WINTER 2017 ISSUE

American Academy of Pediatrics
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Georgia Chapter

The GEORGIA Pediatrician

A Publication of the Georgia Chapter of the American Academy of Pediatrics

President's Letter

Greeting from the Georgia Chapter of the AAP!

Ben Spitalnick, MD, MBA, FAAP

"The more things change, the more they stay the same"

It's always a good time to be a Pediatrician. As a career, we are used to continuous change. The expansion of Electronic Health Records and the use of programs such as Meaningful Use, PCMH, and HEDIS measures, have significantly altered the practice of medicine from when many of us began our careers. And while it's unclear what changes the current political climate will bring for our patients and our profession, we know that the core of why we are Pediatricians has not changed. And what's constantly changing and yet unchanged, is what's coming to you from the Georgia AAP.

With the legislative session in full swing, we turn our attention both to state and to national issues. The next few months should be full of controversy, but many of the same topics from previous years will return. Recurrent themes should include improving safety for children, availability of insurance options to our most vulnerable families, and practice implications to our profession. Our Legislative Committee meets weekly via conference calls during the legislative session, and we meet with our state coalition of other primary care specialties to attack topics of mutual interest together. We will continue to support the National AAP's efforts to keep children's health issues at the center of the national debate, as a change of power always brings uncertainty of focus.

For those of you who attended our Fall meeting, "Pediatrics on the Perimeter," we hope you enjoyed the opportunity to learn & network with your peers. Jud Miller, MD and his committee brought a full spectrum of topics, which concluded with the annual Pediatric Resident Jeopardy (and congrats to Emory as this year's champion). This year's contestants were Morehouse – Bette Ford, MD & Omayma Amin, MD; Emory – Khris Nquyen, MD & Chalani Ellepola, MD and Mercer-Macon – Tooba Mansoor, MD & Rachel Goodson, MD.

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President's Letter (continued)

National speakers included David Kimberlin, MD (Birmingham) who presented a Red Book Update, Anne Edwards, MD (Minneapolis) who delivered the Marty Michaels Advocacy Lecture, and Adelaide Hebert, MD (Houston) who provided two wonderful lectures on dermatology topics. Our annual chapter awards were given at the annual business luncheon. Congrats to this year's winners: Young Physician of the Year, Jennifer Collier-Madon, MD; Outstanding Achievement Award, Melinda Willingham, MD; Friend of Children Award, Governor Nathan Deal; Legislator of the Year Award, Representative Terry England and Senator Dean Burke; and the Leila Denmark Lifetime Achievement Award was given to Joseph Snitzer, MD.

Your AAP Chapter continues to pursue new projects for our members to further our research, quality improvement, and continuing education. In just the past two months, the Georgia AAP has been awarded two new grants for activities our members can participate in. We were one of 7 chapters to receive the AAP Adolescent Vaccinations and Wellness Grant Program, and the recruitment of practices to join the program is already underway (but contact us!!). We also received a grant to produce a webinar series of topics on Child and Infant Nutrition, which will be coming to you very soon. We have recently begun a partnership with the Columbus Public Health District to work with area pediatricians regarding Project LAUNCH, a federal grant they received that seeks to improve the socio-emotional health of children.

We are also staying abreast of hot topics as they develop. Our Chapter leadership watched closely as Zika spread over the summer or 2016, and through frequent meetings and conference calls with our colleagues in Florida and Puerto Rico, we developed a clear picture of what worked and what did not in the delivery of care and testing when needed. We also stayed in close contact with Georgia Public Health as the situation developed. Currently Zika is quiet while the mosquito season is subdued, but as the Spring comes we will get a clear picture as to whether the threat to Georgia will return. Also, asthma concerns have returned to the forefront of our focus, as we were contacted about a surge in pediatric asthma deaths in the Macon area. The Chapter's Asthma Task Force is reactivating, and bringing together all parts of our state for discussion and action.

Much more is coming this year from your Georgia AAP Chapter. Soon, we will have our Winter Symposium, February 11th, at the Atlanta Marriott Buckhead Hotel, which is a conference held every two years in collaboration with the Georgia OB/GYN Society. Legislative Day at the State Capitol is also in February on the 23rd, which is eye-opening your first time attending. The Georgia Pediatric Nurses and Practice Managers Association meeting will be May 5th. And of course, planning is well underway for Pediatrics by the Sea in Amelia Island, June 7-10, so mark your calendars now.

Thanks for all you do for your patients, and for the children of Georgia. Please let us know at the Georgia AAP how we can help you…and, if anything above is of if interest to you or your practice, let us know how we can get you involved! We have an amazing staff that handles the heavy lifting, and our focus and goals are crafted by Pediatricians….. yes, just like you.

And no matter what changes come, we remain, "dedicated to the health of all children."

Ben Spitalnick, MD, MBA, FAAP

Chapter News & Updates

The 2-Dose HPV Schedule for ages 9-14 makes life simple for Physicians and Parents.

After a thorough review of studies, the CDC and the ACIP made the recommendation to approve an HPV 2-dose schedule for adolescents starting the vaccine between the ages of 9 and 14. The recommendation allows for the HPV vaccine to be given on a 1, 6-month schedule. It has been established that the 2-dose schedule will provide safe, effective, and long-lasting protection against HPV cancers.

Teens and adults who start the series at ages 15 through 26 will continue to receive the three dose vaccine schedule. In Georgia, the completion rate for the HPV series for ages 13-17 in 2015 was 32.3% for females and 27.5% for males. Hopefully allowing for a 2-dose schedule when the HPV vaccine is initiated early will help increase early initiation rates as well as completion rates in Georgia.

Request an EPIC Immunization Program for 2017!

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Please schedule your free immunization education presentation today! For more information or to request an EPIC program, contact the EPIC staff: Janna McWilson, MSN, RN, Program Director at 404-881-5081 or Shanrita McClain, Program Coordinator at 404- 881-5054 or visit the EPIC website at: www.GaEPIC.org

CDC's mPINC Scores

The CDC has released their 2015 Maternity Practices in Infant Nutrition and Care (mPINC) scores. Their scores reflect: Policies, practices and protocols that rate staff trainings, infant feeding care, infant supplementation and support after discharge from the hospital. All nationwide hospitals and birthing center are asked to participate in the survey. The survey assists hospitals in making sure they are meeting the Joint Commission Perinatal Care Core Measure breastfeeding requirements and ensure that the hospitals are training staff in infant feeding care.

mPINC scores in Georgia increased in every category. Georgia's total scores increased from a 69 in 2013 to a 75 in 2015. One great accomplishment is that we are getting babies skin to skin after delivery and assisting moms to breastfeed within the first hour of birth. Also, most Georgia hospitals have stopped giving out discharge packs that contain infant formula samples and marketing products.

One area where we need improvement is staff breastfeeding education. Our EPIC Breastfeeding Program has a specific program for hospitals. If you work in a hospital and would like to have free breastfeeding education in service for staff please contact Arlene Toole, atoole@gaaap.org to request a program or go to our website www.gaepic.org to download an EPIC program request form.

Continued on page 5

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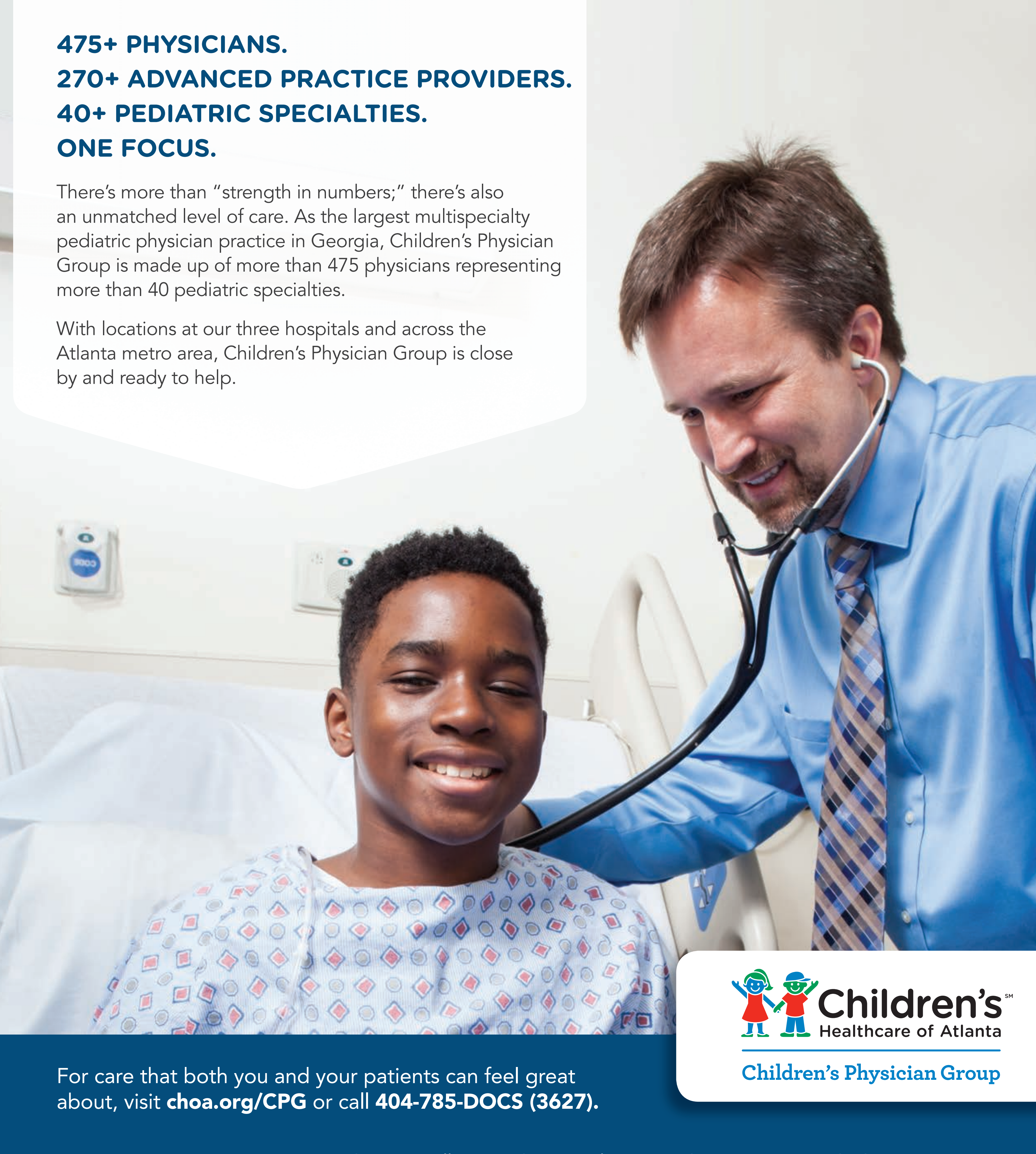

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Chapter News & Updates

(Continued from page 3)

Neonatal Abstinence Syndrome:

The Georgia Department of Public Health will update attendees on this topic at the Winter Symposium scheduled for February 11, 2017. Be sure to attend to obtain the latest information on this important issue.

Upcoming Webinars:

The Chapter will collaborate will collaborate with the Georgia Department of Public Health to host series of webinars on newborn hearing screening, sickle cell disease, and developmental screening. Free CME will be provided. Be on the lookout for dates; webinars will take place between 12:30 pm – 1:30 pm.

If you have questions about these items related to efforts involving public health, please contact Fozia Khan Eskew at the Chapter office at either feskew@gaaap.org or 404-881-5074.

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Project LAUNCH, Columbus, Ga Initiative Updates

Project LAUNCH is a federal initiative supported though the Substance Abuse and Mental Health Administration. The mission of this project is to increase access to screening, assessment and referrals to appropriate services to meet the social and emotional needs of Georgia's children (ages birth to age 8). Its vision is to inspire, promote, and sustain positive outcomes and holistic wellness across every developmental domain for all Georgia's children.

As we enter the implementation phase of the Project LAUNCH grant period, we will focus on increasing awareness of this initiative among pediatricians in Muscogee County. Goals of the outreach include 1) Increasing collaboration between local public health and pediatricians; 2) Building partnerships between community resources and pediatricians; and 3) Increasing knowledge of Project LAUNCH and increasing knowledge of public health programs and services for children birth to age 8.

We will conduct a variety of activities throughout the next 12 months to support Project LAUNCH. Some of these activities include conducting in-office presentations to physicians providing pediatric primary care, convening the Muscogee County Physicians Advisory Committee meetings, and reaching out to our pediatric leaders in the area.

For more information on Project Launch, please contact Kathryn Autry at kautry@gaaap.org.

If a Baby Does Not Pass Newborn Hearing Screening, Consider CMV

Cytomegalovirus (CMV) is one of the most common viral infections. Half of adults in the US have had CMV by the time they are 40, and by age five nearly 1 in 3 children has been infected. The majority of cases go undetected: most involve either no symptom or a flu-like symptoms. However, a first (i.e., primary) CMV infection during pregnancy (in which seroconversion occurs), can result in the baby having congenital CMV infection (cCMV) – which, as you know, can prompt an impressive burden of disability. cCMV can cause microcephaly, cerebral palsy, vision loss, seizure disorders, cognitive impairment, hearing loss, and death. While in 2016 our national attention has been heavily focused on Zika, CMV presents a much more prevalent and likely risk during pregnancy.

Of the about 4 million births annually in the United States, about one in 150 is born with cCMV. Only about 10% of these approximately 30,000 cases per year are "symptomatic"; that is, physical examination findings at birth are consistent with congenital CMV. The other 90% are "asymptomatic" as newborns. About 75% of "symptomatic" cCMV babies manifest sensorineural hearing loss, whereas about 10-15% of "asymptomatic" cCMV babies manifest sensorineural hearing loss in the first year or two. The hearing loss attributable to cCMV is one of the few treatable (though not presently FDA-approved) causes of hearing loss: other treatable etiologies in newborns include syphilis and toxoplasmosis. Cytomegalovirus is the leading cause of non-genetic hearing loss.

To identify cCMV babies with potentially treatable hearing loss, targeted CMV screening of babies who do not pass newborn hearing screening has been advocated. Indeed, in Utah and Connecticut such CMV targeted screening is legislated. The idea is to identify valid cCMV infection, which must be done by age 21 days with a saliva or urine specimen. After three weeks of age, telling whether a CMV positive report is due to congenital or acquired infection is problematic. **We must be careful to remember that for the baby who did not pass newborn hearing screening, the auditory status is in limbo – most 'refer' hearing screens are false alarms.** The next step is a battery of audiologic tests. To identify babies with potentially treatable hearing loss in the most timely way, the '1-3-6' mantra of newborn hearing screening (complete hearing screening by age 1 month, the diagnostic audiologic battery by age 3 months, and be in treatment/habilitation by 6 months), the mantra's time measure may need changed from months to weeks.

With immunization not yet available even for adults to protect against primary CMV infection, only the prevention tools of increasing awareness and education can reduce the incidence and impact of CMV. Of course, amongst immunocompetent persons the greatest risk of devastating impact is to the unborn. The cytomegalovirus is in the saliva and urine of actively infected persons, both symptomatic and asymptomatic. Pregnant women can greatly reduce their risk of acquiring CMV infection by using basic hygiene practices, like hand washing and avoiding saliva transfer when kissing. Adler and Nigro (2013) and Rovello et al (2015) found significant differences in infection rates for women who received CMV education and hygiene recommendations during pregnancy. Compared to control groups, the women who received education were much less likely to seroconvert during pregnancy. A large majority (93%) of the women felt that hygiene recommendations were worth suggesting to all pregnant women. The person at highest risk for CMV infection is a CMV-sero-negative pregnant woman exposed to a child who recently had an active CMV infection and who is shedding the virus (Johnson, Anderson and Pass, 2012).

Continued on next page.

If Baby Does Not Pass...

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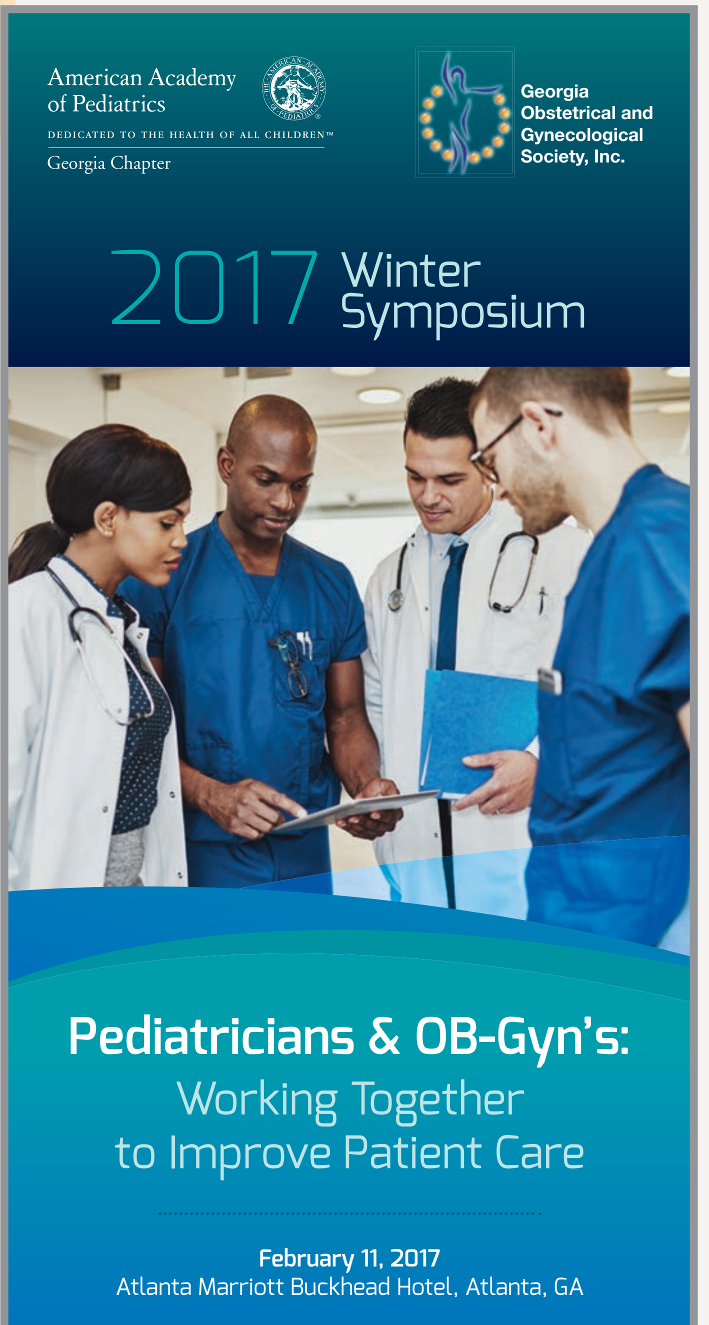
Doutre et al. (2016) analyzed 2015 and 2016 HealthStyles™ surveys, representative of adults in the United States, to determine public awareness of CMV. Overall awareness worsened to a mere 6.7% of survey participants indicating that they had heard of congenital CMV. Otherwise stated, more than 90% of adults had not heard of CMV! There was much less awareness of CMV compared to infections like congenital toxoplasmosis, rubella, Group B Strep, and Parvovirus B19—all with significantly lower incidence rates in the U.S. compared to CMV.



The appalling lack of awareness of CMV and its effects and ways to minimize spread, offers a great opportunity and need for education. There is enormous opportunity for prevention to have a powerful impact, considering the relatively low cost of awareness and education, and the relative ease of prevention through basic hygiene practices.

N. Wendell Todd, MD, MPH
Chapter Early Hearing Detection & Intervention (EDHI) Champion
Professor, Pediatrics
Otolaryngology - Head and Neck Surgery
Emory University School of Medicine, Atlanta

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We're Going to Have to Work on Our Communication

I am a fan of the 1996 alien invasion movie Independence Day. The aliens are quickly winning the battle due to impenetrable shields guarding their ships. A computer expert develops a virus that can disable these shields if they can deliver it to the command ship. Along with a fighter pilot he takes off in a captured alien ship heading into space to deliver the virus. As they approach the command ship, their craft begins to steer itself. The fighter pilot tries to wrestle back control of the ship, but the expert tells him to let it go as he was expecting the command ship to guide them in. The pilot asks "When the h**l were you going to tell me?" and the expert replies "Oops." The pilot closes the conversation by stating "We're going to have to work on our communication."

When I applied to medical school, I wrote my essay on communication and how my college background (Psychology classes, news reporter for the college radio station) had prepared me to be an effective communicator, which was essential for a career in medicine. I was prophetic, but in many ways that I did not realize. As pediatricians, most of our time is spent trying to communicate clearly and effectively with patients, parents, insurers, government representatives, and many others. Many of the difficulties of modern Pediatric practice can be traced to the inability to communicate.

There has been much discussion lately of declining immunization rates due to parental refusal. For years, the medical community has not done an adequate job of informing the general public about the continued need for routine childhood vaccination. We thought that the facts would clearly speak for themselves, but it has become apparent that facts alone will not sway some parents. Some Pediatricians lament the amount of time and effort they spend trying to convince parents to vaccinate, while others gladly take on that task knowing that most of the time they will earn the parents' trust eventually and get their children protected. The recent AAP Policy Statement on vaccine refusal now clearly gives justification to those pediatricians who discharge unvaccinated patients from their practice. Taking that stand is itself an effective form of communication, letting the parents know that you feel so strongly about the value and safety of vaccines that you are ready to terminate your relationship rather than endanger their child.

At its core, the medial record is a method of communication. As a communication tool, the paper record is inadequate for modern practice. Paper can only be used by a single individual at a single location. It is tremendously ineffective as a communication tool between primary care and specialists and as a tool for care coordination, population health, quality improvement and value-based care, all of which are the future of Pediatrics. Current EMRs are barely adequate for these goals; we need to work towards a technology future where EMRs communicate with each other (regionally and state-wide) seamlessly to share information instantaneously across all providers of care and create data repositories that are key to analyzing and improving both individual and population health.

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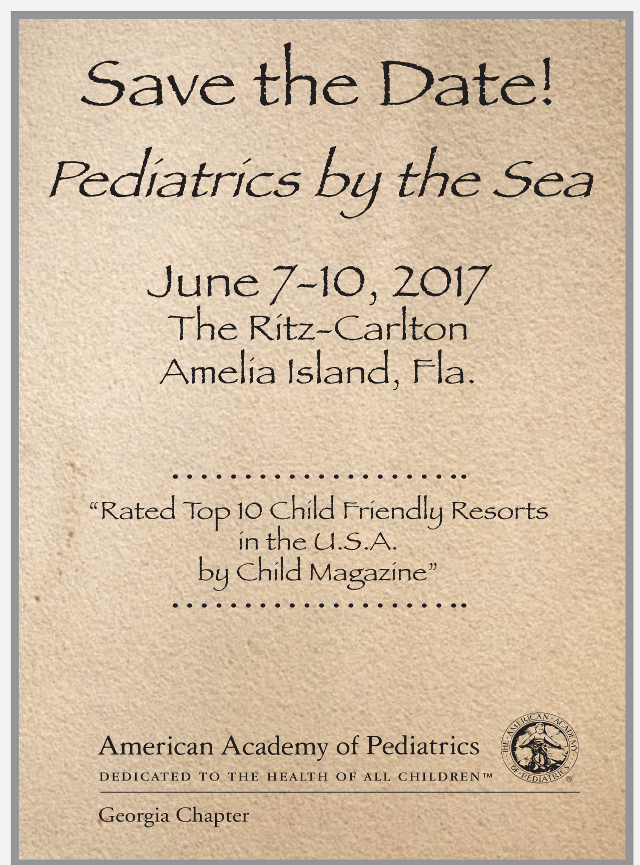

Nutrition Update 2016: What We Learned

Some interesting findings from the 2016 pediatric nutrition literature.

1. In Hospitalized Critically-ill Children, Is Early Nutrition Important?

A recent study[1] has suggested that the concept of early aggressive nutrition may actually be detrimental for many children. The authors conducted a multi-center, randomized, controlled trial involving 1440 critically-ill children to investigate whether withholding parenteral nutrition for 1 week (i.e., providing late parenteral nutrition) in the pediatric intensive care unit (ICU) is clinically superior to providing early parenteral nutrition. Key finding: Although mortality was similar in the two groups, the percentage of patients with a new infection was 10.7% in the group receiving late parenteral nutrition, as compared with 18.5% in the group receiving early parenteral nutrition (adjusted odds ratio, 0.48; 95% confidence interval [CI], 0.35 to 0.66).

This study echoed findings from a similar study[2] among adults with critical illnesses which also showed that "late initiation of parenteral nutrition was associated with faster recovery and fewer complications, as compared with early initiation."

2. Will Diet Modulation Change the Microbiome Favorably for Pediatric Patients with Crohn's disease?

One study[3] has looked at how exclusive enteral feedings (EEN) may help children with Crohn's disease (CD). The previous hypothesis stated that a change in diet would improve the "dysbiosis" of the microbiome in pediatric patients with Crohn's disease.

What the authors found was quite different. Among 23 patients with CD and 21 healthy controls, the "microbial diversity was lower in CD than controls before EEN (P=0.006); differences were observed in 36 genera, 141 operational taxonomic units (OTUs), and 44 oligotypes. During EEN, the microbial diversity of CD children further decreased, and the community structure became even more dissimilar than that of controls." In essence, we know that EEN works but we still do not know why. In addition, we have a lot to learn about a 'healthy' microbiome.

3. How are we doing in reducing obesity?

We are not making much progress. 38% of adults and 17% of kids are now obese according to recent studies[4, 5]. "For the years 2013-2014, the overall age-adjusted prevalence of obesity was 37.7% (95% CI, 35.8%-39.7%); among men, it was 35.0% (95% CI, 32.8%-37.3%); and among women, it was 40.4% (95% CI, 37.6%-43.3%).4" Among 40,780 children, "in this nationally representative study of US children and adolescents aged 2 to 19 years, the prevalence of obesity in 2011-2014 was 17.0% and extreme obesity was 5.8%.5"

4. How important are oral rehydration solutions for mild gastroenteritis?

According a study[6] with 647 children, "children who were administered dilute apple juice experienced treatment failure less often than those given electrolyte maintenance solution (16.7% vs 25.0%; difference, -8.3%; 97.5% CI, -∞ to -2.0%; P < .001 for inferiority and P = .006 for superiority). Fewer children administered apple juice/preferred fluids received intravenous rehydration (2.5% vs 9.0%; difference, -6.5%; 99% CI, -11.6% to -1.8%). Hospitalization rates and diarrhea and vomiting frequency were not significantly different between groups." Thus, for children with mild gastroenteritis, half-strength apple juice followed by a beverage of the child's preference appears to be a better choice than oral rehydration solutions.

Continued on next page.

Nutrition Update 2016

(Continued from page 9)

5. The "EAT" Study on Early Food Introduction

A recent study[7] examined whether early introduction (3 months) of allergenic foods in 1303 infants lowered the rate of allergies to these foods at 3 years of life compared to standard introduction (after 6 months). The six foods: peanut, egg, cow's milk, sesame, whitefish, and wheat. This EAT study ("Enquiring about Tolerance") required parents in the intervention group to give 3 rounded teaspoons of smooth peanut butter, one small egg, two portions (40-60 g) of cow's milk yogurt, 3 teaspoons of sesame paste, 24 g of white fish, and two wheat-based cereal biscuits every week.

Key findings: While the study did not reach a statistical significance, the absolute rate of allergies was modestly lower in those in the early introduction group (5.6% compared with 7.1%). In a per-protocol analysis of those who strictly adhered to the assigned treatment regimen, there was an even lower rate of 2.4% (compared to 7.3% in the standard group).

The associated editorial (pages 1783-84) noted that "evidence is building that early consumption rather than delayed introduction of foods is likely to be more beneficial as a strategy for the primary prevention of food allergy." ■

Jay Hochman, MD
Chair, Committee on Nutrition
Georgia AAP
GI Care For Kids
Blog Site:
gutsandgrowth.wordpress.com

FOOD ALLERGY

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Work on Our Communication

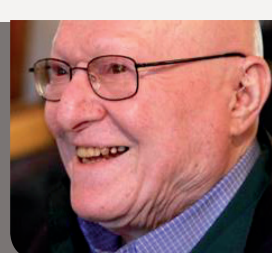
(Continued from page 8)

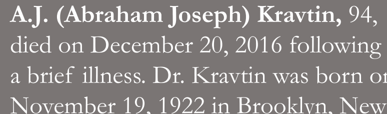
The recent election results could significantly affect children. Most of the major issues of the election impact children, including the economy, immigration, climate change, education and environmental regulations. As pediatricians we have an obligation to speak on behalf of our patients to politicians and the public, advocating for policies and funding to support children. The AAP is our voice at the national level; the Chapter serves that role in the state of Georgia. I urge you to speak up and speak out for children.

Recently I reviewed a survey of millennials which asked them what they were looking for from their child's pediatrician. They still valued the basic customer service of a convenient location and flexible appointment times but were also interested in connecting to the pediatrician and the office virtually. Many pediatricians have responded by expanding their on-line presence with websites, twitter and telemedicine; however, the most important thing these millennials were looking for was the personal relationship with their child's doctor. They wanted someone who would answer their questions and engage their child. In short, they wanted the most basic form of communication, a conversation. We need to remember the power of our words and actions in the exam room, or else we risk (to borrow from *Cool Hand Luke*) a failure to communicate.

Robert Wiskind, MD, FAAP
Past President, Georgia AAP
Peachtree Park Pediatrics, Atlanta, GA

In Memoriam





A.J. (Abraham Joseph) Kravtin, 94, died on December 20, 2016 following a brief illness. Dr. Kravtin was born on November 19, 1922 in Brooklyn, New York, and raised in Columbus, Georgia. Dr. Kravtin graduated from Emory School of Medicine in 1946 and was a practicing Pediatrician in Columbus for 47 ½ years until his retirement in 2000. Throughout his medical career, as well as after his retirement, he was untiring in his involvement with many health and social issues in the community, offering his medical expertise in many children's clinics and received numerous awards for his service … including the Lifetime Achievement Award from the Georgia Chapter of the American Academy of Pediatrics. He also received the Volunteer of the Year Award from the American Heart Association and the Georgia American Medical Association Physician Recognition Award. Dr. Kravtin served as the first chairman of the Ethics Committee at the Columbus Medical Center as well.

Silas Dobbs McCaslin, MD, 75, died on November 10, 2016, in Savannah, Georgia. He earned an B.A. (1962), D.D.S, (1966), and M.S.D. (1968) degrees from Emory University. He served a residency at both Scottish Rite Children's Hospital and Aidmore Children's Hospital, Atlanta, Georgia. He and his late brother, Alston J. McCaslin V, began their practice of pediatric dentistry together in Savannah in 1970. He is survived by his wife of 51 years, Suzanne Brooks Campbell McCaslin; and a host of other family & friends.

Theodore Clinton Levitas, MD, 92, died on September 15, 2016. Dr. Levitas was born in Atlanta on April 9, 1924, and attended Emory University Dental School, where he received a D.D.S. degree in 1950. Dr. Levitas was a recognized leader in the field of children's dentistry, serving as President of both the American Academy of Pediatric Dentistry and the American Society of Dentistry for Children. He devoted a substantial portion of his practice to serving Medicaid patients and other children who did not have easy access to quality dental care. His patients affectionately called him Dr. Teddy Bear.

Cardiology Updates for General Pediatricians

Submitted below, for your interest and education, are summaries of recent papers describing cardiac management issues that may arise in your office. The first three articles deal with the neurodevelopmental issues that may affect many of our complex congenital heart disease patients. Some factors are not modifiable; pre-term delivery for patients with complex congenital heart disease is one that can be, and should be avoided, if at all possible. **Patients who survive complex congenital heart disease surgery are at high risk for development of all types of neurodevelopmental abnormalities.** Guidelines now call for intermittent complete neurodevelopmental assessment of this patient sub-group, in order to diagnose and help guide management strategies. The fourth article deals with the recognition of the clinical presentation (phenotype) of patients affected by four cardiac disorders that may predispose to sudden cardiac arrest. These patients present in your office during well and sick visits. Careful attention to the details of patient and family history may help identify these patients, and direct appropriate referral for pediatric cardiology evaluations of the patient and family.

Younger gestational age is associated with worse neurodevelopmental outcomes after cardiac surgery in infancy. **J Thorac Cardiovasc Surg. 2012 Mar; 143(3): 535–542.**

This 2012 article from clinical researchers at Children's Hospital of Philadelphia reports that children with prenatally diagnosed complex congenital heart disease delivered before 39-40 weeks gestational age are at risk for worse neurodevelopmental outcomes. Complex CHD, defined as those congenital heart defects requiring surgical intervention prior to one year of age, are statistically associated with a higher incidence of all types of neurodevelopmental abnormalities, ranging from stroke, cerebral palsy, autism, ADHD, learning disorders, behavior disorders, and difficulties with executive functioning. Some factors associated with increased risk of neurodevelopmental abnormalities in these complex CHD patients are not modifiable such as genetic, socioeconomic and preoperative factors. However, elective pre-term delivery for complex congenital heart disease patients can often be avoided.

Take home message

• Pediatricians, neonatologists, and perinatologists counseling pregnant mothers with fetuses identified with CHD should discuss avoidance of elective pre-term delivery, if and when possible.

Neurodevelopmental Outcomes in Children With Congenital Heart Disease: Evaluation and Management. **A Scientific Statement From the American Heart Association Circulation. 2012;126:1143-1172**

In 2012, a writing group from the American Heart Association and the American Academy of Pediatrics published practice guidelines and proposed management algorithms for the neurodevelopmental assessment of children with congenital heart defects. These algorithms are designed to be carried out within the context of the medical home.

Take home message

• Children with CHD are at an increased risk of developmental disorders, disabilities, and developmental delay. Pediatricians and family practitioners should be aware of these guidelines and work to ensure neurodevelopmental evaluation of patients at risk. Resources for neurodevelopmental assessment of these patients may be available at schools but are also available through Children's Healthcare of Atlanta cardiac and neuropsychologic programs.

Continued on next page.

Cardiology Updates for...

(Continued from page 13)

Implementation of Developmental Screening Guidelines for Children with Congenital Heart Disease.
J Pediatr. 2016 Sep;176:135-141

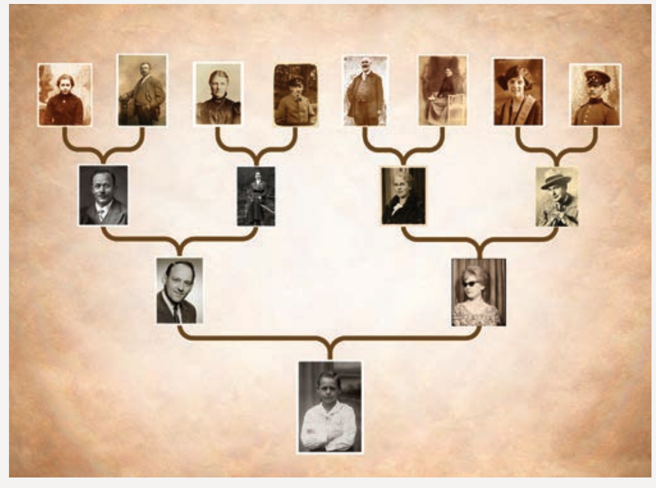
This recent study from June 2016 found that many pediatric providers are unaware of the 2012 guidelines. In this study a survey found that only 21% of primary care providers were aware of the neurodevelopmental guidelines regarding children with CHD. These results indicate that a more active role in communicating the need for formal neurodevelopmental screening in children with CHD is warranted.

Take home message

1. Pediatricians and family practitioners should be aware of these guidelines and work to ensure neurodevelopmental evaluation of patients at risk.
2. Resources for neurodevelopmental assessment of these patients may be available at schools but are also available through Children's Healthcare of Atlanta cardiac and neuropsychiatric programs.

Clinical Presentation of Pediatric Patients at Risk for Sudden Cardiac Arrest
J Pediatr. Volume 177, Pages 191–196

This recent publication emphasizes the importance of careful and complete patient and family history for identification of patients with four conditions known to predispose to pediatric and young adult sudden cardiac arrest. This multicenter study describes the clinical findings and scenarios (phenotype) leading to the diagnosis of hypertrophic cardiomyopathy, long QT syndrome, catecholaminergic polymorphic ventricular tachycardia, and anomalous left coronary artery arising from the right sinus of Valsalva.



Take home message

- A complete family and patient history may be the most useful tool for identification of patients and families affected by cardiac disorders at risk for sudden cardiac arrest.
- Effective primary prevention strategies including appropriate screening and referral, diagnosis, treatment, and management may prevent sudden cardiac arrest.

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Photo Review

During the *Pediatrics on the Perimeter* conference, held in September, Chapter President Ben Spitalnick, MD (left) and Terri McFadden (right) presented this year's Chapter Awards.

This year's award winners are: (From Left) Leila D. Denmark Lifetime Achievement Award - Joseph A. Snitzer, MD; Young Physician of the Year Award - Jennifer Collier-Madon, MD, Outstanding Achievement Award - Melinda A. Willingham, MD; Legislator of the Year Award - Senator Dean Burke, MD & Representative Terry England. The recipient of the Friend of Children Award was Governor Nathan Deal, who was unable to attend, but sent a video greeting.

The Pediatric Resident Jeopardy contestants were from Morehouse, Emory and Mercer-Macon.

Donna Johnson presented Frances Owen, MD with this year's Dept. of Public Health - Maternal & Child Health Award Caring for Children with Special Healthcare Needs.

David Kimberlin, MD (Birmingham) presented a Red Book Update during the plenary. He is joined here by Rebecca Reamy, MD, Columbus, and Judson Miller, MD, Pediatrics on the Perimeter Program Chair.

The Emory Faculty Awards program, held on November 3rd brought together: (l to r) William Sexson, MD; Chapter Executive Director Rick Ward; Alfred Brann, MD; Terri McFadden, MD; and Andre Nahmias, MD.

On January 11, Dr. Spitalnick visited the annual meeting of the Georgia Academy of Pediatric Dentistry in Atlanta, and met with their leadership. Pictured here, from left: Dr. Jennifer Wells, Dr. Jonathon Jackson, Dr. Cara Deleon, Dr. Spitalnick, Dr. James Lopez (GAPD president) and Dr. Phil Miller.

American Academy of Pediatrics
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Georgia Chapter

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Looking Ahead:

- **February 11, 2017**
  Winter Symposium: Working Together to Improve Patient Care
  Atlanta Buckhead Marriott Hotel, Atlanta

- **February 23, 2017**
  Legislative Day at the Capitol
  State Capitol, Atlanta

- **March 25, 2017**
  Transition of Care Seminar
  Georgia AAP Headquarters, Atlanta

- **April 18, 2017**
  Jim Soapes Charity Golf Classic, Benefiting the Pediatric Foundation of Georgia
  Cuscowilla Golf Resort, Lake Oconee, Eatonton

- **May 5, 2017**
  Georgia Pediatric Nurses & Practice Managers Spring 2017 Meeting
  Ga International Convention Center, College Park

- **June 7-10, 2017**
  Pediatrics by the Sea
  The Ritz Carlton, Amelia Island, FL

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Visit the Chapter Website for details on these Chapter events. www.GAaap.org
Call 404-881-5020 for more information.