Dear Colleagues,

We thought that the curse of nicotine addiction and cigarette smoking in children was a thing of the past. WE WERE WRONG.

They are at it again, this time diabolically disguised as e-cigarettes, more popularly known as vaping. The epidemic of childhood smoking is back and e-cigarette companies are marketing to children again. The marketing is much more sophisticated than Joe the Camel marketing of the 1990s. They are trying to put “lipstick on a camel”. We should not fall for this unethical tactic. As a result of e-cigarettes, the success we had achieved in decreasing cigarette smoking in children has plateaued.

Below are some points about vaping provided to me by our own Dr. Lisa Gwynn. Rather than putting them into my words, I will let them stand for themselves.

- There has been a rapid rise in the prevalence of vaping among adolescents which has aroused serious public health concerns.
- According to a recent study in 2017, vaping was the most common use of any tobacco-like product among adolescents.
- Currently, more than 3.6 million middle and high school students currently use e-cigarettes.
- According to the New England Journal of Medicine, from 2017-2018, nicotine vaping use increased in all grades 8-12. This translates into 1.3 million additional adolescents who vaped in 2018.
- Teens “vape” products that contain substances other than nicotine which have been shown to cause serious lung injury and even death. Such ingredients include marijuana, cannabis oils containing THC, Vitamin E acetate and a range of other chemicals. To date, there isn’t clear evidence of exactly what is causing the respiratory complications.
- In 2019, vaping illnesses have climbed to 1,300 with 29 deaths.

The American Academy of Pediatrics and the Florida Chapter are working hard to fight the latest epidemic of tobacco use in youth. This will require all of us to work together. The AAP is supporting legislation that would prohibit flavors in all tobacco products, including e-cigarettes, menthol cigarettes and flavored cigars and online sales of tobacco products, raise the tobacco sales age to 21 and hold e-cigarettes to the same marketing restrictions as traditional cigarettes. You may be asked to help pass this legislation by calling your representative.

There is great urgency to address this epidemic before we reach a point where a whole generation is addicted again.

Mobeen H. Rathore, MD, CPE, FAAP, FPIDS, FSHEA, FIDSA, FACPE
Editor, The Florida Pediatrician
A Review of Current Issues Related to Vaccine Refusal

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INTRODUCTION

Vaccines have dramatically reduced disease prevalence in the United States with the elimination of Smallpox, Polio, and Diphtheria and dramatic reductions in other vaccine-preventable diseases. Despite that, a small but increasing number of parents are electing to forego this life-saving intervention. Estimates are 3% of parents refuse all immunizations with 19.4% delaying or refusing at least one vaccine. The CDC and American Academy of Pediatrics (AAP) have excellent websites to guide health care providers and parents. Recently, a publication from the Committee on Infectious Diseases and the Committee on Practice and Ambulatory Care, American Academy of Pediatrics provides a comprehensive report on how to understand and address vaccine hesitancy. 1

STATISTICS OF VACCINE-PREVENTABLE DISEASES

It is perhaps the success of vaccines that may be contributing to the anti-vaccine sentiment with less perceived risk. The risk for these diseases persists, however especially measles and pertussis. Herd immunity may require over 85-90% to be vaccinated. Susceptible children including those with medical exemptions or who are not old enough to receive vaccines depend on others getting immunized for their protection. Europe is experiencing increases in vaccine-preventable diseases due to a drop in routine immunizations. For example, the World Health Organization reported 41,000 cases of measles in Europe in the first half of 2018. 2 Europe is experiencing increases in vaccine-preventable diseases due to a drop in routine immunizations. For example, the

VACCINE RATES IN FLORIDA

Vaccines are safe and effective having to go through a very rigorous licensing process with active monitoring. It is important to emphasize that despite the trend for vaccine refusal, there is generally good acceptance. A recent CDC study of children in Kindergarten from 2017-2018 in Florida found that out of the 222,397 students, 93.7% received two doses of MMR, DTaP, and Varicella. There were 5,394 religious exemptions (2.4% of K students), with 1,051 (0.5%) medical exemptions.

EXEMPTIONS FROM VACCINES

States, where there was easier access to non-medical exemptions, had higher rates of exemptions. Of note, California which has only medical exemptions allowed had 0.7% total exemptions. In Florida, religious exemptions are allowed (Cury vs. Board of Health; Florida statute 1005.22) but philosophical exemptions are not permitted. It is very easy to get a religious exemption in Florida. All a parent has to do is complete the Vaccine Exemption Form 681 and get this signed by a public health official. No challenges are permitted to prove their affiliation with a specific religion. For those with exemptions, if there is a communicable disease emergency declared by the County Health Department director for a vaccine-preventable disease which a student has not received, then the child can be sent home until there is no longer a health threat. The AAP recommends that only medical exemptions be allowed.

PARENTAL ATTITUDES

A study by Gust based on a survey of 697 parents identified five categories of parental attitudes regarding immunizations: strongly believe in vaccines (33%), generally agree that vaccines are necessary and safe (26%), feel vaccines are necessary but had safety concerns (25%), fence-sitters who slightly agree with necessity and safety (13%), feel vaccines are unsafe (3%). 7 Some may feel that their autonomy to choose is threatened by vaccine mandates. Media influences such as the movie “Vaxxed,” Internet sites or talk shows featuring anti-vaccine celebrities may influence parents.

STUDY ON VIEWS OF PARENTS WHO REFUSE VACCINES

A qualitative study of vaccine refusers from Australia found they hold a different view of health. They tended to value natural prevention, based on eating organic food and maintaining a healthy lifestyle, that is chemical free. They were not trusting of artificially manufactured health interventions. They do not view their child as a risk to other children because of the belief that they are merely healthier than other children. The parents in this group felt the decisions they made on behalf of their child were superior to those who vaccinate and they find a social identity based on these principles. 8

SAFETY CONCERNS RAISED BY VACCINE REFUSERS

Vaccines have been developed using the best science available. However, concerns have been raised and magnified regarding risks. Historically, there have been instances where vaccines have had less than perfect performance. For example, in 1955 some batches of polio vaccine contained live polio virus causing 250 cases of polio (Cutter incident). Anti-vaccine parents are often provided negative information on vaccines that have not proved to be concerning. For example, Simian Virus 40

In 2012, 9,000 Californians became sick from Pertussis with ten deaths making this the worst outbreak in 60 years. When countries with high DTaP coverage were compared to those with low coverage, pertussis was 10-100 times lower with high vaccine coverage.

COST OF OUTBREAKS

The cost of mobilizing public health resources for vaccine-preventable disease outbreaks are high. In New York City, for example, a measles outbreak investigation and response, which ultimately identified more than 3,000 contacts and 58 confirmed cases cost $394,448 and involved 87 staff members from the New York City Department of Health and Mental Hygiene (DOHMH). In this outbreak, 78% of cases were not immunized due to parental refusal with 21% being too young. 5 There are similar costs found in other outbreaks.

THE FLORIDA PEDIATRICIAN FALL 2019 7
was found in 10-30% of polio vaccines in the late 1950s-1960s. There was concern that this would lead to cancer. Fortunately, there were no issues found with further study, and of note, there is no Sijman Virus contamination in any vaccines currently.

Other rarely seen immunization associated medical issues included: the development of Guillain-Barre with swine flu vaccine with an incidence of 1:100,000, RotaShield associated intussusception requiring the subsequent withdrawal of this specific brand of vaccine and age restrictions on usage of current rotavirus vaccine versions.

Other concerns, which never turned out to be an issue on careful follow-up studies include associations between hepatitis B vaccine and multiple sclerosis, meningococcal vaccine and Guillain-Barre syndrome, Haemophilus influenza vaccine and bacterial contamination with Bacillus cereus, narcolepsy with H1N1 2009-2010 vaccine, and glass particles in HPV vaccine causing a recall in 2013. Also, Porcine circovirus found commonly in pork was found in rotavirus vaccine, bacteriophages in measles and polio vaccines and reverse transcriptase in the measles and mumps vaccine. None of the above mentioned potential problems have caused any clinical problems.

Vaccine additives have raised concerns among those who are vaccine-hesitant. These include thimerosal, aluminum, and formaldehyde.

The preservative, thimerosal, has been largely removed from vaccines in the U.S. (except for multi-dose influenza vaccine) despite no evidence that ethyl mercury, the byproduct of thimerosal, has caused any neurological sequela. This additive is presumed to be innocuous due to the body’s ability to eliminate thimerosal quickly.

Aluminum is an adjuvant used in many vaccines for decades that is needed to boost the immune response. Aluminum is a ubiquitous substance that is found in soy and cow milk formula. No adverse effects were noted in a systematic review of 35 studies by Jefferson who recommended no further study was needed. A recent study has challenged claims that aluminum leads to dubious autoimmune syndromes.

Similarly, formaldehyde, which is a substance used to inactivate viruses and is a naturally occurring chemical and a normal by-product of human metabolism, is present in such small quantities that it has not been proven to cause malignancies. The amount in vaccines is far less than what is found naturally occurring. Only gelatin and egg proteins have been shown to rarely induce significant hypersensitivity reactions.

**AUTISM**

The real groundswell in anti-vaccine thought began with Andrew Wakefield’s report in Lancet describing an association between MMR and autism. This study, which was later retracted by Lancet for dishonest and irresponsible conduct of research, sparked media reports and widespread concerns despite subsequent studies that have refuted this association.

In a review, 13 studies are cited that demonstrate no relationship between the MMR vaccine or thimerosal and autism. Additionally, a more recent large study published in JAMA with 95,727 study participants demonstrated no increased risk of autism with the MMR vaccine. Additional recent studies showed with increasing vaccine antigen exposure, there was no relationship to autism or neuropsychological outcome. In August 2011, the Institute of Medicine released a consensus report titled “Adverse Effects of Vaccines: Evidence and Causality.” This report demonstrated no association between eight vaccines including varicella zoster, influenza, hepatitis B, human papillomavirus, MMR, hepatitis A, meningococcal, and tetanus to autism or asthma.

**MTHFR**

Another issue is parental concern about possible increased reactions reported for those with methylenetetrahydrofolate reductase (MTHFR) mutations. There is only one study which showed that with smallpox vaccine there were higher systemic side effects including low-grade fever, rash or enlarged lymph nodes. The authors felt that their research findings were very preliminary and needed further replication. There was no recommendation to check for MTHFR mutations before immunizing children. However, questionable sources on the internet are now recommending testing and not immunizing children with the mutation.

**RELIGIOUS CONCERNS**

Some Catholics object to using fetal tissue from abortion. The cell lines used for some vaccines are derived from two fetuses who were aborted and are not from ongoing recent abortions. Also, Jewish and Muslims may object to the use of bovine or pork derived products. Despite this, each religion has indicated approval of childhood immunizations.

**VACCINE HESITANCY ASSOCIATED HEALTH DECISIONS**

Another issue that has been a problem is the refusal of Vitamin K in newborns leading to some reports of intracranial bleeding outbreaks. Refusal of vitamin K has a rate of 0.6% and is associated with refusal of ocular prophylaxis and hepatitis B vaccine at birth.

Another hazardous correlate to vaccine refusal is attempting to provide “natural infection” to their child by having them attend a party at a home with an infected child. Also, some have resorted to marketing viral infections through tainted candy that has been inoculated by infected sources. This practice is potentially very dangerous given there are no assurances that other life-threatening contaminants may not be present and of course the intended viral infection could have disastrous results. It should be noted that using the U.S. Postal Service for such activity is a federal offense.

**INTERVENTIONS ADDRESSING VACCINE HESITANCY**

A systematic review of 15 programmatic interventions advocating vaccines did not show improvements in vaccine uptake. Similarly, Nyhan demonstrated that merely debunking myths may lead to more resistance among those who are most resistive. Because of this resistance to scientific reason, discussion about the need for mandates has been forwarded given the risks to public health.

Despite the aforementioned, there is evidence that the influence of the pediatrician to guide parents about immunizations is very important. This is especially true for those parents who are “fence-sitters,” a population who might be amenable to counseling on vaccines. In another study, “fence-sitters” responded to the pediatrician refuting myths on immunizations.

A WHO study also emphasizes the important position of healthcare professionals as the cornerstone of public acceptance of vaccination. The presumptive (“We have to do some shots today”) approach was shown to have higher acceptance than the participatory approach (“What do you want to do about the shots?”) (90% vs. 17%; p<0.05). AAP recommends a presumptive delivery strategy.

Gagneur demonstrated that application of motivational interviewing immediately post-partum, resulted in 15% increased intention to vaccinate at two months, and 7% increase at seven months. This technique involves asking open-ended questions, providing validation that parents are responsibly, listening with empathy and understanding, and when given permission, advising and educating and finally pointing out discrepancies between health decisions vs. health goals.

Clinical tools have been developed including the ASK and CASE which provide a structured approach to counseling parents on immunizations. These are relatively new and have not been tested as useful but provide a reasonable approach in that they have many components found in motivational interviewing methods.

The ASK approach includes: Acknowledging: parent concerns, clarifying to understand these concerns, Steering: the concern: “do not refuse”, Presumptive: “We have to do some shots today”. The CASE method includes: Corroborating: I understand why you might think negatively about vaccines given all the concerns raised online. A surmise: I have studied vaccines extensively. Science: The scientific evidence shows that vaccines are safe and effective and do not cause autism. Explain/Advise: There is a real risk of not vaccinating against deadly diseases. Thompson proposes some rules of thumb for clinicians including: making pediatricians aware of the potent effects their message can have, making vaccine administration the default, addressing concerns by carefully listening, countering falsehoods, but not giving too much overwhelming information, telling stories about vaccine-preventable diseases the pediatrician has had to treat in their experience and finally being persistent.

Pediatricians should not expect every parent to be influenced by their counseling. There will remain parents whose health beliefs run counter to conventional medicine who will not be convinced. The AAP does not recommend confrontation or dismissal from practice especially if the practice locale has few health care alternatives. Parents who refuse vaccines should be advised to be more vigilant when illness occurs, and at every visit to health care centers, they should inform the health care provider that their child is not immunized to enable appropriate responses.
SUMMARY
In conclusion, vaccine hesitancy is a problem that has surfaced recently and will remain a challenge for the practicing pediatrician. Many concerns have been raised by anti-vaccine parents and advocates which have been refuted by scientific research as serious clinical problems. Further study is needed to find evidenced-based approaches that are most effective in communicating to parents the need to vaccinate their children and avoid potentially severe consequences to their children and other children.

REFERENCES
Vaping: a New Public Health Threat for Teens

Lisa Gwynn, DO, MBA, FAAP, CPE, Benjamin Schachner, MS, MPH

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2. First-year medical student, University of Miami Miller School of Medicine, Miami, Florida
3. Pediatric Resident, Holtz Children’s Hospital, Miami, Florida

There’s a conversation to be had with our teen patients. Many parents come to us with information that they have learned the hard way, just when you think you have a good handle on the adolescent substance use topics to discuss with your teen patients, the latest one creeps up on parents—quick and hard. After sharing this story with other parents of teens, it’s amazing that the conversation is pretty consistent. It usually starts with the discovery of a small compact device that is plugged into the wall charging. “What is this?” “It’s nothing Mom, just my Juul.” “What’s a Juul?” “It’s just flavored smoke”. Immediately a Google search ensues, and quickly parents find out that it is a vaping device that is loaded with nicotine. “Do you realize that you are smoking nicotine?” “No Mom, there’s hardly any nicotine in it. It tastes and smells great, like fruit. It’s fine, everyone is doing it.” It isn’t fine. Parents also realize that it takes nearly a month for their child to completely stop. The teen had no idea that they are addicted.

Electronic cigarettes are growing in popularity among teens. They initially appeared on the market in 2003 but use in teens has risen exponentially. According to a recent FDA study, e-cigarette use or “vaping” increased nearly 80% among high schoolers and 50% among middle schoolers since last year (from roughly 1.5 million to 3.6 million kids), prompting the US Food and Drug Administration to propose new measures against flavored nicotine products that are believed to have contributed to the rise in use. The report also states that one in five high schools has vaped in the past month and those that vape are doing so more frequently than last year. According to the Truth Initiative, the popular new e-cigarette JUUL has become so popular among young people that it has already monopolized more than 70 percent of the e-cigarette market share.

Many of these products are specifically marketed towards teens, with flavors and systems that are difficult to detect. JUUL devices, in particular, are as minute as a USB flash drive and virtually can be taken anywhere. This new generation of electronic cigarettes are as compact as a USB flash drive and virtually can be taken anywhere. This new generation of e-cigarettes is more popular with teens as the refillable “pods” are compact, lightweight, ultraportable and easy to use inconspicuously. Popularity of the JUUL brand has increased in the past year, and the use of these products (“juuling”) among youth has parents, teachers, and the lay public appropriately concerned. However, currently there is minimal data on nicotine exposure among youth who use these pod systems. Many e-cigarette users even report never having tried a traditional tobacco product. These devices are packed with nicotine and can serve as gateways to dependence and harm brain development.

E-cigarettes come in various shapes and sizes and little is known about the characteristics of these devices. There are two main types of cigarettes, open and closed. Closed systems are generally disposable and less popular. Open systems have refillable and rechargeable pods and seem to be very popular to adolescents. US tobacco companies have begun to market these systems to make it more attractive to teens. A recent study published that about 80% of e-cigarette users prefer and utilize an open system. Vape shops are the preferential location where these are purchased, however, internet sales are on the rise.

The components of e-cigarettes were initially unregulated and contained various harmful chemicals such as nicotine, glycerol, and artificial flavorings. There are over 7000 flavors available which makes them very attractive to teens. The marketing techniques used by e-cigarette companies parallel those used in the past for conventional tobacco products to the adolescents. Many teenagers even believe that fruit flavored products are safer than tobacco flavored ones. Around 50% percent of all e-cigarette users only choose fruit flavored products.

High levels of nicotine can affect the development of an adolescent brain and cause various adverse side effects during pregnancy. The aerosol within the containers contains toxins and several chemicals that are not fully understood. There are many studies that report when some of these chemicals are heated they can lead to carcinogenic compounds. If the liquid is consumed directly it can lead to acute toxicity and possibly death. There is limited research concerning health effects of e-cigarettes in the youth population. It has been reported that chronic bronchitis symptoms have been twice as common in e-cigarette users, as well as an increase asthma diagnoses and missed school due to asthma symptoms. Alarming, chemicals used to make the flavors for the e-cigarette have been shown to have cytotoxic and/or mutagenic effects to human keratinocytes, and human embryonic stem cells in vitro.

A study completed in the Bay area tested the urine of about 67 of e-cigarette users (average age 16.4 years old) and discovered that the excretion of metabolites of acrylonitrile, acrolein, propylene oxide, acrylamide and crotonaldehyde were three times higher in e-cigarette only users compared to controls. These types of chemicals even in low volumes are known to be carcinogenic. Further, using e-cigarettes in indoor environments may expose other non-using individuals to nicotine and particulate matter; it has been observed in multiple studies that e-cigarettes have deleterious effects on the air quality.

The American Academy of Pediatrics recently discovered that e-cigarettes pose similar risks of addiction and negative outcomes as traditional tobacco products. This is the time where many individuals experiment with various substances and tobacco companies have effectively marketed e-cigarettes to appear appealing. The gateway theory suggests that adolescents’ use of one substance can increase the likelihood of using other substances. Therefore, the introduction of these substances can lead to experimenting with cigarettes, marijuana, and other illicit drugs.

Recent literature has described the use of these electronic cigarettes as illicit drug delivery systems. There is now evidence that the e-cigarette system has been used to deliver almost all types of illicit drugs, according to a systematic review by Breitharth, Morgan, and Jones. In a study in the UK, of those that used an e-cigarette device, four out of ten had used the device to vape recreational drugs. The most common drug being cannabis, however the list also includes MDMA, cocaine, powder, methedrone, and synthetic cannabinoids. The use and experimentation that is seen in our youth population poses a risk for this device to be used as a “gateway device”.

The FDA plans action against flavored e-cigarettes. It is expected to make it virtually impossible for most flavored, cartridge-based e-cigarettes to be sold at convenience stores and gas stations. They have also issued warning letters to online retailers that are selling misleadingly labeled and/or advertised e-liquids resembling kid-friendly food products such as candy and cookies. However, the policy doesn’t prohibit sales at age-restricted locations such as vape shops. Health and advocacy groups are demanding the FDA go further steps, as there is nothing to prevent the number of vape shops from rapidly expanding. The groups recommend banning all flavored vaping products. Unfortunately, instead of requiring e-cigarettes to undergo FDA approval before they could be sold, the agency decided in 2017 that it would allow such products to stay on shelves until 2022 without pre-market review. This is now a subject of an ongoing lawsuit against the FDA and Health and Human Services, filed in March by health advocacy groups including the American Academy of Pediatrics and the Campaign for Tobacco-Free Kids that challenges the 2017 decision. They argue that the FDA should’ve done something to regulate the industry before it became such a public health crisis.

Here’s what parents need to know about e-cigarettes. First, become educated about JUUL and e-cigarette devices. Learn what the devices look like, as well as the pods, cartridges, type of liquids, etc. Second, talk to your teen about vaping. It’s
important that they are reminded that it is illegal to purchase or use nicotine products under the age of 18 in Florida. In addition to legal implications, there are serious consequences to using e-cigarettes including long-term health effects and high probability of addiction. Schools also have policies in place that prohibit vaping on school grounds so they run the risk of disciplinary action should they use in school. Lastly, should you learn that your patient is vaping, it must be taken very seriously. Nicotine addiction is a serious issue that should be managed with the guidance of a medical professional as well as a behavioral specialist if necessary. Both can help with anticipatory guidance and behavioral strategies on cessation. In the words of FDA Commissioner Scott Gottlieb, “E-cigs have become an almost ubiquitous – and dangerous – trend among teens. The disturbing and accelerating trajectory of use we’re seeing in youth, and the resulting path to addiction, must end. It’s simply not tolerable.”

FCAAP Hosts Successful Annual Conference

Despite a shortened agenda, The Future of Pediatric Practice 2019 was a resounding success! FCAAP’s annual conference saw a record 500 attendees register for the Labor Day weekend event, held August 30 & 31 at a beautiful, brand-new venue: Disney’s Yacht & Beach Club Resorts. Though Hurricane Dorian forced a cancellation of Sunday’s agenda out of an abundance of caution for everyone’s safety, the balance of the weekend was packed full of education, entertainment, and networking.

Events kicked off on Friday with the Resident Forum, featuring a new Speed Mentoring Session where industry professionals shared their expertise and answered Residents’ questions on topics ranging from financial management to personal wellness to finding a job after residency, and the famous Brain Bowl competition where the top pediatric residency programs in the state competed for the coveted title of Statewide Brain Bowl Champion. The day concluded with a Boardwalk themed Family Reception sponsored by the Dairy Council of Florida where guests enjoyed iconic carnival games, music and dancing, delicious food, and pictures with Daredevil Goofy, Fortune Teller Donald, Doctor Mickey, and Doctor Minnie.

Saturday brought a packed agenda of educational CME and MOC Part 2 lectures on trending topics from top leaders in Pediatrics, Luncheon Presentations by SpoonfulOne and Mead Johnson Nutrition, an interactive Exhibit Hall presented by our incredible Partners, and a special awards ceremony where FCAAP installed its new elected and Ex Officio Board Members, and named its 2019 Award Winners. The day also included an active Medical Student Forum featuring a keynote presentation by Dr. Joel Hirschhorn.

Thank you to everyone who made The Future of Pediatric Practice 2019 successful! Special thanks to our Annual Conference Chair Dr. Nicole Torres and Co-Chair Dr. Eugene Hershorin for your hard work and dedication to creating an exceptional annual conference, and to Dr. Jeffrey Winer and Dr. Maria Kelly for your expert organization of the Resident and Student Forums, respectively.

Details of the weekend’s events can be found in the following pages of this newsletter. Sunday’s canceled sessions are being recorded and will be available online with CME and MOC Part 2 Credit for registered annual conference attendees.

We hope you will join us September 4-6, 2020 at Disney’s Yacht & Beach Club Resorts for The Future of Pediatric Practice 2020. See you there!
6th Annual Medical Student Research Forum

Submitted by Maria N. Kelly, MD, FAAP
Professor, Division of General Academic Pediatrics
Director, Pediatric Medical Student Clerkship Education
Medical Director, UF Health Pediatrics- Tioga
College of Medicine, University of Florida, Gainesville, Florida

Despite Hurricane Dorian, the University of Florida Department of Pediatrics and the Florida Chapter of the American Academy of Pediatrics (FCAAP) hosted the 6th Annual Medical Student Research Forum on Friday, August 30, 2019 in Orlando, Florida during the Chapter’s annual conference: The Future of Pediatric Practice 2019. This was truly a national stage, with over 80 students from coast-to-coast and from North to South participating. We were impressed by the overall level of platform and poster presentations and many were superb. Faculty members from pediatric programs across the country were also present to offer feedback and inspiration to all of the medical student participants. We hope that each medical student left the forum inspired to better care for children and challenged to make discoveries that will improve our understanding of pediatric illness. We extend special appreciation to our sponsors and partners at Boston Children’s Hospital, University of Florida Department of Pediatrics, Florida Chapter of the American Academy of Pediatrics (FCAAP), the Future of Pediatric Practice National Committee, and the Florida Academy of Pediatrics (FCAAP). Of the many talks and posters, special recognition goes to the individuals listed below:

ORAL PRESENTATIONS

First Place - Abhik Banerjee
Beckwith-Wiedemann Syndrome, Barr Bodies, and Binding Proteins: The Kcnq1ot1 Long Non-Coding RNA Regulates Genetic Imprinting Within a Defined 3-Dimensional Chromatin Structure and Interacts with SMRT/HDAC1 Associated Repressor Protein

Abhik Banerjee1, Mario Blanco1, Sofia Quinodoz2, Anthony Szempruch1, Samuel Kim1, Vickie Trinh1, Chris Chen1, Parham Peyda1, Amy Chow1, and Mitchell Gutman1
1Keck School of Medicine of the University of Southern California, Los Angeles, CA
2Division of Biology and Biological Engineering, California Institute of Technology, Pasadena, CA.

Second Place - Alex Brenner
Outcomes of non-neutropenic fever in children with cancer: A retrospective review and guideline evaluation
Alex Brenner, BS1, Jitsuda Sithi-amorn, MD2,3, Robin Wilcox, BSN, RN4,4, Joshua Wolf, MBBS5, Liza-Marie Johnson, MD3,5
1College of Medicine, Florida State University
2Department of Pediatrics, University of Florida
3Department of Oncology, St. Jude Children’s Research Hospital
4Division of Quality of Life and Palliative Care, St. Jude Children’s Research Hospital
5Department of Infectious Disease, St. Jude Children’s Research Hospital

Third Place - Taylor Merritt
Receipt of Recommended Vaccines in Pregnancy Varies by Insurance Type
Taylor A. Merritt1; Sonja A. Rasmussen, MD, MS2;3; Melissa A. Bright, PhD3;4; Dikea Roussos-Ross, MD5, Shireen Madani Sims, MD6, Matthew J. Gurka, PhD5, Lindsay A. Thompson, MD, MS2,5
1University of Florida College of Medicine; 2Department of Pediatrics, University of Florida College of Medicine, 3Department of Epidemiology, University of Florida College of Public Health and Health Professions and College of Medicine, Gainesville, Florida; 4Department of Obstetrics and Gynecology, University of Florida; 5Department of Health Outcomes and Biomedical Informatics, University of Florida.

POSTER PRESENTATIONS

First Place – Emily Pregmon
In Utero Exposure To Caffeine Reduces DNA Methylation Levels In Human Mesenchymal Stem Cells
Pregmon, Emily1; Seat, Mara2; Poulosen, Ryan1; Wendler, Christopher1
1Department of Pediatrics, University of Florida College of Medicine

Second Place – Xavier Williams
Racial-ethnic differences in Prescription Pain Relievers Misuse and Use Disorder Among Adolescents in the United States
Xavier Williams, 4th Year MD/MPH Candidate at the University of Florida College of Medicine; Catalina Lopez-Quintero, MD, PhD, MPH Assistant Professor - Department of Epidemiology at the University of Florida.

Third Place - Meghana Gaini
Oseltamivir Post-exposure Prophylaxis Dosing in Infants under 1 year of Age based on Drug-Disease Modeling in Infants with Influenza Virus Infection
Meghana S. Gaini; Kun Wang, PhD; Edward P. Acosta, PharmD; David W. Kimberlin, MD; Hui-Chien Kuo, MS

SPECIAL THANKS TO THE DEDICATED ORGANIZERS AND TO THE 2019 SPONSORS,
UNIVERSITY OF FLORIDA, BOSTON CHILDREN’S HOSPITAL, NICHD, AND SPR.

• Maria Kelly, MD: Clinical Associate Professor & Associate Division Chief, General Academic Pediatrics, University of Florida
• Debra Weiner, MD, PhD: Pediatric Emergency Medicine, Boston Children’s Hospital
• Scott A. Rivkees, MD: Division of Endocrinology, St. Jude Children’s Research Hospital

THANK YOU TO OUR STUDENT FORUM KEYNOTE SPEAKER
Joel Hirschhorn, MD, PhD, Chief of the Division of Endocrinology Concordia Professor of Pediatrics and Professor of Genetics at Harvard Medical School, for his presentation "From Human Genetics to Biology of Height, Weight, and Other Polygenic Traits"

Want to present a poster at the 2020 Pediatric Medical Student Research Forum? Visit fcaap.org/events for submission information.
Children with cancer and non-neutropenic fever (NNF) are at risk of blood stream infection due to presence of central catheters and immunosuppression from treatment. Currently, there are no evidence-based guidelines for this group of patients. At St. Jude Children’s Research Hospital (SJCRH), a tertiary care pediatric oncology hospital, most patients presenting with NNF are managed as outpatients. However, patients with certain risk factors may require more aggressive inpatient management. In 2016, we developed an NNF guideline based on expert opinion and retrospective review of patients with NNF and sought to evaluate this guideline in a new cohort of NNF patients prior to prospective implementation. This guideline classified patients into 5 subgroups: very high-risk (critical condition), high-risk (anticipated or functional neutropenia), standard-risk, low-risk (well appearing, no external catheter, or fever attributed to upper respiratory tract infection or drug exposure), and those not easily categorized (individualized factors such as recent surgery).

Hypothesis: Application of an NNF guideline in pediatric oncology patients will allow clinicians to correctly identify patients at increased risk of serious outcomes.

Methods:

Episodes of NNF in patients with cancer treated at SJCRH from January 2017 – December 2018 (n=1,346) were captured electronically. A retrospective chart review was performed on 200 random episodes. Risk factors were assigned to each fever event based on various clinical characteristics within the guideline, and outcomes of each episode were recorded. Serious outcomes were defined as intensive care unit (ICU) admission within 48 hours or death within 7 days related to sepsis.

Results:

Two hundred episodes of NNF in 85 patients with cancer were reviewed. The mean age of patients was 12.1 years (1.3 – 25.3). The cancer diagnoses were leukemia (32%), solid tumor (14%), and brain tumor (4%). Approximately half (54%) presented with fever as outpatients. Thirty-one patients (15.5%) were toxic appearing, and 36 (18%) had focal symptoms. Two patients (1%) died from sepsis complications within seven days, 16 patients (8%) were admitted to the ICU within 48 hours, and 22 patients (11%) subsequently had a positive blood culture. The average maximum temperature was 38.8°C (38.1 – 40.6), with a mean absolute neutrophil count of 5,639 (500 – 30,300) cells/mm3. Interventions at presentation included: single-dose Ceftriaxone (50.5%), broad spectrum antibiotics (32.5%), or observation only (17%). Of the 178 episodes with negative blood culture, 5.6% had serious outcomes suggesting culture negative sepsis. Based on the guideline, 33 encounters (16.5%) would have been classified as very-high risk and would have been managed as inpatients with broad spectrum antibiotics. No patient with low risk or standard-risk classification had serious outcomes in our cohort.

Conclusion: Children with cancer and NNF can develop clinical deterioration even with negative blood cultures. Implementation of this guideline should help identify patients who should be admitted for NNF due to increased risk of serious outcomes.
In Utero Exposure To Caffeine Reduces DNA Methylation Levels In Human Mesenchymal Stem Cells

Pregmon, Emily1; Seat, Mara1; Poulsen, Ryan1; Wendler, Christopher1

1Department of Pediatrics, University of Florida College of Medicine

There is growing evidence that alterations in the intrauterine environment can have lasting effects on an individual’s health. By disrupting prenatal development, environmental factors can lead to the fetal programming of adult disease, including cardiovascular disease. One substance that fetuses are frequently exposed to is caffeine, which is a non-selective adenosine receptor antagonist. Caffeine consumption during the first trimester of pregnancy is reported by 60% of pregnant women. Human studies have shown correlations between caffeine use during pregnancy and low birth weight, childhood obesity, and neurodevelopmental deficits in children. Although, all do not accept some of these deleterious effects, it is concerning enough that the United States and many Nordic countries recommend that pregnant women consume less than 200 mg/day, or about 2 cups of coffee a day.

Our lab has demonstrated that in utero caffeine exposure in mice produces defects in cardiac gene expression, morphology, and function in adulthood. Furthermore, we have shown that in utero caffeine exposure alters DNA methylation patterns in adult hearts. Based on these data, we hypothesize that in utero caffeine exposure leads to altered DNA methylation that is maintained into adulthood leading to altered gene expression and reduced heart function in adults.

It is difficult to study the effects of caffeine on human development at the molecular level. Therefore, we have chosen to examine human mesenchymal stem cells (MSCs) obtained from umbilical cords of infants with known caffeine exposure during development. These cells were obtained from Dr. Kristen Boyle of The Healthy Start Project at the University of Colorado School of Medicine. We obtained a subset of these cell lines that were divided into two groups based on caffeine exposure during pregnancy.

Initially, we isolated RNA and DNA from these MSC lines to compare gene expression and DNA methylation between low and high caffeine exposure groups. A global DNA methylation assay revealed that the high caffeine group had a 28.98% decrease in global DNA methylation compared to the low caffeine group (p ≤ 0.01, N = 3). Furthermore, qPCR revealed a 3.5-fold decrease in DNA methyltransferase 3a (DNMT3a) expression in the high caffeine exposure group. DNMT3a is one of three enzymes, including DNMT1 and DNMT3b, responsible for DNA methylation during embryonic development.

In summary, our initial results indicate a correlation between high caffeine exposure and reduced global DNA methylation compared to the low caffeine group (p ≤ 0.01, N = 3). Furthermore, qPCR revealed a 3.5-fold decrease in DNMT3a expression in the high caffeine exposure group. DNMT3a is one of three enzymes, including DNMT1 and DNMT3b, responsible for DNA methylation during embryonic development.

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As always, none of this could have been pulled off without the tireless support of the FCAAP staff. Thank you!

Dr. Jim Burns, Dr. John Morrison, and Dr. Nicole Torres.

Bedsides: A Patient-Centered Quality Improvement Project). A special thanks to our poster judges: Dr. Shani Cunningham, to Dr. Claudia Landaeta (Best Abstract in Quality Improvement - Timely Delivery of Discharge Medications to Patients' Cohort Study and Concomitant Survey Study) whose abstracts are included in this edition of The Florida Pediatrician, and Abstract in Original Research - Update to Tinea Capitis Management in Children: Findings from a Two-Center Retrospective (Best Abstract in Case Report - Neonatal Abstinence Syndrome in Maternal Kratom Tea Use) and Dr. Alyssa Woodard (Best final of the Residency Brain Bowl competition. Congratulations to all of the resident presenters, especially Dr. Sehrish Viqar

invited presenters had the opportunity to present their work to the judges. Winners in each category were awarded prior to the end of the Residency Brain Bowl competition. Congratulations to all of the resident presenters, especially Dr. Sehrish Viqar (Best Abstract in Case Report - Neonatal Abstinence Syndrome in Maternal Kratom Tea Use) and Dr. Alyssa Woodard (Best Abstract in Original Research - Update to Tinea Capitis Management in Children: Findings from a Two-Center Retrospective Cohort Study and Concomitant Survey Study) whose abstracts are included in this edition of The Florida Pediatrician, and to Dr. Claudia Landaeta (Best Abstract in Quality Improvement - Timely Delivery of Discharge Medications to Patients’ Bedsides: A Patient-Centered Quality Improvement Project). A special thanks to our poster judges: Dr. Shani Cunningham, Dr. Jim Burns, Dr. John Morrison, and Dr. Nicole Torres.

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RESIDENT ABSTRACT

Update to Tinea Capitis Management in Children: Findings from a Two-Center Retrospective Cohort Study and Concomitant Survey Study

Alyssa Woodard MD, Thomas Le MSIII, Jennifer DiBagio MD, Neil Goldenberg MD PhD, Bernard Cohen MD

Introduction

Tinea capitis is a common childhood infection of the scalp caused by dermatophyte fungi with Trichophyton tonsurans as the most prominent organism in the United States. Classically, tinea capitis is treated with the oral antifungal agent griseofulvin. New antifungals, such as terbinafine, have superior clinical efficacy in treatment of T. tonsurans while concurrently reducing cost and treatment duration from 8-12 weeks to 6 weeks. Despite these advantages, griseofulvin still remains a commonly prescribed treatment agent for tinea capitis.

Aims

The primary aim was to determine recent historical prescribing practices of pediatric providers in the treatment of tinea capitis, by using retrospective data from Johns Hopkins All Children’s Hospital (JHACH, St. Petersburg, FL), and Johns Hopkins Hospital (JHH, Baltimore, MD). We hypothesized that pediatric providers prescribe griseofulvin at greater frequency than newer antifungal treatments including terbinafine, itraconazole, and fluconazole. Our secondary aim was to describe the management practices for tinea capitis including confirming the diagnosis with a fungal culture. Our tertiary aim was to describe physician management preferences, perceptions, and barriers when treating tinea capitis and compare to actual recent historical practice.

Methods

For the primary and secondary aim, we performed a two-center US-based retrospective cohort study of children ages 2-17 diagnosed with tinea capitis in the general pediatric clinic or emergency department at JHACH from 3/1/2017-2/28/2018 and JHH from 3/1/2017-9/1/2017. Subjects were identified via tinea capitis ICD-10 diagnosis code. Patients <2 and >18 were excluded. For the tertiary aim, General Pediatrics Residents, Emergency Department Physicians, and residents in respective fields completed a survey study to assess current management preferences and perceptions. Descriptive statistics were used to summarize the data from both institutions.

Figure 1: Medication dispensed for ICD 10 code tinea capitis between 3/1/2017-2/28/2018 for JHACH and 3/1/2017-9/1/2017 for JHH

Results

The retrospective cohort study included 232 patients for 265 encounters. Griseofulvin was prescribed in 82.5% (118/143) at JHACH, and in 95% (116/122) of cases at JHH, as shown in Figure 1. Terbinafine was prescribed 3.5% at JHACH and 3.3% at JHH. The majority of tinea capitis cases were seen in the Emergency Department (74%), where prescribers appeared just as likely to prescribe griseofulvin as in the General Pediatric clinic setting. Fungal culture was obtained in 6 patients at JHACH and 15 patients at JHU.

There were 115 respondents in the survey study (response rate 63% JHACH and 52% JHH) composed of 69.6% General Pediatrics Residents, 11.3% General Pediatric physicians, 9.6% Emergency Department Residents, 5.2% Emergency Department physicians, and 4.3% other. As shown in Figure 2, prescribing preference was griseofulvin 88%, followed by terbinafine 6%. 82% of practitioners diagnose tinea capitis based on clinical findings with 12% using a fungal culture. 27% of respondents reported that obtaining a fungal culture does not change management. An additional 27% of respondents reported time management as barrier.

Conclusions

Despite data that suggest terbinafine is an appropriate and superior first line therapy for tinea capitis, pediatricians continue to prescribe griseofulvin. A call to action is needed to inform pediatricians of more efficacious drugs available that are cheaper with shorter durations of therapy. Pediatricians do not use fungal cultures in clinical practice due to time management, cost, and lack of knowledge. Fungal cultures can be useful to guide antifungal therapy and additional education is necessary.

Figure 2: Treatment of choice for 115 surveyed pediatricians, emergency room physicians, and residents at JHACH and JHU

Interested in joining the FCAAP Editorial Committee or submitting an article for a future publication? Contact the Editorial Committee at info@fcaap.org for more information!
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Special Thanks to Our 2019 Speakers!

General Sessions
Yoga with Dr. Lela Hobby
Learning Lab: Culinary Medicine – Mrs. Alyssa Greenstein
AAP Update: Imagine Where We Can Go – Dr. Sally Goza
Updates on the Assessment and Management of mild TBI/Concussion in Children – Dr. Madeline Joseph
Burnout: Medical Professional Crisis – Mrs. Robin Wessels
Recent Thought-Provoking Articles in Pediatrics – Dr. Matt Garber
FCAAP Update and Awards Presentations – Dr. Paul Robinson
Supporting the Grieving Child and Family – Dr. David Schonfeld
Pediatrician as Advocate – Dr. Todd Wolynn

Attendee Luncheon Presentations
NBN & Pediatric Care for Opioid Exposed Infants – Dr. K. Dawn Forbes
Science and Strategies for Protecting Children from Developing a Food Allergy – Dr. Ruchi Gupta
Big Thunder Mountain – Because primary care pediatrics is a wild ride!
Adolescent Eating Disorders in the Primary Care Setting – Dr. Paul Robinson
Weaponized Social Media – Dr. Todd Wolynn
Incorporating Mental Health Practice in Pediatric Primary Care: Making it Work – Dr. Tommy Schechtman
Infant Feeding and Supporting Breastfeeding Families – Dr. Cara Cannon
Carousel of Progress – It’s a great, big, beautiful tomorrow on the wards!
Overuse in Pediatrics and Value-based Care – Dr. Matt Garber
Supporting Children, Families and Ourselves at Times of Crisis – Dr. David Schonfeld
Treating Adolescent Eating Disorders in an Inpatient Setting – Dr. Paul Robinson
Neurosurgery for the Pediatric Provider – Dr. Lance Governale
Stay Independent! Running a Successful & Profitable Independent Practice
Recruit, Engage and Retain Patients – Dr. Todd Wolynn
Lower Your Costs, Increase Your Revenues, Improve Productivity – Mr. Chip Hart
Streamline Operation, Overhaul Processes, Effectively Manage Your Practice – Ms. Suzanne Madden
Sunday’s canceled sessions are being recorded and will be available online with CME and MOC Part 2 Credit for registered annual conference attendees. Watch your email for further details.

To learn more about the annual conference, Speakers, and Topics, visit fcaap.org/events.
CONGRATULATIONS TO THE NEWLY ELECTED MEMBERS OF THE 2019-2021 FCAAP BOARD OF DIRECTORS!

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Sarah Marsicek, MD, FAAP

Region 3 Representative
Juan Felipe Rico, MD, FAAP

Region 5 Representative
Robin Furlong Straus, MD, FAAP

Pediatric Subspecialist At Large Representative
Mark Hudak, MD, FAAP

CONGRATULATIONS TO THE NEWLY APPOINTED EX OFFICIO MEMBERS OF THE 2019-2020 FCAAP BOARD OF DIRECTORS!

Barbara Markley, ESQ
Ex Officio Parent Representative

Tiffany Poisson, PA-C
Ex Officio Allied Health Representative

Brandon Chatani, MD, FAAP
Ex Officio Resident/Fellow Representative

THANK YOU TO OUR DEPARTING FCAAP BOARD REPRESENTATIVES FOR YOUR SERVICE! WE APPRECIATE YOUR SERVICE TO THE CHAPTER AND ACCOMPLISHMENTS ON BEHALF OF FCAAP DURING THE 2017-2019 TERM!

Rachel Dawkins, MD, FAAP
Region 3 Representative

Jeffrey Winer, MD
Pediatric Subspecialist At Large Representative

The Audrey Lincourt Schiebler, FAAP, and Gerold Schiebler, MD, FAAP, Advocacy Award is given annually to a physician who has worked beyond the profession, educated local and state legislators, and diligently advocated to improve the health and welfare of Florida’s children.

Thomas T. Chiu, MD, MBA has been selected as the 2019 recipient of the FCAAP Audrey Lincourt Schiebler, FAAP, and Gerold Schiebler, MD, FAAP, Advocacy Award! Dr. Chiu currently serves as the Medical Director, External Affairs for the Department of Pediatrics University of Florida College of Medicine – Jacksonville.

The Phillip O. Lichtblau, MD, Award is given annually to a pediatric surgeon or pediatric surgical specialist who has contributed significantly either regionally or statewide to the Children’s Medical Services Program.

Ernesto Ruas, MD, FACS has been selected as the 2019 recipient of the FCAAP Phillip O. Lichtblau, MD, Award! Dr. Ruas currently serves as Director of the Craniofacial Program at Johns Hopkins All Children’s Hospital and is the Director of Plastic Surgery Resident Education for the University of South Florida Plastic Surgery Program at All Children’s Hospital in St. Petersburg, Florida.
2019 LEGISLATORS OF THE YEAR

FCAAP’s Legislator of the Year awards are given annually to two Florida State Legislators who helped to advance child health and welfare initiatives during the year’s legislative session. The 2019 FCAAP Child Safety Advocate of the Year awards will be presented to Senator Bill Montford and Representative Ralph Massullo in appreciation of their uncompromising dedication to Florida’s children during the 2019 legislative session.

This year’s awards are one-of-a-kind drawings created by Colette and Corinne Stickle during the inaugural Art Contest at FCAAP’s annual conference, The Future of Pediatric Practice 2019. All children who attended the Family Night Reception had the opportunity to participate in the contest. The top 5 drawings were selected and put on display for conference attendees to vote on Saturday. The two winning designs were framed for presentation to Senator Montford and Representative Massullo, and the artists of the winning designs each received a gift basket for their contributions.

AAP SPECIAL ACHIEVEMENT AWARDS

The AAP Special Achievement Awards are given to recognize outstanding AAP work of individuals or chapter achievements. Each chapter may identify up to 3 individual member achievements to be considered for this award. FCAAP recognized the following individuals in 2019. Congratulations!

- Madeline Joseph, MD, FACEP, FAAP, for leading efforts to increase payments for pediatricians and specialists, and leading trainings after the Parkland school shooting.
- Caitlin Wainscott, MD, FAAP, for her successful leadership of the Florida Chapter 2018 membership recruitment and retention efforts.
- Thomas T. Chiu, MD, MBA, FAAP, for his decades of dedication to advocating for Florida’s children with special healthcare needs and to educating pediatric residents.
Serving those who provide care.

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