May 15, 2014

California Chapter 1

American Academy of Pediatrics

Dedicated to the Health of All Children

Special points of interest:

- HPV Update
- Tahoe Revisited
- AAP Priorities
- Photo Documentary
- Pilot Project
- Food Insecurity
- California Breathing

Inside this issue:

California Chapter 1 AAP http://www.aapca1.org Vol. 2014, Issue 2

HPV Recommendations

The HPV vaccine: are we immunizing our Preteens?

By Charles Wibbelsman, MD

Each year approximately 15,000 cases of cancer in females and 7,000 cases of cancer in males are caused by the Human Papilloma Virus types 16 and 18. Each year over 10,000 women die of cervical cancer. Of the cancer in males, almost 5,400 are cancers of the oropharynx, 1,400 are cancers of the anus, and 300 are penile.

In 2006, a vaccine to protect against 4 strains of HPV (6, 11, 16, and 18) was licensed for administration to female's ages 9 through 26 years. HPV is a sexually transmitted infection, and this vaccine joined the Hepatitis B vaccine as a vaccine that may prevent the acquisition of an sexually transmitted infection (STI). In October of 2011, this vaccine was also recommended by the Advisory Committee on Immunization Practices of the CDC to be administered to males following a recommendation from the FDA in 2010. There were 60 million doses of the HPV vaccine administered in 2013.

In 2012, the American Academy of Pediatrics' Committee on Infectious Diseases, issued a Policy Statement: "HPV Vaccine Recommendations" published in the March 2012 **Pediatrics** issue. In this policy statement, the recommendation from the AAP is for immunization against the Human Papilloma Virus for all 11 through 12 year old children, male and female, as part of the adolescent immunization platform. The 2 other vaccines in this platform are the meningococcal vaccine and Tdap (which immunization now is a requirement to enter the 7th grade in California). The only vaccine approved for males is the Quadrivalent HPV vaccine (Gardasil). Unfortunately, when comparing rates of immunizations for all 3 of these vaccines, while Tdap is 84.6% and Meningococcal is 74%, completion of the series of 3 HPV vaccines by age 13, the current HEDIS (Health Employer Data Information Systems), in 2012 was only 32 % for females and 6.8% for males. Thus far with the HPV vaccinations, in the USA, there has been a 56% reduction in prevalence of HPV strains 6, 11, 16, and 18 in adolescent girls despite the fact that only

Left to right, Drs. Saba, Lewis and Wibbelsman

33% of girls received 3 doses. In Australia where the vaccine was initiated in males and females in 2006 and well accepted by parents; the reduction in prevalence of all 4 strains in adolescent females was as high as 77%.

There is much clinical experience as well as documentation in the literature that parental acceptance and consent for the HPV vaccine varies by ethnicity.

Recent data from the CDC in 2012 surveying adolescents 13 through 17 years of age show that among girls, who received one or two doses of the HPV vaccine, coverage rates were higher for Latinos than for Caucasians. Only **6.8%** of boys aged 13-17 years of age received all three recommended doses of HPV vaccine (only a 1.3% increase from 2011). This same survey revealed that coverage for one or two doses of HPV vaccine was greater among African Americans and Latinos compared to Caucasians.

As pediatricians we have a steep mountain to climb in order to adequately protect our adolescent patients from HPV and improve acceptance of the vaccine series by parents in the target age population recommended, between 11 and 12 years, and to complete the series by the 13th birthday. Perhaps the HEDIS requirement age of completion will change, but there is no guarantee. Also, recent literature now is showing excellent immunization rates after only 2 doses of the series. However, as we continue through 2014, we must change our efforts and strategies to convince parents to protect their children against cancer. Your Chapter 1 of the AAP is now developing tools of persuasion to challenge and meet this daunting task. We will soon have a video for Chapter members to view to help increase their skills of communication with parents in the conversation to obtain consent for the HPV vaccine. We are also hoping that this toolkit that we are developing can also be part of maintenance of certification exercise. *Stay tuned*.

President

President's Column

By Gena Lewis, MD

April 24th kicked off our Squaw Valley CME event. While we participated in workshops and listened to outstanding speakers the snow blanketed the grounds and made a winter wonderland. For those who were not able to join us for the live meeting we will soon offer many of the talks for on line CME credit via our website. Look for our new website and CME opportunities soon.

May 29th our chapter is hosting screenings of a documentary created by high school journalism students about vaccines called: "The Invisible Threat." Pediatric residency training programs will be having their movie night with popcorn and their professional organization and community to discuss one of the most important aspects of our job as pediatricians: protecting children from vaccine preventable diseases. We'd love you to join us at one of these events.

In June, in conjunction with National AAP we will be launching a free MOC Part 4 to our members helping pediatricians to improve their patients' vaccination rates of HPV. While the vaccine discussion can often be difficult with vaccine hesitant and vaccine refusing families it can be even more challenging for providers to discuss HPV and its relationship to a child's future sexuality. Our module aims to help providers with concrete and simple techniques to help engage parents and encourage the HPV vaccine.

Our chapter is actively seeking new CME opportunities for its members and welcomes your comments and involvement. Tell us how we can help you meet your CME requirements.

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Who's Hungry

VP Column

Zoey Goore, MD

I'm not sure if being a pediatrician or having children causes this phenomenon but I still think in school year cycles. So at the end of this year I'm reflecting back on topics from the previous newsletters. I've written about why I'm involved and I've written about why our community needs your involvement and asked for you to reach out and let us know what you are involved with (we are still hoping to hear more from people - Survey). We are trying to listen to our membership and provide what our members want or need. We are working to provide wonderful live and online CME opportunities. We are actively seeking opportunities to develop MOC part IV opportunities (see Gena Lewis' article for our HPV project). We are looking into group part 2 activities as well.

We are also looking to start promoting pediatricians not only as child health advocates but as protectors of children. Some of this stems from work being done at a number of the practices in our region. Personally I envision this as pediatricians standing in front of children, waving an AAP Chapter 1 flag, and shielding them from the evils of the world. (Maybe I'm just envious of the 4 year old who wants to wear his batman costume all the time). I've started tweeting messages of protection (@drZoey) and created a Vine account where I'm slowly adding mini PSAs with anticipatory guidance messages – still a work in progress.

Aligning with National AAP priorities we are continuing to work on efforts to address the effects of poverty on children. Soon we will be sending out posters to our membership with pictures from the "Who's Hungry" photo-documentary spearheaded by **Lucy Crain** and **Rhea Boyd**. The poster has pictures of children some of whom are living in poverty with food scarcity issues and some of children who have ample resources. It also has two questions to help assess for food scarcity and resources to call if either or both of the questions are affirmative. In 2009 only 53% of people who were eligible for CalFresh in California received this benefit. Not only does this affect the lives of our patients it affects the economy of the state. When families receive CalFresh they will also be eligible to receive breakfast and lunch at school. If you have other ideas about how we can win this 60 year old *War on Poverty* please let us know and how we can help you affect change. (Please mark your calendar for **Dr. Jim Perrin** – National AAP President – speaking at Children's Oakland's Grand Rounds on August 7th)

These are all educated guesses about what we think our members want and what makes involvement in AAP or membership with AAP and our chapter attractive. *We'd love to hear from you*. Tell us how we can help you achieve your practice or community goals. The survey link is: **https://www.Surveymonkey.com/s/QD559NN**

AAP Chapter 1 Substance Abuse Committee Update on E-Cigarettes

By Jyothi Marbin MD & Cathy McDonald MD MPH

E-cigarettes are making headlines daily, and regulations around their use and safety are a source of confusion for parents, pediatricians and policymakers. A recent MMWR report showed there has been a dramatic increase in the number of middle and high school students trying e-cigarettes, meaning that pediatricians must be aware of the latest evidence on the subject.

The bottom line is that the health impact of e-cigarettes is still unclear. There is no adequate scientific evidence establishing the safety of e-cigarettes. The main safety concerns stem from lack of quality control of the

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Chapter Web Site:

www.aapca1.org

Health Impact of E-cigarettes Unclear

various branded e-cigarette devices and uncertainties about short and long term effects (1). There is significant variability in nicotine levels found in refill cartridges and solutions, which poses a risk of overdose and exposure to potentially toxic components and impurities that might be present in e-cigarettes (1, 2, and 3). There is also a lack of consistent and effective nicotine vaporization among different e-cigarette brands. (4,5) The latest concern, published in a March 2013 PLOS article, is that metal and silicon particles have been found in the cartomizers and aerosol from e-cigarettes (6).

The courts have ruled that the U.S. Food and Drug Administration (FDA) cannot regulate the e-cigarette as a smoking cessation device. Instead, the FDA can regulate e-cigarettes as a tobacco product (7), but no regulations have been issued to date. No brand of e-cigarettes has been submitted to the FDA for evaluation and approval, and there are no FDA guidelines for their use (8). It is illegal to sell them to minors in California and their use is included with tobacco prohibitions on UC campuses as of 2014 and in certain counties and cities in California and some other states. It is concerning that a recent paper from UCSF suggested that found that adolescents who used the devices were more likely to smoke cigarettes and less likely to quit smoking, suggesting that e-cigarettes may indeed be a gateway to cigarette use (9).

Until we have further data on safety of e-cigarettes, it is best to remind families that clean air is the best air for children. If a smoker wishes to quit, we can guide them towards the seven FDA approved medications which have strong evidence supporting their efficacy for this purpose.

1 Trtchounian, A. and P. Talbot (2011). Electronic nicotine delivery systems; is there a need for regulation? Tobacco Control, 20 (1); p. 47-52.

2 Caponnetto, P., F. Cibella, S. Mancuso, D. Campagna, G. Arcidiacono, and R. Polosa (2011). Effect of nicotine free inhalator as part of a smoking cessation program. Eruopean Respiratory Journal. May 12, DOI: 10.1183/09031936.00109610.

3 U.S. Food and Drug Admini., E-Cigarettes; Questions and Answers, Consumer updates, FDA.GOV (Sept. 9, 2010)

4 Sottera, Inc. vs U.S. Food and Drug Admin., 627 F.3d 891 (D.C. Cir. 2010)

5 Memorandum from B.J. Westenberger, Deputy Director, Ctr. For Drug Evaluation and Research, Div. of Pharm. Analysis, to Michael Levy, Supervisory Regulatory Counsel, Ctr. For Drug Evaluation and Research (May 4, 2009)

6 Williams, M. Villarreal, A. Bozhilov, K. Lin, S. Talbot, P 2013. Metal and Silicate Particles Including Nanoparticles Are Present in Electronic Cigarette Cartomizer Fluid and Aerosol. PLOS ONE. March 20, http://www.plosone.org/article/metrics/info:doi/10.1371/journal.pone.0057987 -

7 FDA. Summary of results; Laboratory analysis of electronic cigarettes conducted by FDA. 2009 July 22, 2009; Available from; http://www.fda/gov/NewEvents/PublicHealthFocus/ucm173146.htm.

8 American Cancer Society Cancer Action Network, E-Cigarettes Fact Sheet (2009), available at http://www.acscan.org/content/wp-content/uploads/2010/10/e-cigarette.pdf

9 Lauren M. Dutra, Stanton A. Glantz. **Electronic Cigarettes and Conventional Cigarette Use Among US Adolescents**. *JAMA Pediatrics*, 2014; DOI:10.1001/jamapediatrics.2013.5488

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Financing Weight Management

Childhood Weight Management Pilot Project

By Tim Curley

Purpose

To test a new model for delivering and financing childhood weight management services in the primary care physician office, with the goal of reducing the body mass index percentage of participating children by at least one percentage point.

Background

The pilot project was developed under the auspices of the Childhood Weight Management Task Force of Fresno and Madera Counties. The project will run for 12 months (ending in early 2015) and includes four primary care provider sites and the two Medi-Cal managed care plans in Fresno and Madera counties.

Children's Hospital and the California Health Collaborative are providing all of the staff support.

Key Components

Over the 12 month period, participating patients will visit with their primary care physician five times, including the initial visit, a two week follow up visit, and visits at 3 months, 6 months, and 12 months. Both health plans have agreed to pay for all five visits. In addition to the physician visits, each patient and her/his family is being assigned a community health worker (CHW), who will be responsible for helping to manage the patient's care in between the physician visits. Last, each patient also is being connected with regular nutrition counseling services.

(Tim Curley is Director, Community and Government Relations, Children's Hospital Central California)

Who's Hungry

Rhea Boyd, MD

It is no secret that growing income inequality is one of the major issues facing the nation today. Close to 50 million Americans, or 1 in 6, live in poverty and 1 in 3 children are now projected to live in poverty at some point in their lifetime. But did you know, up to 1 in 3 kids in San Francisco may go to bed hungry tonight?

As the price of housing transforms our city into one of the most expensive in the country, the national income gap seems to have landed on our doorstep. And while this topic has garnered robust media attention and local public debate, the focus on poverty remains cursory, at best. Here, the housing crisis is literally changing the face of the city, and yet it is hard to identify who is most affected by the fickle pendulum of the economy and it is easy to make affordable housing the center of the conversation.

But the impact of poverty extends from the most recognizable needs in our community to one of the least - hunger. So let's talk about it. Who's hungry in our city?

Meet Lani. Lani's grandmother originally came to San Francisco from Samoa in the late 1970s and her family has lived and worked in the Bay Area ever since. Like many of us, she dreams of owning a home in the city one day, but like a growing population of San Franciscans, her immediate need is food for her family.

Lani is a 35-year-old working mother of 2 and the only employed adult in her household. Her husband was a construction worker who, because of poor health, is physically unable to work. And after losing her mother in 2008, she and her husband became legal guardians to her younger siblings. That means, it's all up to Lani to make ends meet.

As a high school graduate, she's worked in food and cleaning services, but with the downturn in the economy, consistent work has been hard to find. In 2012, she became a certified nursing assistant and found a part-time position that offered $14 an hour but no benefits. She took it.

All 6 members of her household live in a government subsidized apartment in Hunter's Point

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Who's Hungry

and yet because of her new income they recently found out they no longer qualify for food stamps or CalWorks. Struggling to get by without any additional aid, they rely on food from her church to make it to the end of the week. Sometimes, that is only a bag of rice and a can of vegetables. Her kids, aged 6 and 7, are just starting primary school. Without the free breakfast and lunch they receive there, she says she "probably wouldn't be able to find something nutritious for them to eat at home."

Hunger is a problem. But the issue here is more complex than the physical sensations of inadequate caloric intake. The more insidious challenge facing family's like Lani's is food insecurity, or limited or uncertain access to the resources to buy, store, and prepare the nutritious and culturally appropriate food necessary to support a healthy lifestyle.

According to the 2013 San Francisco Food Security Task Force's annual report, 1 in 4 San Francisco residents live at or below 200% of the federal poverty level. For a family of 4, that's about an income $47,100 per year. These low-income families make up a quarter of the city's residents are the most likely to be food insecure. But the population we seldom recognize, despite having similarly high rates of food insecurity, is our city's children.

For these communities, food insecurity is literally changing their lives. There is mounting scientific evidence showing that food insecurity is related to poor health outcomes like increased risk of adult chronic disease including diabetes and heart disease, and in children, increased risk of obesity and learning and behavior problems. And recent data from San Francisco General Hospital's Community to Clinic Linkage Program, indicates almost half of the patients seeking urgent care at our county hospital are food insecure.

This is a public health problem and it sits at the intersection of income inequality and poverty in every city in America, including our own. In December 2013, the San Francisco Board of Supervisors issued a charge to local legislators and community organizations, to eliminate food insecurity in San Francisco by 2020. In collaboration with the San Francisco Food Security Task Force, help address this **important issue**.

Here are some things you can do today:

Support your local food bank by making a monetary donation, hosting a food drive, or donating food. The most needed items are: tuna, canned meat, peanut butter, soup, chili, beans, cereal, canned fruit and vegetables, and granola bars. Visit the SF-Marin Food Bank website to learn more.

60% of San Francisco Unified School District (SFUSD) students qualify for free or reduced priced meals, but only about half of those who are eligible, participate. Know of children who may qualify? Visit the SFUSD website to **apply now**.

As summer approaches, even fewer low-come students have access to nutritious food. Know of a child who may need food over the summer? Go to the Department of Children, Youth, and Families website to find out how to enroll them in the After School Snack and Summer Meal Programs.

If you are a medical provider, start universally screening all of your patients for food insecurity. Here is a quick, validated tool you can use. If they screen positive, call 211 to **connect them to food services**.

Contact your state representative to support AB -2385. This bill would create the Market Match Program to provide additional income to recipients of programs like food stamps, to purchase food at farmer's markets. A similar measure is being considered for San Francisco. Want to learn more? Visit the California

Legislature website.

Join your local pediatricians and the American Academy of Pediatrics at Supervisor John Avalos' Office in City Hall Room 244 on May 22 at 5:30-7:30pm to view a free photo exhibit entitled "Who's Hungry? You Can't Tell by Looking!" This exhibit captures the faces of local children to raise awareness of this often invisible need.

National rates of poverty are the highest they have been in decades and they impact our city in unique ways. But when you ask Lani what she wants for her kids, she doesn't talk about eliminating financial stress or putting food on the table. She simply says, "I want them to become someone." Healthy food and snacks are the building blocks to "become someone." If recognizing the problem starts with asking the right questions, perhaps it is time we all asked, "Who's Hungry?"

California Breathing

By George Monteverdi, MD

California Chapter 1 leadership forwarded a petition to our State of California AAP Leadership (AAP-CA) requesting AAP member pediatricians join in partnership with *California Breathing*, a division of the Cal Depart of Public Health to improve asthma management in California. That partnership supports CA Breathing's application for funds from the Centers for Disease Control (CDC) to create and implement a statewide project to gain *Comprehensive Asthma Control Through Evidence-Based Strategies and Public Health-Health Care Collaboration*. AAP-CA has approved that petition and will partner with *California Breathing* and *the School Environmental Health and Asthma Collaborative* (SEHAC), a statewide coalition dedicated to the improvement of asthma *management in California schools*. SEHAC will carry that mission and goals into schools. We are one of many partners in this effort.

How will California pediatricians assist in this effort? Three avenues of support are described. One, a representative pediatrician from CA District IX AAP will be asked to act as liaison to California Breathing and SEHAC to provide technical assistance on asthma-related treatment. Two, District IX AAP members are to ensure guidelines-based asthma care to children, as outlined in the National Asthma Education and Prevention Program's Expert Panel Report 3; and three, District IX AAP will provide technical assistance, as requested, on clinical matters, resources development, and advocacy issues..

We now await the announcement by CDC of those states who will be recipients of the 5 year funding grants. California hopes to join 25 other states whose application will be accepted. District IX AAP will then have an opportunity to join a CA Department of Public Health sponsored coalition of other health professional organizations in a coordinated effort to improve asthma management in California schools and communities.

Funding from CDC

organizations in a coordinated effort to improve asthma management in California schools and communities.
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SAVE THE DATE

May 23-25, 2015

Annual Spring CME Conference returns to the Memorial Day weekend at the Resort at Squaw Creek, Lake Tahoe, CA

Join your colleagues for a weekend of great education, exceptional scenery and excellent food. Brochure will be out soon.

May 22, 2014 Who's Hungry Photo Exhibit and Reception at S.F. City Hall, Room 244. 5:30-7:30 pm
For more information contact Wendy Hilberman at:
aapwendyh@comcast.net

May 29, 2014 Screening of the video Invisible Threat at the local residency training programs. Free screening and snacks will be provided. To register put this url in your browser:
https://www.surveymonkey.com/s/ML5XDY2

July 26, 2014 Adolescent Reproductive Health Conference in San Francisco. Free to chapter members.
SAVE THE DATE - you will receive more information soon.