

Nevada Chapter AAP

Winter 2017



Letter from the President

Dear colleagues,

Happy holidays! I can't believe 2017 is wrapping up. The end of the year is always a good time for reflection. Our chapter has accomplished a lot this year. And none of it would be possible without the hard work and dedication of our officers and executive committee. And also you – our members!

We hit major milestones this year. We held our 10th annual meeting and celebrated the one year anniversary of Walk with a Doc. We had our first ever Physician Wellness Retreat. We also participated in a multi-state hub and spoke QI/MOC project with other chapters in our district.

On the advocacy front, we stood up for children and helped to protect their access to health care. We're still working with our legislators to renew CHIP which provides health insurance for nearly 69,000 children in Nevada. Thank you to all of our members who participated in our advocacy efforts this year! Our voices are stronger together.

In the new year, stay tuned for more exciting projects and activities. We are currently planning our 2nd Physician Wellness Retreat. We are also planning for more social events for our members to network.

As always, if you have any ideas for advocacy or projects, please let us know. Your chapter is here to support you!

I want to wish everyone a happy and healthy holiday season. Thank you for your commitment to caring for Nevada's children.

Sincerely,

Betsy

Upcoming Events

Sunday, January 14, 08:30-09:30 AM (2nd Sunday of every month)

Walk with a Doc: Kids Time

Location: Springs Preserve

Speaker: Dr. Robert Lowe

Topic: The Unexpected Benefits of Sleep

Important Announcements

We have a brand new webpage! Please check us out online at www.nevadaaap.org

Please like us on Facebook: www.facebook.com/nevadachapteraap

News from the Chapter

2017: A Year in Review

Walk with a Doc: 1 Year Anniversary at Mt Charleston



10th Annual Meeting



March for Science Las Vegas



Physician Wellness Retreat



Useful Websites

Nevada Chapter AAP

www.nevadaaap.org/

[www.facebook.com/
NevadaChapterAAP](https://www.facebook.com/NevadaChapterAAP)

American Academy of Pediatrics

www.aap.org

HealthyChildren.org

www.healthychildren.org

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VP – Pam Greenspon

**Secretary/Treasurer –
Rebecca Ching**

**Executive Director – Roberta
Again**

**Immediate Past President -
Kami Larsen**

AAP Policy Corner

Recommendations for Prevention and Control of Influenza in Children, 2017 – 2018

Abstract:

This statement updates the recommendations for routine use of the seasonal influenza vaccine and antiviral medications for the prevention and treatment of influenza in children. The American Academy of Pediatrics recommends annual seasonal influenza immunization for everyone 6 months and older, including children and adolescents. Highlights for the upcoming 2017–2018 season include the following:

1. Annual universal influenza immunization is indicated with either a trivalent or quadrivalent (no preference) inactivated vaccine;
2. The 2017–2018 influenza A (H1N1) vaccine strain differs from that contained in the 2016–2017 seasonal vaccines. The 2017–2018 influenza A (H3N2) vaccine strain and influenza B vaccine strains included in the trivalent and quadrivalent vaccines are the same as those contained in the 2016–2017 seasonal vaccines:
 - a. trivalent vaccine contains an A/Michigan/45/2015 (H1N1)pdm09-like virus, an A/Hong Kong/4801/2014 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus (B/Victoria lineage); and
 - b. quadrivalent vaccine contains an additional B virus (B/Phuket/3073/2013-like virus [B/Yamagata lineage]);
3. Quadrivalent live attenuated influenza vaccine (LAIV4) is not recommended for use in any setting in the United States during the 2017–2018 influenza season. This interim recommendation, originally made in 2016, followed observational data from the US Influenza Vaccine Effectiveness Network revealing that LAIV4 performed poorly against influenza A (H1N1)pdm09 viruses in recent influenza seasons;
4. All children with an egg allergy of any severity can receive an influenza vaccine without any additional precautions beyond those recommended for any vaccine;
5. All health care personnel should receive an annual seasonal influenza vaccine, a crucial step in preventing influenza and reducing health care-associated influenza infections, because health care personnel often care for individuals at high risk for influenza-related complications; and



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AAP Policy Corner Continued

6. Pediatricians should attempt to promptly identify children suspected of having influenza infection for timely initiation of antiviral treatment, when indicated, to reduce morbidity and mortality. Best results are seen when treated within 48 hours of symptom onset.

For the full policy statement, please visit:

<http://pediatrics.aappublications.org/content/140/4/e20172550>



Guest Contributor

Rupesh Kumar Natarajan, MBBS

I am a second year resident at UNLV Pediatric residency program and also the resident representative of the Nevada Chapter. I am writing to share my experience attending the National Conference and Exhibition (NCE) at Chicago.

On the first day, I participated in the program for Section of Pediatric Trainees (SOPT), which includes delegates from various residency programs across the country. Every year SOPT adopts an advocacy project to encourage trainees of all levels to learn and get involved in advocacy for children's health needs. 2017's annual campaign called 'Acess4Kids' will focus on quality health care for four populations of vulnerable children - foster care, immigrants, LGBTQ, special health care needs - who rely on public insurance programs.

In the afternoon, we had a breakout session by districts. The delegates from different residency programs discussed the resolutions. Close to 25 resolutions were debated and supported by district VIII. Later that night, there was reception for SOPT members at Navy Pier. It was a pleasant opportunity by the seashore to interact with fellow delegates. Also, there was a display of top 20 clinical case posters submitted by residents and medical students.

The next 2 days, I attended sessions that were of particular interest to me. I was elected as the resident representative for district VIII, one week before the conference. On day two, there was a half-day session to orient district leaders to their roles and responsibility of taking forward the 'Acess4Kids' campaign. Later in the evening, there

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Guest Contributor Continued

was a networking dinner to meet District Chairs and Vice-chairs. It was interesting to learn how they got engaged with AAP.

Some sessions highlighted recent updates on recent guidelines for hypertension and antimicrobials, while some elaborated on controversies with appendicitis, probiotics and gluten free diet. My favorite session was the one on five critical cardiac problems commonly missed in office practice. There was hands-on-workshops on otoscopy, ophthalmoscopy, casting / splinting and leading a family care conference. Interactive group sessions on enhancing public speaking, creating an AAP publication and appraising journal articles were quite popular.

Volunteers

We are looking for speakers for **Walk with a Doc**. You can talk about any healthy lifestyle topic. If you are interested, please contact us.

We are looking for volunteers for our table at the **Goynes Elementary School New Year, New You** event to promote physical fitness for children and discuss Walk with a Doc. It is on Thursday, 1/25/18 from 5:30-7:30 PM. Please contact us if interested.

Contact Us

Questions? Comments? Please contact us at nevadachapteraap@gmail.com.



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The Medical Home Portal (nv.medicalhomeportal.org) – a resource for Nevada pediatricians and families

Katie's parents feel lost. They know Katie's diagnosis - a rare genetic disorder - but not what it means for her health, her development, her education, her independence, how much help she'll need, or how much help they'll need. The questions keep coming, but they don't know where to find answers they can trust. They trust Katie's pediatrician, who seems to care a lot, but she says she has little experience with kids like her. She, too, is searching for answers, and experts.

Sound familiar? Many Nevada children, families, and physicians are in similar situations. Even for kids with common chronic diagnoses, like asthma or ADHD, understanding their conditions, accessing quality care, and assuring best outcomes are challenging. Primary care physicians can provide much of the information, if they know where to find it. They can provide much of the care, if they know what to do. And they can help access and coordinate the services of others, if they know what is needed and what is available.

Children and youth with special health care needs (CYSHCN), most of whom have a chronic and often complex condition, comprise about 15% of the nation's children. 'Medical Home' describes an approach to providing health care and a partnership between parents and physicians that aim to meet the challenges presented by children like Katie.

The Nevada Medical Home Portal (nv.medicalhomeportal.org) aims to support clinicians, care coordinators, and families in improving care and access to care for CYSHCN. The Portal began in 2001 as a project involving the University of Utah Department of Pediatrics, the Utah Chapter of the AAP, the Utah Department of Health, and Utah Family Voices. The [Nevada Medical Home Portal](http://nv.medicalhomeportal.org) has been live since January 2017, supported by the Nevada Bureau of Child, Family and Community Wellness/Maternal and Child Health Program.

The NV Portal provides information about

- **the care of chronic conditions in children** (with over 50 "diagnosis modules"), many of which are quite uncommon – our [Prevalence List](#) lets you see how many kids with a given diagnosis you might expect in your practice ([Diagnoses & Conditions section](#)).
- **conditions identified through newborn screening** programs, with a page on each to guide the primary care response to notification of a positive screen ([Newborn Disorders](#))
- **for families** about the myriad aspects of caring and advocating for CYSHCN, including partnering with clinicians in the medical home model, getting services in schools, assistive technology, legal issues, and much, much more ([For Parents & Families](#))
- **for clinical practices** on becoming a medical home, coordinating care, screening & prevention, medical technologies, and more ([For Physicians & Professionals](#))
- **Local providers of services in Nevada** for children, youth, and families, with a directory that can be searched, browsed by category (>160 categories), or accessed from integrated links within the Portal's content ([Services Directory](#)), and is populated with information from Nevada's 2-1-1 service (nevada211.org).

We encourage you to visit the [Nevada Medical Home Portal](http://nv.medicalhomeportal.org), to give us feedback on what you don't like, what you wanted to find but didn't (and what you like), and to encourage your practice team members and your patients' families to take advantage of it. Please send your comments and feedback to infoNV@medicalhomeportal.org or use the Portal's [Contact](#) page.