td></td>
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<tr>
<td>fexofenadine (Allegra),</td>
<td></td>
<td></td>
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<tr>
<td>loratadine (Claritin)</td>
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<tr>
<td><em>First generation:</em></td>
<td></td>
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</tr>
<tr>
<td>diphenhydramine, chlorpheniramine</td>
<td></td>
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</tr>
<tr>
<td><strong>Leukotriene receptor antagonists montelukast</strong></td>
<td>Age-based dosing</td>
<td>Montelukast should only be used for AR if there has been an inadequate response or intolerance to alternative therapies due to serious neuropsychiatric events that may include suicidal thoughts or actions (Calapai 2014).</td>
</tr>
<tr>
<td>(Singulair)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Ocular antihistamines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketotifen* (Zaditor),</td>
<td>Typical dosing regimen: 1 drop each eye twice daily</td>
<td>*mast cell stabilizing effects</td>
</tr>
<tr>
<td>azelastine (Optivar),</td>
<td></td>
<td></td>
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<tr>
<td>olopatadine (Pataday*, Patanol, Pazeo),</td>
<td></td>
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<tr>
<td>epinastine* (Elestat)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ocular mast cell stabilizers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cromolyn (Crolom),</td>
<td>Typical dosing regimen: 1 drop each eye 2-4 times daily</td>
<td></td>
</tr>
<tr>
<td>nedocromil (Alocril)</td>
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OUR MISSION

The Ohio Chapter of the American Academy of Pediatrics promotes the health, safety and well-being of children and adolescents so they may reach their full potential.

QUALITY IMPROVEMENT & EDUCATION PROGRAM IMPACTS

Positively impacted 4,000 providers, public health professionals, educators, teens, parents, law enforcement, community health workers and community agencies and over 1 million children.

“I was so excited when I was one of the people who received a lock box. I don’t have small children but have friends with small kids that come to my house. The Store It Safe sheet I read front and back several times. It was very informative. In the past I was a foster parent... substance abuse was also in my family and it was very hard to deal with, and I realized that it can lead to suicide very easily. I am very thankful for your program and happy I was a recipient of the lock box. Thank you so much.”

- Recipient of SIS Gun Box

The Impact of COVID

The Ohio AAP understands 2020 was a challenging year for our members and the families they serve due to the COVID pandemic. This is why we worked hard to add more virtual education options and out-of-the-box methods, like our newly introduced podcasts, toolkits, and social media outreach, to reach our members and Ohio’s children!

Diversity & Inclusion

As child advocates, we aim to be a voice for children and communities whose voices may not otherwise be heard. In 2020, we updated our policies to include a diversity and inclusion statement to ensure we remain vigilant and accountable in our efforts to be a resource for ALL our members and communities. This past year, we also added Dr. Jordee Wells as our Diversity & Equity Inclusion Representative to assist the Chapter in broadening our impact and to better support the diverse needs of the children, families and pediatricians in Ohio. We also began to analyze our current programs and education for diversity to make sure we are actively implementing and promoting equity and inclusion into the fabric of all our programs.
Protecting and Preserving Pediatrics During the Pandemic

4,000 providers + 1 million children impacted = Safer & Healthier Ohio Children

**FINANCIAL OVERVIEW**

- **Revenue:** $3,531,985
- **Operating Expenses:** $83,350

**Income:**
- Grants/Contracts: $2,538,055
- Deferred Grants: $648,000
- Dues: $246,300
- Meeting Income: $56,130
- Donations: $38,400
- Other: $5,100

**VIRTUAL EDUCATION ATTENDANCE**

<table>
<thead>
<tr>
<th>Toolkits &amp; Resources Implemented Over the Last Year</th>
<th>Parenting at Mealtime &amp; Playtime Series</th>
<th>Immunization Trainings</th>
<th>Atopic Dermatitis</th>
<th>Lead Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse &amp; Neglect Presentation Series</td>
<td>623</td>
<td>413</td>
<td>250</td>
<td>235</td>
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<tr>
<td>Parenting at Mealtime &amp; Playtime Series</td>
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<td>Lead Prevention</td>
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<tr>
<td>Summer 2020 &amp; Spring 2021 Meetings Combined</td>
<td></td>
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<td>500</td>
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</table>

**PODCASTS**

Released new podcasts on COVID, vaccine hesitancy, and boosting immunization rates to more directly reach our audience!

**STORE IT SAFE TEEN**

- 200 SIS pledges
- 1500 Gun boxes distributed

**ANNUAL MEETING 2020**

Our first all-virtual Annual meeting featured FREE admission for all Ohio AAP members and was one of our most attended and successful meetings yet!

530 ATTENDEES • 31 EXHIBITORS

**OC4V LAUNCH!**

Launched Ohio Champions for Vaccines (OC4V), a new vaccine advocacy group working to combat misinformation and provide caregivers with a trusted resource for reliable vaccine information!

http://ohioaap.org/oc4v

**BOARD OF DIRECTORS**

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- Melissa Wervey Arnold, Chief Executive Officer
- Elizabeth Dawson, Chief Operating Officer
- Hayley Southworth, MS, Director of Program Management & Training
- Lory Sheeran Winland, MPA, Director of Immunization Programs
- Kristen Stidham Fluit, MS, Senior Quality Manager
- Alex Miller, MPH, Senior Program Manager
- Olivia Simon, Communications & Foundation Coordinator
- Liz Bowman, Executive Assistant

“"Our clinic found all the training and practice coaching in the Preschool Vision Screening quality improvement project very helpful. The training received was so helpful and important and really helped us improve vision screening in our clinic. Our families really liked the "new" way of screening and the resources that were provided. We are really glad we participated.”

- Preschool Vision Screening Participant
The Parenting at Mealtime and Playtime (PMP) program is excited to announce two ALL NEW training webinars available for viewing on YouTube at your convenience!

**The Use of Telemedicine in the Management of Pediatric Obesity** (1 CME credit)

**Electronic Medical Record Supports for PMP and Pediatric Obesity**

These new webinars, as well as all PMP trainings and handouts, can be accessed on the Ohio AAP website: ohioaap.org/pmp-resources/pmp-resources-physician

Register for the PMP toolkit (which has more trainings available for CME) here: www.surveymonkey.com/r/PMPToolkitReg

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**PRESCHOOL VISION SCREENING**

Early vision screening is an essential element in school readiness and overall child health. Uncorrected vision problems can impair child development, interfere with learning, and lead to permanent vision loss. The medical home is an important site for vision screening and referrals!

“Our clinic found all the training and practice coaching in the PVS quality improvement project very helpful. The training our MAC’s received was so helpful and important and really helped us improve vision screening in our clinic. Our families really liked the “new” way of screening and the resources that were provided. We are really glad we participated. It was a very enjoyable experience.”

- Former Preschool Vision Screening Participant

Primary care practices will be trained in evidence-based approaches to screening and referral as well as receive the following benefits:

- Onsite training
- Practice coaching & support
- Up-to-date vision screening equipment valued at $800
- MOC II, MOC IV and CNE credit
- Staff trained as certified vision screeners
- Access to free eye exams and eyeglasses for uninsured or underinsured adults and children

**Launching Fall of 2021!**

Spots are limited. Contact Kristen Fluit at kfluitte@ohioaap.org to reserve your spot!
Addressing Vaccine Hesitancy in Pediatric Practice

Christy Vickers MS, APRN, CPNP
Doctor of Nursing Practice Student at Northern Kentucky University

Cultivating Vaccine Confidence & Acceptance
Parental vaccine hesitancy is an ever-growing challenge. Cultivating a vaccine-promoting culture requires the involvement of all members of the healthcare team. Through this concerted effort, children needing vaccines are more readily identified, the vaccine concerns of parents are more effectively addressed, and overall vaccine acceptance is increased.

Pursue Vaccine-Eligible Children
The first step involves a pursuit of vaccine-eligible children. A formal reminder system, for both patients and providers, ensures that children needing vaccines are recognized. Assessing children’s vaccination status at every visit helps to avoid missed opportunities. Scheduling follow-up immunization appointments before children leave the health care encounter will also make certain that future vaccine needs are met.

Promote Vaccines from Start to Finish
Guaranteeing that everyone within the office is on board and consistently offering vaccine-promoting messages cannot be overemphasized. Regardless of the employee's position, the individual has the potential to contribute to the parent’s doubt or build confidence about vaccines. Parents who have a vaccine concern may merely need someone to agree with them to strengthen their opinion. A divergent view from even one member of the team might be what the parent remembers most. All other vaccine-positive details may be discredited.

Presume Vaccine Acceptance
Two different approaches to vaccine counseling have been discussed in the literature. A participatory approach takes on a conversational style with the provider asking what the parent thinks about vaccines. A presumptive approach makes a strong statement regarding the expectation of the vaccines being given. This statement presumes acceptance. This communication style is demonstrated when a provider states, “Your child is due for three vaccines today - the MMR, influenza, and varicella vaccines.” Research demonstrates that a presumptive approach fosters greater vaccine acceptance when compared to participatory language. Bundling vaccine recommendations in a manner that conveys the same level of importance for each vaccine is also helpful in promoting acceptance of all vaccines that are due.

Provide a Strong Recommendation
The strong recommendation from a trusted healthcare provider is the most compelling factor to gain a parent’s agreement for vaccination. Pediatric providers must leverage the influence they hold. As healthcare providers combine their clinical expertise with personal stories about vaccines, parents gain a better understanding of vaccine benefits and risks and feel more confident about their vaccine decisions.

Prepare for Questions & Concerns
While a strong vaccine recommendation is important, presuming understanding is equally warranted. A dismissive approach erodes trust and results in decreased parent satisfaction with the visit. The key is listening to the parent and striving to address and answer what is asked. Detailing more than what the parent is really wanting to know may be counterproductive.

Anecdotes often win over fact when discussing the value of vaccines with parents who are hesitant. Sharing an experience of a child who suffered from a vaccine-preventable disease may persuade a parent to accept a vaccine more than relating scientific evidence. In this instance, the story is not a substitute for vaccine facts. Rather, the narrative is used to illustrate the data in a meaningful and memorable way. Avoiding the use of medical jargon is also essential.

Protect with Vaccines when Possible
Not all vaccine discussions will end with a vaccine being given. However, closing the visit with at least one agreed-upon action indicates progress. The vaccine-hesitant parent might agree to check out a reliable vaccine website or the plan might be to revisit the vaccine discussion at the next patient encounter. Regardless, an opportunity to vaccinate the child at some point remains a possibility.

The ultimate goal is to protect all infants, children, and adolescents from each vaccine-preventable disease according to the Centers for Disease Control and Prevention (CDC) Recommended Immunization Schedule. Following this protocol involves offering each vaccine as soon as it is due, regardless of the number of vaccines to be administered. Referring to the catch-up immunization schedule when necessary, and adhering to the guidelines outlined by the Advisory Committee on Immunization Practices are critical aspects of professional responsibility as a vaccine provider.

For complete article, including references, visit www.ohioaap.org/OHPeds/articles.
Ohio AAP Foundation Fundraiser:
Picking up the Pieces from the COVID-19 Pandemic: Wins, Losses & Resiliency Materials to Use with Your School-Age Children
Case Studies on COVID-19 in Children: Complications & MIS-C
State Advocacy in Action
Top Ten Articles from Ohio that Impact the Way You Practice
Addressing Obesity, Healthy Eating & Physical Activity Post-COVID-19
Mental Health, Anxiety & Depression: Affirming Mental Health Practices & Creating Supportive & Inclusive Spaces for LGBTQ+ Teens
Diagnosis & Management of Emergent GI Issues: Reflux, Constipation, Abdominal Pain & Cow’s Milk Allergies

2021 Annual Meeting Topics

MARK YOUR CALENDARS!
2021 OHIO AAP ANNUAL MEETING
SAFELY BACK TOGETHER AGAIN!

2021 Annual Meeting Topics

- **Ohio AAP Foundation Fundraiser:**
  - Picking up the Pieces from the COVID-19 Pandemic: Wins, Losses & Resiliency Materials to Use with Your School-Age Children
- Case Studies on COVID-19 in Children: Complications & MIS-C
- State Advocacy in Action
- Top Ten Articles from Ohio that Impact the Way You Practice
- Addressing Obesity, Healthy Eating & Physical Activity Post-COVID-19
- Mental Health, Anxiety & Depression: Affirming Mental Health Practices & Creating Supportive & Inclusive Spaces for LGBTQ+ Teens
- Diagnosis & Management of Emergent GI Issues: Reflux, Constipation, Abdominal Pain & Cow’s Milk Allergies

REGISTER TODAY:
[ohioaap.org/annualmeeting](http://ohioaap.org/annualmeeting)

#OHIOAAPAM

Resident Workshop
We will be holding a FREE virtual resident workshop Thursday October 28th and on-site mentor meet up with residents and Ohio AAP members during conference. More details coming soon!
Foundation Donors
July 1, 2020-May 28, 2021

DONORS
*List current as of publication date.

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Honda of America Manufacturing
Reinberger Foundation
United Healthcare Community Plan of Ohio
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Sarah Adams, MD, FAAP & Family

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Aetna
Buckeye Health Plan
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Kiwanis Club of Columbus
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John Duby, MD, FAAP & Sara Guerrero-Duby, MD, FAAP
Elizabeth and Paul Dawson
Girls on the Run
Kate Krueck, MD, FAAP
Nationwide Children’s Hospital
Judy Romano, MD, FAAP & Paul Romano
Denise Warrick, MD, FAAP
Melissa Wervey Arnold & Family

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Nicole Baldwin, MD, FAAP
Bobbi Beale
Christopher Bolling, MD, FAAP & Stephen Peterson
Liz Bowman
Ryan Bode, MD, FAAP & Sara Bode, MD, FAAP
Katherine Broering, MD, FAAP
Mercy Brew
Ernest Brookfield, MD, FAAP
Vicky Brown
Ellen Buerk, MD, FAAP
Andrea Carey
Melissa Cannon
Susan Carlin, MD, FAAP
Lori Carsey, MD, FAAP
Amy Doso, MD
Tara Davis
Carol Delahunty, MD, FAAP
Michele Dritz, MD, FAAP & Family

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Marian Valentine & Family
Christopher Wadsworth
Rich & Ashley Walczak
Hilary Kay Waugh
April Whalen
Tara Williams, MD, FAAP
Lory Sheeran Winland, MPA

Thank You for Helping Us
“Close the Lock” on Store It Safe Fundraising!

Our grassroots funding effort launched to build the Store It Safe Adolescent Suicide Prevention Program was able to achieve our goal of $86,826 over the past year thanks to the generosity of our leaders, members, and partners.

Here’s what’s Next...

If you are committed to preventing teen suicide, take the Store It Safe Pledge by visiting https://ohioaap.org/SISPledge. Take the pledge today and agree to be a part of the solution by screening teens for depression at every wellness visit, providing appropriate intervention resources, and offering gun lock boxes or discussing the importance of safe storage with teens and their families. The Ohio AAP Store It Safe program is committed to reversing the trend of irreversible actions and has recently released new educational handouts, online education modules, and the opportunity to receive FREE gun lock boxes for your practice or organization. To learn more or to access these great resources visit http://ohioaap.org/sisitens.
New Combination Vaccine for Infants

Rebecca Brady, MD, FAAP
Cincinnati Children’s Hospital Medical Center

A new combination vaccine for infants is expected to become available this summer. The vaccine is called VAXELIS™ and contains antigens against six infectious agents:

- Diphtheria
- Tetanus
- Pertussis
- Poliomyelitis
- Hepatitis B
- Haemophilus influenzae type b (Hib) (Tetanus Toxoid Conjugate)

VAXELIS™ is to be administered as a three-dose series at two, four, and six months of age. As a catch-up vaccine, it can be used to complete the primary three-dose series in children through four years of age (up to the fifth birthday). It should NOT be used as the fourth or fifth dose in the DTaP series.

Each dose is 0.5 mL administered intramuscularly. No reconstitution is needed. VAXELIS™ is available in 0.5 mL single-dose vials and prefilled syringes. The vial stopper, syringe plunger stopper, and syringe cap tip do not contain latex. The vaccine should be stored at 2°C to 8°C (36°F to 46°F).

VAXELIS™ may be administered at the same visit as oral rotavirus vaccine and the pneumococcal protein conjugate vaccine (PCV).

The side effects of VAXELIS™ are expected to be similar to those of other infant vaccines and include pain, tenderness, swelling, and redness at the injection site, fever, increased crying, increased fussiness, increased sleepiness, decreased oral intake, and vomiting.

Three doses of VAXELIS™ constitute a primary immunization series against pertussis. An additional dose of pertussis-containing vaccine is needed to complete the primary series.

**Pertussis vaccination following VAXELIS™:**
VAXELIS™ contains the same pertussis antigens manufactured by the same process as:

- Pentacel® [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Hib Conjugate (Tetanus Toxoid Conjugate) Vaccine: DTaP-IPV/Hib],
- Quadracel® [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus Vaccine: DTaP-IPV], and
- DAPTACEL® [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Vaccine: DTaP].

Children who have received a three-dose series of VAXELIS™ should complete the primary and pertussis vaccination series with Pentacel®, Quadracel®, or DAPTACEL®.

**Administration of VAXELIS™ following previous doses of other DTaP-containing vaccines:**
VAXELIS™ may be used to complete the first three doses of the five-dose DTaP series in infants and children who have received one or two doses of Pentacel® or DAPTACEL® and are also scheduled to receive the other antigens in VAXELIS™.

Data are not available on the safety and effectiveness of using VAXELIS™ following one or two doses of a DTaP vaccine from a different manufacturer.

**Administration of VAXELIS™ following previous doses of any hepatitis B vaccine:**
After an infant born to a hepatitis B surface antigen (HBsAg)-negative mother receives a birth dose of any hepatitis B vaccine, a three-dose series of VAXELIS™ may be used to complete the hepatitis B vaccination series.

VAXELIS™ may be used to complete the hepatitis B vaccination series following one or two doses of other hepatitis B vaccines, in infants born to HBsAg-negative mothers, and who are scheduled to receive the other antigens in VAXELIS™. However, because of the design of the clinical trials, data are not available on the safety and effectiveness of VAXELIS™ in such infants.

**Administration of VAXELIS™ following previous doses of Hib:**
VAXELIS™ may be administered to infants who have received one or two doses of Hib and are also scheduled to receive the other antigens in VAXELIS™. Data are not available on the safety and effectiveness of VAXELIS™ in such infants.

VAXELISTM will be manufactured by Sanofi Pasteur Limited, Toronto Ontario Canada for MSP Vaccine Company, Swiftwater, PA and distributed by Merck & Co., Inc., Whitehouse Station, NJ and Sanofi Pasteur, Inc., Swiftwater, PA. Because two companies are involved, if there is a significant problem with either company, a shortage situation could arise.

For additional information about VAXELIS™, the package insert can be accessed at https://www.fda.gov/vaccines-blood-biologics/vaxelis. Accessed May 12, 2021.
What You Need to Know About Sever’s Disease

Keyur Desai, MD and Susannah Briskin, MD
Rainbow Babies and Children’s Hospital Sports Medicine

Pediatric foot and ankle pain is a common musculoskeletal complaint with a wide range of etiologies. A thorough history and physical examination are required to identify serious pathology. Nocturnal pain, pain unresponsive to activity modification and rest, pain that localizes over different anatomic regions, the presence of soft tissue swelling or erythema, and an inability to bear weight raise concern for diagnoses that require further evaluation.

There are several key anatomic structures. The gastrocnemius and soleus muscles of the posterior leg form a complex to become the Achilles tendon, a broad, thick tendon that attaches to the calcaneal tuberosity at the posterior heel. In pediatric patients, there is an apophysis (growth plate) at the posterior heel. During plantarflexion, the Achilles shortens, causing the posterior calcaneus to move cranially.

Sever’s disease, or calcaneal apophysitis, is a common cause of heel pain in skeletally immature athletes. It is most common in those 9 to 14 years old, though it can occur outside of this age range. There are two common etiologies of Sever’s disease. The most common cause is repetitive microtrauma from traction at the calcaneal apophysis by the gastrocnemius-soleus complex, which is stronger than the cartilage at the apophysis. Sever’s disease also occurs as a result of repetitive impact from ground forces on the calcaneus, causing inflammation at the growth plate and pain with activity.

Patients with Sever’s disease present complaining of posterior heel pain with activity. Up to 50% of patients have bilateral symptoms. It is most common in running and jumping sports, cleat-wearing sports, and barefoot sports. Basketball, football, soccer, and gymnastics are among the highest-risk sports. There are increasing cases of Sever’s disease reported in inactive patients who wear shoes without appropriate arch support. The history should include a thorough pain history, current sports, footwear types and duration of use, orthotic use, changes in activity level, pain management regimens, and prior injury and surgical history.

A proper foot and ankle physical examination is critical to confirm the diagnosis of Sever’s disease and distinguish it from other conditions. Visual inspection of the arch can determine the presence of pes planus, pes planovalgus as seen with a positive “too many toes” sign, or pes cavus. Single leg testing of stance, calf raises, and hops may show relative weakness, reduced proprioception, or pain. Passive dorsiflexion of the ankle with the knee in full extension should ideally be 90 degrees or greater; commonly in Sever’s disease, patients fail to reach 90 degrees due to heel cord tightness. Strength testing of the ankle may reveal relative weakness of the ankle plantarflexors. Palpation should be focused and directed, and in the case of Sever’s disease will reveal tenderness to palpation at the posterior heel over the calcaneal apophysis. Small amounts of soft tissue swelling may be present.

Imaging studies are not required to confirm the diagnosis of Sever’s disease, but are useful to exclude other diagnoses. X-rays are indicated for individuals who fall outside the typical age range for Sever’s, and for patients with a history of redness, swelling, inability to bear weight, or a history of trauma. A dedicated calcaneal X-ray series will include AP and lateral views. Careful evaluation of imaging for OCD lesions, stress fractures, accessory ossicles, or structural abnormalities may widen the differential and point to an etiology inconsistent with Sever’s disease.

Following confirmation of the diagnosis of Sever’s disease, a multifaceted treatment approach is warranted. First, reassurance to the patient and family that following closure of the calcaneal apophysis, the pain should resolve. Second, gel heel cups to shorten the Achilles and cushion the heel. Barefoot athletes, including gymnasts and dancers, may benefit from an ankle sleeve with a built-in gel heel cup. Third, a home exercise program or physical therapy consisting of heel cord stretching, balance and proprioception, and ankle strengthening. For pain relief, scheduled NSAIDs with activity, and ice cup massage pre- and post-activity may provide relief. A patient should be counseled that if they develop an antalgic gait during activity, they should cease play for the remainder of the day. This is to avoid a second injury due to poor lower extremity biomechanics, and not because they will exacerbate Sever’s disease. An acutely painful patient may benefit from partial or non-weightbearing status, and offloading with crutches. Orthotics may be indicated in patients with pes planus or equinus foot.
What You Need to Know About Sever’s Disease

Keyur Desai, MD and Susannah Briskin, MD
Rainbow Babies and Children’s Hospital Sports Medicine

It is seen with running and jumping sports such as basketball, cleat wearing sports such as football and soccer, and also with barefoot sports such as gymnastics and cheerleading. There may be small amounts of swelling over the heel. Half of children will have pain in both heels. The pain worsens when the child is more active, and may become so severe the child starts limping. In most cases, the pain improves or goes away completely when the child stops playing sports or being highly active. Sever’s disease is due to the strong muscles of the calf, called the gastrocnemius and soleus, pulling on the growth plate at the heel and causing inflammation. Even though the growth plate is inflamed, a child’s growth is not affected, and there are no long-term problems from Sever’s disease.

To diagnose Sever’s disease, a physician’s physical exam is as important as the history provided by the parent and child. A detailed foot and ankle physical exam is important to rule out other injuries that can cause similar pain. If your child is flat-footed or has a very high arch, they may be at higher risk of Sever’s. A child’s Achilles tendon is often not flexible enough for the activity they do, which can contribute to Sever’s disease. Strength testing of the ankle movements may find weakness of some muscles.

If the history and physical examination do not raise any concerning findings, X-rays are not always required to confirm the diagnosis of Sever’s disease. If X-rays are ordered, the physician will review them to exclude other diagnoses that can cause foot pain and would need different treatment.

Once the diagnosis of Sever’s disease has been reached, there are several parts of your child’s treatment. First, if they are having severe pain and cannot walk, they may temporarily need crutches or a boot to help relieve the inflammation. The goal would be to return to walking without these devices as quickly as possible. Next, anti-inflammatories such as ibuprofen may be recommended for several days in a row to help with inflammation. Exercises including balance, strengthening, and stretching will often be recommended, and a referral to physical therapy may be provided. If your child’s arch may be contributing, orthotics may be recommended. Gel heel cups can be inserted into the shoe to lift the heel, reduce the pulling from the Achilles tendon, and to provide cushioning. In athletes who do not wear shoes such as gymnasts, cheerleaders, and dancers, an ankle sleeve with a built-in heel cup may be used. Like the heel cups in shoes, they provide a lift and a cushion. Ice cup massage, where a paper cup is filled with water and frozen, will help before and after activity to reduce pain at the heel.

Your child can continue to play sports with a diagnosis of Sever’s disease. However, they may have pain. If their pain changes, they should stop activity and see a physician to ensure they did not develop a new injury. If they begin limping during their sport, they should stop for the day. A child that is limping will change how they walk, run, jump, and land without realizing it, and can put themselves at very high risk for more severe injuries. Children with Sever’s disease may have less pain if they avoid being barefoot, and wear shoes with a good arch and foot support.

Calcaneal apophysitis, more commonly known as Sever’s disease, is a common cause of heel pain in children. Most children with Sever’s disease are between 9 to 14 years old. Sever’s disease often begins slowly with pain at the very back of the heel with activity. It can be concerning when your child has pain during sports, activity, or even just walking around. When the pain has not improved within a few weeks, seeing a physician for medical care is advised. If your child has pain that does not improve with stopping activity, prevents sleeping, has swelling of the foot or ankle, limping, or redness, they should seek care sooner.

When you see the physician, they will ask questions to help find a diagnosis. Common questions will include where the pain is, how long the pain has been there, what makes the pain better or worse, what treatments have been tried at home, and if there is any significant previous family or personal history for childhood orthopedic issues. It is important for your child’s physician to know if the pain began slowly and continued to worsen, or if it began as the result of one specific event or moment in time.

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The Transforming Adolescent Reproductive Healthcare Quality Improvement Program aims to meet the unique developmental needs of adolescents and improve adolescent reproductive healthcare. We accomplish this by supporting practices with quality improvement and practice facilitation methods to improve and enhance the delivery of youth-friendly practices, increase comprehensive reproductive healthcare counseling for adolescents, and reduce barriers for teens and young adults to access long-acting reversible contraceptives (LARCs) in their pediatric medical home.

Dr. Maggie Dade and Dr. Amy Buck, two Akron Children’s Hospital Pediatric Residents, have provided valuable support to the project. Through their passion and commitment, they have helped three Akron Children’s primary care practices implement the program and enhance care for their adolescent patients as well as helping support our other nine practices across the state as they create adolescent and pediatrician-friendly resources for all.

Our Ohio AAP chapter is thrilled to have Maggie and Amy share their passion with us and play such a vital role in creating meaningful and lasting change in the lives of teens in Ohio. Following are insights from them about what makes being involved in our chapter’s work - and being pediatricians caring for teens - so rewarding.

Amy Buck, DO
The summer after my first year in medical school, I had the privilege of working with Dr. Jane Broecker, a pediatric and adolescent obstetrician and gynecologist, for a research fellowship. The goal of our research was to gain a better understanding of the barriers impacting placement of long-acting reversible contraceptives (LARCs) in Ohio.

To expose me to adolescents seeking out contraception and to enhance my knowledge of LARCs, Dr. Broecker recommended that I shadow her weekly during her adolescent gynecology clinic. It was during these afternoon clinics that I saw the impact physicians can have in helping a teenager navigate challenging topics such as sexuality, menses, and contraception, both with and without parental knowledge.

Furthermore, I began to see how influential stories and myths passed down from family members or friends can be in an adolescent’s decision-making process when choosing the best contraception for them, if any.

It was during this summer research fellowship that I discovered my passion for adolescent health. Whether we choose to believe it or not, adolescents are yearning to hear accurate and reliable facts about sexuality, contraception, safe-sex, menses, puberty, and their reproductive rights. Moreover, adolescence can be a difficult time that is exacerbated by hormones and stressors. With opinions from social media, parents, and friends, it can be hard to know what the best decision is. That is where our role, as physicians, becomes essential. Therefore, promoting adolescent health has continued to be so important to me. We have the unique opportunity to form a partnership with patients where we can give them the tools and knowledge to make the best choice is for them.

Maggie Dade, DO
When Amy and I first heard about the Ohio Chapter, American Academy of Pediatrics’ LARC project, we were thrilled and hopeful that we could help with their initiative as resident physicians. We were both excited to learn about the roles we would have in the effort to increase LARC training and placement in Ohio.

In a way, this was a chance to continue my research from medical school. In our first publication, Drs. Broecker and Thompson and I found that pediatricians in Ohio felt the least comfortable with placement of LARCs, in comparison to Internal Medicine, OB/GYN, and Family Medicine providers, and this project offers an opportunity to address this gap. Furthermore, as a new resident-physician, it is empowering to be around women in pediatrics, such as Dr. Dritz, Dr. Castonguay and Dr. Berlan, who strive to improve adolescent health care gaps and continue to work to address barriers in care in Ohio.
Ohio’s Budget Must Include Investment in Lead Poisoning Prevention

Aparna Bole, MD, FAAP, Medical Director of the Ohio AAP Lead Prevention Program and a pediatrician with Rainbow Babies and Children’s Hospital

Childhood lead exposure is preventable, costly, and has lifelong health consequences for affected children. Lead is toxic to the developing brain, affecting cognition, learning, and behavior, including lower IQ, lower academic achievement, increased hyperactivity, emotional problems and future delinquent behavior. There is no safe or acceptable level of lead in the blood.

Three in 100 children in Ohio have tested with elevated blood lead levels (EBLLs). Moreover, the risk for lead exposure is not equitably distributed: in some of our cities, the prevalence of lead exposure is much higher. Here in Cleveland, about 12% of children have EBLLs, and, in some of the neighborhoods where my patients live, up to one in four children tested have EBLLs. In 2019 alone, 3,533 children had EBLLs in our state. By far the leading source of exposure is lead dust from old lead paint in homes built before 1978. This concern impacts more than 425,000 homes with children under six years old living in them.

We know that efforts to prevent lead exposure in children have an enormous return on investment – both in terms of improved child health and economic benefits. In fact, for every dollar spent toward reducing lead hazards, at least $17 would be returned in health benefits, higher lifetime earnings and productivity, increased tax revenues, lower special education costs, and reduced criminal activity. While mitigating factors like developmental support and optimal nutrition are important, the effects of lead exposure are irreversible. The most important “treatment” for lead poisoning is to prevent ongoing exposure, and the goal for all of our children should be to prevent lead exposure from occurring in the first place.

The good news is, Ohio is making efforts to address lead poisoning prevention. Our Governor and General Assembly have recognized the importance of preventative tactics recommended by the Centers for Disease Control and Prevention and American Academy of Pediatrics. These investments are an important step in the right direction, but an expansion of these efforts is needed to achieve a lead-free future for our children. To advance on this critical path, the Ohio Chapter, American Academy of Pediatrics, which represents over 2,900 pediatricians in Ohio, is advocating that the Ohio legislature must prioritize continued investment our current lead poisoning prevention initiatives.

PRESERVE THE LEAD ABATEMENT FUND—($7.15 million/FY) to advance primary prevention of lead poisoning through lead safe work practices during renovation and repair and incentives for targeted lead abatement through local partnerships and innovation. [ODH 440527]

PRESERVE THE LEAD SAFE HOME FUND—($1 million/FY) to sustain public-private investment in removing lead hazards from Cleveland properties. [ODH 440530]

PRESERVE THE H2OHIO FUNDING TO OEPA FOR CLEAN WATER—($46 million/FY) to replace lead service lines and support water affordability measures. [OEPA 715695]

PRESERVE THE EARLY INTERVENTION FUNDING FOR LEAD POISONED CHILDREN—for supportive, home-based services for children under 3 years with elevated blood lead levels, using a small portion of the $22.3 million/FY for EI. [ODD 322421]

EXPAND SCHIP LEAD PROGRAM FOR HIGH-RISK CHILDREN—($10 million/FY) to remove lead hazards in homes built before 1978 with children under 6 years of age or pregnant women. Increase current $5 million to $10 million/year. [ODM 651525]

Ohio has made progress, and we can’t afford to let up. Our state’s children and future generations deserve to live in safe, non-toxic homes. Taking action to achieve the goal of a lead-free future for all of Ohio’s children is essential to a brighter, healthier, more equitable, and economically vibrant future for our state.
# Ohio AAP Program Partners

Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Grant Amount</th>
<th>Supporting Agency</th>
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<tbody>
<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000</td>
<td>(ODH)</td>
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<tr>
<td>Parenting at Mealtime and Playtime Education Program</td>
<td>$174,350</td>
<td>(ODH)</td>
</tr>
<tr>
<td>Smoke Free Families QI Program</td>
<td>$402,000</td>
<td>(GRC)</td>
</tr>
<tr>
<td>Preschool Vision Screening QI Program</td>
<td>$177,000</td>
<td>(ODH)</td>
</tr>
<tr>
<td>Child Abuse and Neglect Prevention Summits</td>
<td>$35,025</td>
<td>(Ohio Department of Public Safety, Office of Criminal Justice)</td>
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<tr>
<td>Lead Screening QI Program</td>
<td>$265,000</td>
<td>(ODH)</td>
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<tr>
<td>Population Health Pilot QI Program</td>
<td>$175,000</td>
<td>(United Healthcare Community Plan of Ohio)</td>
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<tr>
<td>Store it Safe Firearm Safety Pilot Project</td>
<td>$75,000</td>
<td>(Ohio Division of Emergency Services)</td>
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<tr>
<td>Chapter Quality Network (CQN) Improving Immunization Rates for Adolescents QI Project</td>
<td>$40,000</td>
<td>(American Academy of Pediatrics)</td>
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<tr>
<td>Ohio Parents Advocating for Vaccines</td>
<td>$20,000</td>
<td>(Unrestricted Education Grant)</td>
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<tr>
<td>Atopic Dermatitis QI Program and Regional Trainings</td>
<td>$350,000</td>
<td>(Nationally-Funded Quality Improvement Grant)</td>
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<tr>
<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
<td>$296,000</td>
<td>(Nationally-Funded Quality Improvement Grant)</td>
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<tr>
<td>HPV QI Program</td>
<td>$150,000</td>
<td>(Unrestricted Education Grants)</td>
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<tr>
<td>Interventions to Minimize Pre-term and Low Birth Weight through Continuous Improvement Techniques (IMPLICIT) QI Program</td>
<td>$1.2 Million</td>
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<tr>
<td>Teen Vaping Program for Juvenile Justice Caseworkers &amp; IMPLICIT Virtual Trainings</td>
<td>$25,000 (Aetna)</td>
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<tr>
<td>Polyarticular Juvenile Idiopathic Arthritis (pJIA) – Building a System of Care to Improve Patient Compliance and Provider Connections in the Medical Home</td>
<td>$200,000 (Unrestricted Education Grant)</td>
<td></td>
</tr>
<tr>
<td>AAP and CDC Project Firstline Infection Prevention and Control</td>
<td>$15,000</td>
<td>(CDC and American Academy of Pediatrics)</td>
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On Friday April 23rd, Ohio AAP hosted our Annual Spring Meeting, bringing together hundreds across the state, including physicians, nurses, teachers, public health workers, social workers, and community organizations. We were excited to have such a diverse group of people and industries join us to discuss the issues most affecting healthcare workers and Ohio’s children in the COVID era.

The first half of the Spring Meeting focused on teen mental health; an issue that has been greatly impacted by the pandemic. Since the start of COVID-19, pediatricians have reported more than a 50% increase in teen depression. Ohio AAP’s Injury Prevention Medical Directors, Dr. Mike Gittelman and Dr. Sarah Denny, started off the discussion on our Store It Safe Program, which works to identify teens with mental health concerns and create barriers to the most lethal means for suicide. They were followed by Dr. Emily Harris who expanded on the topic of suicide and depression screening in a clinical setting.

We also officially launched our new vaccine advocacy group, Ohio Champions for Vaccines (OC4V). Find out more about the work of this amazing new group and how you can join by visiting ohioaap.org/oc4v. It was a great afternoon filled with informative, free educational content that allowed attendees to leave with resources and tools to help pediatric and adolescent patients grow to be healthy, resilient adults!
Annual Update on Diagnosis and Surveillance for Tickborne Diseases

Lyme disease and other tickborne illnesses continue to increase and cause significant morbidity in Ohio. The Ohio Department of Health (ODH) continues working to improve surveillance and bring awareness and education in an effort to prevent cases. We are requesting assistance from healthcare providers to improve the detection of human cases. Please consider Lyme disease and other tickborne diseases in the differential diagnosis for patients that present with appropriate symptoms.

**Actions for Ohio Clinicians**

1. For information, statistics and prevention resources about tickborne diseases in Ohio, see and/or direct patients to the ODH tickborne disease website: [www.odh.ohio.gov/tick](http://www.odh.ohio.gov/tick)

2. Consider tickborne diseases as a differential when evaluating patients with febrile illness, with or without a rash. See [https://www.cdc.gov/ticks/symptoms.html](https://www.cdc.gov/ticks/symptoms.html) for more information about symptoms of tickborne disease. The attached figure shows various forms of erythema migrans (EM) rash associated with Lyme disease.

3. Familiarize yourself with the laboratory tests available to diagnose tickborne illness:

   **Lyme disease**
   - Use a two-tier approach to test for *Borrelia burgdorferi* infection using an enzyme immunoassay (EIA) or indirect immunofluorescence antibody (IFA).
   - All specimens positive or equivocal by EIA or IFA should be reflexed for a Western immunoblot. Specimens negative by EIA or IFA need not be tested further.
   - Note: An EM rash without laboratory confirmation is not considered sufficient criteria to report as a case to the Centers for Disease Control and Prevention.

   **Anaplasmosis, ehrlichiosis and spotted fever group rickettsiosis**
   - IFA testing of at least two serum samples collected 2-4 weeks apart during acute and convalescent phases of illness -OR
   - PCR amplification of DNA extracted from whole blood specimens collected during the acute state of illness
   - Serologic sensitivity is poor early in the course of infection. If serology is negative in patients with possible early infection, repeat serology 3-4 weeks later which may demonstrate seroconversion.

4. Promptly report suspected cases of tick-borne infections to your local health department.

**Treatment for Tickborne Illness**

Regardless of the ultimate cause of infection, if anaplasmosis, ehrlichiosis, Lyme disease or spotted fever group rickettsiosis is suspected, patients of all ages, including children, should be treated promptly and appropriately with doxycycline. Anaplasmosis, ehrlichiosis and spotted fever group rickettsioses are potentially fatal. Since laboratory confirmation of infection may take weeks, therapy should not be delayed pending diagnosis. Babesiosis is usually treated with a combination of two prescription medications: Atovaquone PLUS azithromycin; OR Clindamycin PLUS quinine. Additional information on treatment of tickborne diseases can be found at [www.cdc.gov/ticks](http://www.cdc.gov/ticks).

**Additional Information**

More detailed information about Lyme disease and other tick-borne diseases in Ohio, as well as information on personal protection, disease prevention and educational materials can be found on the ODH tickborne disease website: [www.odh.ohio.gov/tick](http://www.odh.ohio.gov/tick). Please contact your local health department or the ODH Zoonotic Disease Program at 614-752-1029 if you have questions or would like to order educational materials. Thank you for your consideration to improving tick-borne disease surveillance in Ohio.
Multisystem Inflammatory Syndrome (MIS-C) and COVID-19

Scott Pangonis, MD, MS, FAAP
Department of Pediatric Infectious Diseases, Children’s Medical Center of Akron

Multisystem Inflammatory Syndrome in children associated with COVID-19 (MIS-C) is an entity that is encountered in our pediatric population. According to the CDC, there are currently 3,185 patients who meet the case definition for MIS-C, with 50-99 of these cases occurring in Ohio.¹ Long-term sequela of COVID-19 and MIS-C are only recently being studied and are likely underreported. These sequelae span many different specialties including infectious diseases, cardiology, pulmonary, rheumatology, neurology, and neuropsychology. For example, we initially thought that return to sports and physical activity was the main parental concern in follow up. We have noticed that many parents and patients report symptoms of anxiety and depression after their hospitalization, especially among those with severe MIS-C. In addition, many children report difficulties returning to school or normal day-to-day activities. These patients may have overlapping features to those with post-acute COVID syndrome.

There have been no randomized controlled trials for treatments of children with MIS-C. General guidance has been provided by the American College of Rheumatology.² Specific inpatient and outpatient management algorithms for these patients are institution specific. Sharing institution-specific management algorithms among different centers and comparing outcomes could lead to an optimized management strategy.

Ohio is home to eight pediatric centers. A statewide collaboration is needed to share experience and help to standardize management and long-term follow-up for these patients to optimize care. We believe that, by working together through the Ohio AAP, we can establish best practices to optimize the care of these patients. We are asking for all pediatric centers in Ohio to help standardize care for the children with MIS-C in our state and answer the following questions:

- How should we manage MIS-C patients in the hospital?
- Which subspecialists should see these patients in outpatient follow up; when and how often?
- How can we screen for neuropsychologic and other sequelae after hospitalization for MIS-C?

References:
1. Centers for Disease Control and Prevention. Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children (MIS-C) in the United States. Lasted updated April 1, 2021

Ohio AAP Welcomes New Members!

Samina Ahmed, MD, FAAP
Tiffany Aliberti
John Bacon, MD, FAAP
Mustafa Barudi, MD, FAAP
Stefanie Benoit, MD, FAAP
Mark Blaser, DO, FAAP
Katherine Brady, MD, FAAP
Nancy Bright, MD, FAAP
Kali Broussard, MD, FAAP
Mark Bugada
Elizabeth Darkwa, MD, FAAP
Margaret Davis, MD, FAAP
Joy Ertel, MD, FAAP
Jessica Gefvert, MD, FAAP
Shilpa Hari, MD
Anantha Harijith, MD, FAAP
Gloria Higgins, MD, PhD, FAAP
Scott Holliday, MD, FAAP
Thomas Kabalin, MD, FAAP
Karen La salle, MD, FAAP
Jeffrey Lutmer, MD, FAAP
Parevi Majmudar, DO, FAAP
Leah Middelberg, MD, FAAP
Katelyn Oostra, MD, FAAP
Tamika Patilla, MD, FAAP
Micah Resnick, MD, FAAP
Precious Sanni Adeniyi
Ranjana Sinha, MD, FAAP
Angela Statile, MD, FAAP
Jasmine Tuazon
Rajitha Venkatesh, MD, FAAP
Why Should Pediatricians Advocate and Support Early Education and Childcare?

Judy Romano, MD, FAAP
Past Ohio AAP President

There are few activities that allow the application of scientific discovery and inquiry as well as the effects of environment with long-term outcomes – one of those areas is early education and childcare. In my professional lifetime, I have seen extraordinary advances in developmental science, neuroscience, genetics and epigenetics, and medical practice. Applying these principles to the health and safety of infants and children is what is required for us to thrive as human beings and as a country.

To ignore the principles which have become so obvious that the first 1,000 days of a child’s life determines future health and productivity, is to ignore the necessity of air to breath. Children require safe, stable, and nurturing relationships to be healthy in the truest sense of the word. Parents and families need support to be a strong base for their children. It is an economic reality that young children spend large amounts of their time in out of home settings. The recent COVID experience has illuminated the necessity of childcare in our society. Without childcare people cannot work. Acknowledging that environmentally induced changes occur in brain and body development when children are in sub-optimal settings should spur us to do everything we can to make sure these settings are safe and healthy.

This is why I have worked closely with the Ohio Chapter of the American Academy of Pediatrics as well as the Early Childhood Advisory Council in Ohio. I have now worked with three governors and their administrations and have seen great strides in Ohio being a state where children are valued - and this value is made evident by the resources provided for their care and safety. Research is clear that quality makes a difference in out of home settings, and this is true for all children, but especially for children who are disadvantaged either from race, geographic location or poverty.

Supporting quality early childhood education and quality childcare availability ensures not only support of the workforce in Ohio, but the best approach to keeping young children safe and on their developmental trajectory to be ready for kindergarten.

Jessica Nash, MD
Pediatric Resident, Nationwide Children’s Hospital

Every $1 that we invest in our children now is projected to have a $7-$13 return on investment.

Only 40% of Ohio children are demonstrating readiness for kindergarten, meaning the child entered kindergarten with sufficient skills, knowledge, and abilities to engage with kindergarten-level instruction. This is in large part due to the lack of access to adequate, high-quality childcare during the crucial, early years of ages 0-3. In the state of Ohio, the average cost of childcare without any financial assistance is about $10,000 for center-based care and about $7,500 for in-home childcare – a definite burden to so many parents in Ohio. The high cost forces many parents to send their children to family members’ homes for childcare instead of a highly-qualified childcare facility. This places those children without adequate preparation for school, behind their peers once they begin kindergarten and less likely to pass their third grade reading assessment.

Some families qualify for Public Funded Child Care (PFCC), which helps to cover the costs of childcare at a highly qualified facility. However, the current eligibility requirements do not cover many families. Currently, the maximum income for eligibility for financial assistance is 130% above the poverty level, which is an income of about $1,868 per month, or $22,916 per year. An annual income of $22,000 would be difficult for anyone to adequately provide for their families. On top of that, parents aren’t incentivized to advance their careers in fear of losing their daycare assistance if their income increases. So not only are families unable to achieve financial stability and security, but our children are inadequately prepared for school and the cycle of poverty continues.

As a mother of two sons, I understand the financial struggles associated with paying for childcare expenses. I empathize with parents who want the best childcare and education for their children but are unable to provide it because they simply can’t afford it. In addition, some parents lack the adequate educational background to educate their children, making a highly qualified childcare facility their mainstay of education. If we do not contribute more to the early years for our children, we place them at an unfair disadvantage in their road to success.

Every $1 that we invest in our children now is projected to have a $7-$13 return on investment. This is an opportunity that we cannot miss. Supporting House Bill 145 will support our children, hard-working families, and our economy. Ohio’s children need and deserve a strong foundation and a chance at lifelong success.
Upcoming Events and Education

**JULY 15, 2021**
Annual MOBI/TIES Train-the-Trainer • Webinar

**JULY 30, 2021**
Executive Retreat

**AUGUST 10, 2021**
QI Sustainability Summit • Webinar

**AUGUST 2021 • DATE TBD**
Polyarticular Juvenile Idiopathic Arthritis (pJIA) Training
Webinar

**OCTOBER 29-30, 2021**
Annual Meeting • Hilton Polaris