

Georgia Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The GEORGIA Pediatrician

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

President's Letter



Nicky Chin, MD, FAAP

As the first quarter of the new year progressed, I needed time to process and adjust to numerous rapidly evolving situations—locally, nationally, and within my role at the Georgia Chapter of the AAP. I often take time to reflect on past experiences, celebrate successes, and acknowledge outcomes that did not meet expectations. This process allows for a reset and guides future planning. However, this year has felt unusually heavy and slow, despite the pace of change around us. Therefore, I extend my sincerest apologies for the delayed release of the Winter issue of *The Georgia Pediatrician*.

We continue to face uncertain and turbulent times. Many of us are navigating disruptions to our physical, mental, and emotional well-being. Every day, we are challenged in our efforts to provide the highest level of care for children and families—as individual physicians, as practices, and as a collective organization.

What holds me together as a medical professional through the haze and keeps me steady as a rock is the core belief that ALL children and youth deserve equitable access and quality care. I hold firmly onto the first sentence of the Georgia Chapter's mission statement: To improve the health and welfare of infants, children, and adolescents in the State of Georgia.

To carry out this mission, we must remain adaptable—willing to rework strategies and explore new approaches. Like the Boy Scouts' motto, "Be Prepared," we must be ready to respond effectively in all situations, including emergencies. Over the past eight months, the Chapter has addressed issues such as school firearm violence, environmental and climate disasters, and more. Our members and staff have been actively engaged in these efforts. Advocacy around firearm injury prevention continues, with our third annual Firearm Symposium scheduled for August 2025. The Pediatric Foundation of Georgia has provided disaster relief to two practices impacted by

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To improve the health and welfare of infants, children, and adolescents in the State of Georgia.

Hurricane Helene and, thanks to the success of the March Gala, is able to support many pediatric-focused organizations. Our Child and Mental Health Committee has completed deliverables statewide under a suicide prevention grant.

During our most recent Board meeting, I emphasized the value of cross-connectivity between committees whose priorities and goals align. This spirit of collaboration is already being implemented across our 50+ committees, guided by leaders who bring deep subject matter expertise or a strong passion for their areas of service. We are now moving forward with the Georgia Chapter's 2025–2030 Strategic Plan, which will involve redefining our roles and guide our work across three comprehensive areas: Member Health, Family Health, and Chapter Health.

As pediatricians and members of the Georgia Chapter, our focus for the remainder of this year is to maintain consistent connection and collaboration. Several emerging focus areas have surfaced as key drivers of this growing collaborative momentum:

Focus 1: Safely navigating the return of vaccine-preventable diseases & the emergence of new threats.

This includes active collaboration with our Infectious Disease Committee (*Chair: Christina Rostad, MD; Vice Chair: Ricardo Zegarra Linares, MD*) and the Public Health Task Force (*Chair: Hugo Scornik, MD*). Recent activities include our Measles Update, Measles Webinar, and an upcoming Avian Flu Update. We are also prioritizing disaster preparedness for climate events, firearm violence, mass casualty events, and other public health emergencies.

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Focus 2: Advocacy efforts for marginalized children & families.

This work is supported by our Legislative Committee (*Chairs: Melinda Willingham, MD and Bob Wiskind, MD*) and strengthened through our partnerships with subspecialists in the Georgia Coalition of Child and Mental Health.

Focus 3: Advocacy for both fiscal sustainability and mental well-being within our profession remains critical, especially as many of our members continue to provide exceptional care despite inadequate reimbursement, increased workloads, and limited external support.

The Legislative Committee, Medicaid Task Force (*Chair: April Hartman, MD; Vice Chair: Ann Sheth, MD*), and the Primary Care Physician Coalition are leading the charge. Meanwhile, our Physician Wellness Committee (*Chair: Michelle Kelly, MD*) provides vital support, including a Mindfulness Zone. Our DEI Committee (*Chairs: Iris Basilio, MD and Salathiel Kendrick-Allwood, MD*) are committed to offering important workshops, such as Trauma-Informed Care.

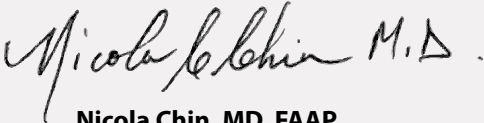
Focus 4: Enhancing our media and communication efforts to better engage physicians, families, and Chapter members.

Expect to see increased visibility of Chapter initiatives and member highlights in our biweekly updates, as well as expanded resources for healthcare providers and families on our website. Our Media and Communications Committee (*Chairs: Flavia Rossi, MD and Joanna Dolgoff, MD*) is working with the Public Health Task Force to amplify the message that Vaccines Save Lives.

Focus 5: The search for our next Executive Director is actively underway.

We are looking for a leader who will continue anchoring the Chapter with stability, inspire future innovation, and remain committed to maintaining strong networking and collaborative partnerships. This individual will also play a key role in supporting and uplifting the dedicated talent within our Chapter staff.

This year, we will experience some highs, some lows, some in-betweens, but in the end, we will be inspired by unity in our community. This year will reflect the Chapter's narrative of resilience and love in the face of any adverse circumstance. Let us show there is light in the world through the work that we do. Let us show our collective and collaborative impact.



Nicola Chin, MD, FAAP
President



Who's Watching the Children? The Importance of Quality Early Childcare in Georgia



Sylvia Washington, MD, FAAP

Serving our state's youngest children is an honor as a pediatrician and mother.

When I began my pediatrics residency as a 26-year-old newlywed, I remember at our first family holiday gathering, my grandmother asking, "So when are you having children?" I said, "Definitely, not during my intern year!"

I gave birth to my son the day before Thanksgiving of my second year of pediatrics residency. I had the December rotation off and returned to work when my firstborn was 5 weeks of age. Thankfully, my aunt kept my son until he received his first set of immunizations. We enrolled him in a quality-rated daycare program at age 8 weeks. I still cherish his first craft, a heart-shaped set of footprints his teacher made for Valentine's Day.

The average age of new mothers in the U.S. is 27, according to a 2024 report from the CDC. According to salary.com, the average salary for a Pediatric Resident is \$61,702 per year in Georgia. According to the Educational Data Institute, "Medical school graduates owe an average of \$243,483 in total educational debt, premedical debt included." According to care.com, the average cost of a nanny is \$766 per 40-hour week, and the average cost of daycare is \$165 per 40-hour week (\$660 per month).

My husband (an elementary school teacher at the time) and I had two children during my pediatrics residency and our third child after my first year of clinic practice. Cost was a significant factor in deciding "Who's Watching the Children?" Our children all attended quality-rated daycare and preschool programs while we worked and completed our graduate-level training.

What does quality-rated mean?

Quality Rated is Georgia's system to determine, improve, and communicate the quality of programs that provide childcare. Similar to rating systems for restaurants and hotels, Quality Rated assigns one, two, or three stars to early education and school-age care programs that meet or exceed the minimum state requirements.

Quality Rated gives parents and families greater confidence in their childcare choice because independent, credentialed experts in early education have assessed whether programs follow best practices, such as the following:

- Employing qualified and well-trained teachers
- Providing a safe, healthy, and caring environment
- Implementing individualized instruction
- Offering a curriculum that prepares children for kindergarten
- Focusing on both active learning and social-emotional development
- Engaging families
- Providing a low teacher-student ratio

Bright from the Start: The Georgia Department of Early Care and Learning (DECAL) is responsible for meeting the childcare and early education needs of Georgia's children and their families. It administers the nationally recognized Georgia Pre-K Program, licenses childcare centers and home-based childcare, administers Georgia's Childcare and Parent Services (CAPS) program, and federal nutrition programs, and manages Quality Rated, Georgia's community-powered childcare rating system.

Source: decal.ga.gov

My family and I lived in Macon, during my pediatrics residency; in Albany, during my first pediatrician job at a Federally Qualified Health Center (FQHC), and now in Rome, Georgia, where I have practiced pediatrics for the past 11 years. My husband now has a doctorate in education and works as a college professor. Our children received the same standard of care and learning in various parts of the state, largely due to the work of DECAL.

In September 2024, I was appointed by Governor Brian Kemp to serve on the Board of The Georgia Department of Early Care and Learning (DECAL). Serving our state's youngest children is an honor as a pediatrician and mother. I hope that future generations may benefit greatly from the work we do.

I conclude with my favorite quote from legendary pediatrician, Dr. Leila Denmark:

*Every child should have a chance.
Do what you can to help.*

Sylvia Washington, MD, FAAP
District I Representative, Georgia Chapter AAP
Rome, GA



Pediatricians Don't Have to be More Resilient; However, We do Have to be Better at Recovery!



William Border, MD, MPH

As I became more involved with investigating the causes of burnout among pediatricians and helping to figure out ways to reduce burnout and improve professional fulfillment, I came across several physician wellness frameworks which included “resilience” as a pillar. It seemed that having higher personal resilience was protective against burnout. So, I diligently attended a workshop on personal resilience at the Human Performance Institute in Florida and in fact became a certified trainer in resilience.

I took my learnings back to our cardiology group at Children's and proceeded to study the effects of this training. I put a group of 24 physicians through this training in January and February of 2020 – and then COVID hit. Talk about challenging your resilience!

I studied their burnout levels before the training and then one-year afterwards and compared them to 30 cardiologists who had not gone through the training. Lo and behold, I found no major statistical differences in burnout between the two groups. This may have been the fault of the trainer (me), or too small a sample size. What

if, however, it was because both groups were ALREADY so resilient that no amount of training could make them MORE resilient? These individuals had all weathered medical school, residency and pediatric cardiology fellowship, all major challenges requiring significant personal resilience.

However, one thing I did notice is that making time for recovery, which the training had emphasized, had stuck with some of the participants. The training course emphasized the importance of taking even small micro-breaks (from seconds to minutes) throughout the day to help with mental recovery. Many of us use any spare second of our day to check email, knock down our electronic health record inboxes, call patients and families, and catch up with notes. We seem to feel that we are superhuman and do not need any breaks in our day and can multitask effortlessly. In fact, I am writing this in clinic as I wait for a patient to be checked in. Is this just habit, is it a subtle form of arrogance or has it become ingrained in us as the “hidden curriculum” or culture of medicine?

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Be Better at Recovery!

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It turns out that there is a whole lot of literature on the importance of recovery. Sabine Sonnentag et al. wrote a recent exhaustive review on the science of recovery and outlined three significant challenges impacting the new work-life interface:

- 1) Changing boundaries between work and life;
- 2) Changing nature of technology; and
- 3) Changing nature of employment arrangements.

Individual physicians need to find their best ways to recover and be intentional about building recovery into their days.

¹A recent Harvard Business Review by Alyson Meister et al. describes the paradox of recovery – when our bodies and minds need to recover and reset the most, we're the least likely – and able – to do something about it². They recommend five strategies to use to help with recovery:

- 1. Detach psychologically from work**
Mentally disconnect and “switch off” your thoughts of work
- 2. Harness the power of micro-breaks during the workday**
Even short breaks in your day help you to recharge your batteries
- 3. Consider your preference for recovery activity**
Some people like to move and exercise, others are rejuvenated by calming, solitary activities such as meditation or listening to music
- 4. Prioritize high-effort recovery activities**
Rather than passive activities such as watching TV on the couch
- 5. Shape your environment for optimal recovery**
Expose yourself to nature, take short walks, and make sure to take lunch breaks

Individual physicians need to find their best ways to recover & be intentional about building recovery into their days. During our internal workshops, these ideas were some of the recovery strategies that our cardiologists came up with:

LESS THAN 5 MINUTES	5-10 MINUTES	10-20 MINUTES	GREATER THAN 20 MINUTES
<ul style="list-style-type: none">• Squeeze stress ball• Walk• Meditate• Bend gumby figures• Take a Coffee Break• Do Physical Exercise• Talk with friends• Look at pictures• Watch funny movie clips• Listen to music• Do breathing exercises• Watch humorous videos• Facetime with family/friends• Look at pictures of vacations or plan vacations• Play Fantasy football• Look out the window	<ul style="list-style-type: none">• Venting• Social contact• Distance• Get outside• Music• Prayer• Make lists• Take a short walk• Take a Mindfulness break• Put headphones on• Intentionally schedule breaks in your day• Putt on an indoor putting green	<ul style="list-style-type: none">• Get away from your desk• Walk outside• Have a massage• Do some Physical activity/exercise• Take naps• Listen to music• Eat lunch with colleagues• Call family and friends• Change your activity to change focus	<ul style="list-style-type: none">• Celebrate successes• Listen to podcasts• Journal• Hike• Vacation• Get good sleep• Brainstorm• Talk to your family• Ride the exercise bike• Read• Cook• Organize• Do household chores – laundry• Mow the lawn (with headphones)

As a profession, we need to shift away from the perfectionistic, superhuman qualities that we think we should have and be more open, vulnerable and honest and realize we are just human. We need to take breaks, stop multi-tasking and actively make time to rest and recover. If we can build this into our lives and consistently practice it, I do believe that we will have the will and energy to continue to do this job that we love for many years to come.

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The GMAP Line provides **FREE** mental health consultation services to Georgia pediatricians and pediatric nurses, delivered by child and adolescent psychiatrists. For more information, contact, Hannah Smith at hsmith@gaaap.org



Daily with Intention



Beatrix Ohienmhen,
MD, FAAP

My alarm goes off! It is 5:15 a.m. and I hit the snooze button, the first out of three times. I remember after hitting the snooze button, for the second time, I have a race I am training for in four months and I must be at the office to start work in just two short hours. After hitting the snooze button for the third time, I come to the realization that this is one of the few times during the day I have dedicated for self-care. This is the time I have dedicated to give back to myself before I knock on the first patient's door or make the first follow-up phone call on this Monday morning. This is the typical thought that precedes my Monday morning workouts. It is on most days a daily commitment to wellness yet some days seem a lot harder than others.

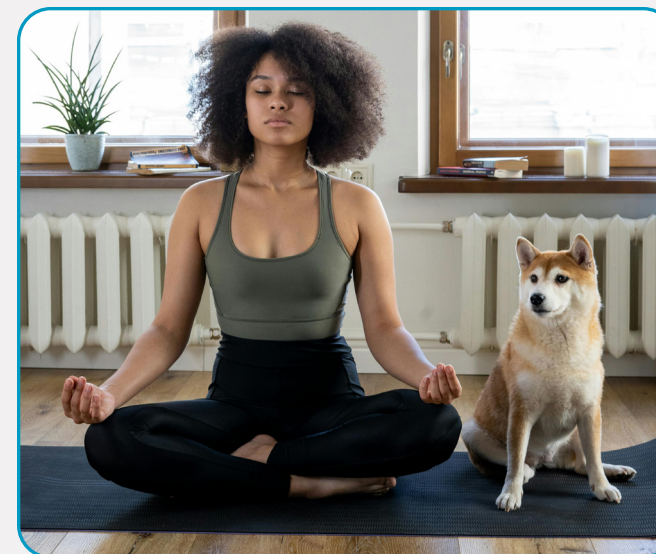
My husband said to me once, "Our bodies are a gift, given to us for free. We must take care of it the same way it takes care of us." It is important that we incorporate wellness activities that include cardio and strength training to improve stability so we can continue to enjoy the things we love as we age. It is about quality of life. Daily exercise is a habitual commitment, with the best exercise often said as being the one you can commit to.

We do not need to sacrifice our health and wellbeing to do the great work we do daily.

We do not need to sacrifice our health and wellbeing to do the great work we do daily. Quite the opposite, we must seek out ways to cultivate healthy living as a continuum. Seek out this practice and embrace its challenges in the same manner you sought out the practice of medicine. Allow yourself to develop a new blueprint for your vitality and work to develop it over time. Do not be afraid to fail and use what is learned to build upon the mastery of self-care. Make it your own.

As we embark on this new year together, I wish to challenge all pediatricians young and old to nurture this very concept of self-care. As the Webster dictionary defines it, your self is the union of elements (as body, emotions, thoughts and sensations) that constitute the individuality and identity of a person. That person is you, imbued with stalwart compassion and kindness that we share with our families, patients and staff but most times forget to replenish for ourselves. We must not forget to continue the high value care we give our patients; we must continue to dedicate time for self. Carve out daily this sacred time for you and know you are deserving of it. This novel task might involve replacing or cutting short a previous engagement, resetting the hierarchy of others' needs and achieving your healthy balance.

"Dosis sola facit venenum" – "only the dose makes the poison." This apt principle of toxicology coined by Paracelsus can not only be attributed to concepts in toxicology but ascribed to the balance we all try to achieve daily in health and wellness. This balancing act is fraught with many obstacles - work, family, financial constraints, physical health to name a few - but is doable. The best part of our jobs, as pediatricians, is the ability to impact in a meaningful way the health of our young minds and through that families as well as the community at large. These "baby" steps of change can begin at any time but must occur daily and with intention.



Meditation as a form of self-care can take many forms, from yoga to deep breathing. For some of us, it is sometimes the quiet time we have on the umpteenth minute drive back from work to home or picking up our children from daycare or school when we can enjoy the present or being present. Occasionally, it can be tough to unwind and maintain a meaningful sense of focus to ourselves and the practice of mindfulness. A thought helpful to me is to give myself the same grace I give those around me. It is okay to not be okay and know it is temporary.

Beatrix Ohienmhen, MD, FAAP
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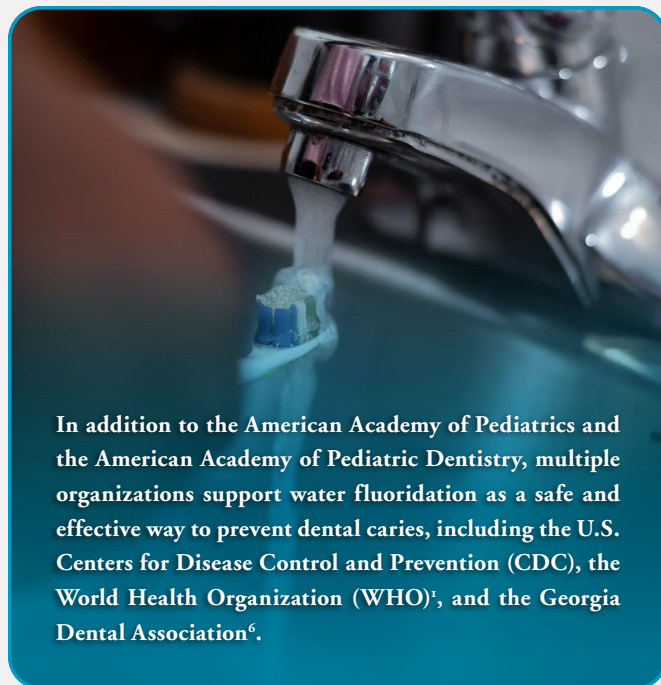
Tap Into Better Oral Health: Why Community Water Fluoridation is Still the Right Thing to Do



Chevon Brooks,
MD, FAAP

Dental caries remain the most common chronic condition of childhood.¹

Dental caries can affect children and their families, including school and work absences, experiencing pain, and hospitalizations for dental infections and abscesses.^{2,3} Community water fluoridation (CWF) was introduced in the 1940's as a public health measure to improve dental health.¹ Research over decades has proven that CWF significantly decreased the incidence and prevalence of dental caries.¹



In addition to the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, multiple organizations support water fluoridation as a safe and effective way to prevent dental caries, including the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the Georgia Dental Association⁶.

While we continue to advocate for our children and their families, CWF is aligned with the promotion of health equity by ensuring the population has access to a proven strategy to reduce dental caries, including those communities where individuals may have limited access to dental care or a high prevalence of tooth decay.

Recently, there has been a re-emergence of debate on CWF. Opponents often raise concerns about possible health risks, ethical considerations regarding mass medication, or the availability of alternative fluoride sources (like toothpaste and mouth rinses). Decades of research, however, including studies from the CDC, the American Dental Association (ADA), and the WHO, all support the safety and effectiveness of fluoridating water at recommended levels. Recent systematic reviews and articles citing a link between fluoride to neurocognitive development have heterogeneous findings, multiple confounders and limitations, leading to widespread disagreement on the findings.^{4,5} To date, there

**Decades of research... all support
the safety and effectiveness
of fluoridating water at
recommended levels.**

is no proven harm to cognition related to fluoride use. A federal judge ruled that the EPA take regulatory action to address the optimal level of fluoridation in the United States.⁶ The ruling does not ban fluoride in water and this decision is expected to be appealed.

In summary, community water fluoridation remains a widely endorsed and effective public health practice aimed at improving dental health and preventing tooth decay, and in turn contributing to optimal overall health of children and families.

Please see the AAP resources on CWF, including talking points, at:
<https://www.aap.org/en/patient-care/oral-health/fluoridation>

February was national Children's Dental Health month.

Let's continue to promote preventive oral healthcare. The AAP's oral health website includes useful information on oral health risk assessments, patient educational materials, practice tools, promotional items and more at:

<https://www.aap.org/en/patient-care/oral-health>

Additional resources can be found at:

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Chevon Brooks, MD, FAAP

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Empowering Healthcare Professionals: Access Free Lactation and Breastfeeding Education through the EPIC® Breastfeeding Program



Hiral Lavania,
MD, FAAP, IBCLC

Lactation and breastfeeding are essential aspects of maternal and child health, yet many healthcare professionals face challenges in staying current with the latest best practices and evidence-based guidelines.

The EPIC® Breastfeeding Program offers five valuable, free resources to ensure that you and your team are well-equipped to provide the best care for breastfeeding families. Here's a look at how the program can help you enhance your knowledge and skills in lactation support.

1. Live, Peer-to-Peer, Physician-Led Clinical Lactation Webinars with continuing education credits

For healthcare professionals seeking dynamic, interactive learning experiences, the EPIC® Breastfeeding Program offers live, peer-to-peer webinars. These webinars are led by experienced healthcare providers, ensuring that the content is both clinically relevant and evidence-based. They provide an excellent opportunity to engage in real-time discussions, ask questions, and gain insights from fellow healthcare providers. Additionally, these webinars offer Continuing Medical Education (CME) credits, allowing physicians and other healthcare providers to earn professional development while learning. This is an excellent way to stay updated on the latest lactation trends and practices, directly from experts in the field.

2. An On-Demand Three-Hour Series; Breastfeeding Fundamentals for Healthcare Providers

The EPIC® Breastfeeding Program offers a comprehensive three-hour series on the Breastfeeding Fundamentals for Healthcare Providers. Available on-demand, this series can be accessed at any time, making it ideal for busy healthcare professionals with demanding schedules. The series covers essential topics on lactation physiology, breastfeeding techniques, and troubleshooting common challenges. Additionally, continuing education credits are available for healthcare providers, ensuring that they not only gain valuable knowledge but also advance their professional development.

3. On-Demand Library of Recordings of Quarterly Clinical Lactation Webinars

If you missed a live webinar or would like to revisit important topics, the EPIC® Breastfeeding Program's on-demand library is a goldmine of resources. The library contains recordings of the quarterly clinical lactation webinars, allowing you to watch at your own pace. Whether you want to refresh your knowledge or dive deeper into specific aspects of lactation care, this library is a great resource to have on hand. The ability to access these materials anytime ensures that learning is always available, making it easier to stay informed and enhance your practice.

**Live, peer-to-peer webinars...
offer CME credits and evidence-
based lactation training.**

4. Annual In-Person Course; Fundamentals of Human Lactation with Hands-On Workshops

For healthcare professionals who prefer in-person training, the EPIC® Breastfeeding Program offers an annual, intensive course on the Fundamentals of Human Lactation. This course includes hands-on workshops led by local breastfeeding experts, providing an excellent opportunity to practice skills in a supportive environment. Attendees can expect to explore topics such as lactation management, breastfeeding counseling, and techniques for addressing common breastfeeding difficulties. The in-person format fosters direct interaction with experts and fellow healthcare providers, creating a valuable networking opportunity in addition to professional education.

5. Comprehensive Online Breastfeeding Resource Kit

The EPIC® Breastfeeding Program also provides a free, comprehensive Online Breastfeeding Resource Kit. This kit is designed to equip healthcare providers with the tools they need to support breastfeeding families both in the clinic and the community. It includes information on how to access lactation services and support resources, making it easier for healthcare professionals to connect patients with the help they need. Additionally, the kit offers free resources for patient education, ensuring that providers have up-to-date materials to share with mothers and families on their breastfeeding journey. This resource kit is a practical and invaluable tool for integrating breastfeeding support into everyone's daily practice.

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Free EPIC® Education

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Why These Resources Matter

As healthcare providers, we understand that our role in supporting lactation goes beyond simply addressing medical concerns. Effective lactation support requires a combination of knowledge, compassion, and communication. By taking advantage of these free educational resources from the EPIC® Breastfeeding Program, healthcare professionals can enhance their ability to provide evidence-based, compassionate care to breastfeeding mothers.

Incorporating these resources into your practice helps ensure that you and your team are equipped with the most current information and best practices in lactation management. By enhancing your skills and knowledge, you can better support mothers in their breastfeeding journey, ultimately leading to improved outcomes for both mother and baby.

Get Started Today

The EPIC® Breastfeeding Program offers a wealth of free resources to enhance your knowledge of lactation and breastfeeding. Take advantage of these opportunities today to expand your expertise and improve the care you provide to breastfeeding mothers and families.

Hiral Lavania, MD, FAAP, IBCLC

Founder and CEO, One Family Pediatrics
District VI Representative, Georgia Chapter AAP
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Georgia Chapter



The **Breastfeeding-Friendly Pediatrician Certification Program** is for Outpatient Pediatricians in Georgia who are interested in becoming certified as a Breastfeeding-Friendly Pediatrician based on the recent AAP Clinical Report, *The Breastfeeding Friendly Pediatric Office Practice*.

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New cohort starting in October 2025!



Interest Form



The Outlook Isn't Brilliant



Robert Wiskind,
MD, FAAP

In high school, one of my favorite teachers organized school-wide speaking contests in which I was an enthusiastic participant. For one of these contests, I recited the poem Casey at the Bat which opens with "The outlook wasn't brilliant for the Mudville Nine that day..." Generally, I am an optimist, but, unfortunately, that opening line resonates with me today to describe my fears for our country, the practice of medicine and the field of Pediatrics.

We have no system of healthcare in the United States; instead, we have a fragmented, disjointed combination of for-profit insurance companies and public plans, with more than 50% of U.S. children covered under Medicaid.

In December of 2024, a man walked up to the CEO of United Healthcare on a New York sidewalk and shot him in the back, killing him, then fleeing. During the subsequent hunt for this murderer, he was celebrated by many online as a 'hero' who had struck a blow against an evil corporation. I am not a fan of United Healthcare, having to deal with their bureaucracy as both a patient and a physician. I, however, have yet to see any evidence that United has acted illegally or conducted business significantly differently than other insurance companies.

We have no system of healthcare in the United States; instead, we have a fragmented, disjointed combination of for-profit insurance companies and public plans, with more than 50% of U.S. children covered under Medicaid. To survive and create profit, private insurance companies must focus on their medical loss ratio, the difference between premiums collected and payments for healthcare services. In an ideal world, healthcare companies (and physicians) would focus on preventive services, recognizing that the up-front expense of immunizations and screenings lead to lower expenses for avoidable diseases and early, less costly treatment. This is a bedrock of Pediatrics and something we do better than other physicians.

In that ideal world, physicians would also do a better job of practicing cost-effective medicine, only ordering tests that are likely to change treatment plans and utilizing lower cost, older medications until newer, more expensive ones have been proven to be more effective. Again, Pediatricians lead the way, focusing on generic medicines, imaging gently (to reduce unnecessary radiation exposure) and choosing wisely (avoiding low yield, high-cost testing and treatment). Our adult colleagues aren't always as conscientious, so it has fallen to the insurance companies to limit (deny)

low value care. Prior authorization is necessary because physicians have trouble saying no to patients/parents asking for the latest medicine (as advertised on TV) or an unnecessary test. Until we do better as a medical community, or create a true universal healthcare system, insurance companies (and "delay, deny, defend") remain a necessary evil.

The incoming President has nominated many people for important federal offices who have little experience or expertise in the area for which they will be responsible. One of the worst examples of this is the nominee to head HHS, a man who has no scientific or government experience and is a vocal critic of vaccines. The excellent documentary Shot in the Arm details the harm anti-vaccine advocates can cause, highlighting the role the Health & Human Services (HHS) nominee played in creating the 2019 measles epidemic in Samoa that resulted in more than 80 deaths. The documentary also sheds light on the anti-vaccine skills who prey on worried parents for fame and profit.



Easy access to information online (unlimited, unfiltered and unverified) has created the illusion that anyone can know anything, leading to distrust of those who have spent a lifetime working and studying in a particular field. This death of expertise permeates into the exam room where parents may question established science and resist proven treatments and preventive measures, particularly vaccines. We may have an uphill battle in the coming years to maintain high vaccination rates and protect the children and families we serve.

The AAP, at the State and Federal level, has worked hard to earn its reputation as child advocates. Pediatricians know how to connect with politicians and government employees, even when they support measures that are harmful to children. I urge you to resist the temptation to throw up your hands and quit; stay engaged and speak up for ourselves and our patients. That is our only hope to protect children and bring joy back to Mudville.

Robert Wiskind, MD, FAAP

Peachtree Park Pediatrics
Vice Chair, Hospital Medicine Committee, Georgia AAP
Atlanta



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The Vesicoureteral Reflux Index (VURx): Surpassing Traditional Grading to Better Predict Reflux Resolution and Risk of UTI.



Andrew Kirsch,
MD, FAAP, FACS

The development of the VURx tool was driven by the need for a more accurate way to predict the spontaneous resolution of primary vesicoureteral reflux (VUR) in children. Clinicians traditionally relied on VUR grading alone to guide decision-making, but outcomes were inconsistent. Some children with high-grade reflux resolved spontaneously, while others with low-grade reflux experienced persistent disease and recurrent urinary tract infections (UTIs). These unpredictable patterns prompted the development of a more comprehensive tool that integrates multiple predictive factors.

Clinical observations revealed that beyond reflux grade, factors such as **timing of reflux during bladder filling or voiding, gender, and anatomical anomalies like ureteral duplication** or bladder dysfunction strongly affect the likelihood of resolution. For instance, early-filling reflux is less likely to resolve than voiding-phase reflux. These findings led to the design of the VURx tool, which combines predictive variables into a scoring system for improved accuracy.

In addition to predicting spontaneous resolution, VURx also assesses the **risk of recurrent febrile UTIs** in children on continuous antibiotic prophylaxis. Its versatility makes it applicable to children of all ages, allowing clinicians to use it across various stages of care.

We are collaborating with the Children's Hospital of Philadelphia (CHOP) to evaluate VURx with **contrast-enhanced voiding urosonography (CeVUS)**, a non-radiation imaging modality. CeVUS provides detailed imaging of reflux timing and bladder anatomy without ionizing radiation. This collaboration aims to explore how VURx performs with modern imaging technologies and expand its clinical applications.

Pearls, Pitfalls, and Tips for Using VURx

The VURx tool integrates multiple factors—reflux timing, gender, and anatomical findings—for a comprehensive risk assessment that improves predictions of VUR resolution and UTI risk. Used with CeVUS, VURx may offer additional advantages, as CeVUS allows real-time observation without radiation exposure.

However, there are pitfalls to consider:

• Incomplete Radiology Reports

Radiologists may not always document reflux timing, a key VURx variable. Although AAP guidelines recommend documenting this, clinicians must ensure radiologists report reflux timing accurately to maintain predictive validity.

• Precise Data Collection

Accurate documentation of parameters is essential. Missing or imprecise data can compromise the score's reliability.

• Avoid Overreliance on VURx

Always interpret the score alongside the patient's medical history, including UTI frequency, renal function, and adherence to prophylaxis.

Recommendations for Clinicians

Once you obtain a VURx score, integrate it into a broader management strategy:

1. Interpret in Context

Consider the score as part of a comprehensive assessment, including UTI history, renal function, and bladder habits.

2. Discuss with Families

Explain the score in simple terms. Help families understand their options, ranging from observation to more proactive interventions.

3. Stay Updated on Evolving Evidence

Research with CHOP is refining VURx for CeVUS imaging. As new data emerge, adjustments may improve the scoring system and enhance clinical utility.

Future Directions and Modern Imaging

Integrating VURx with CeVUS represents a step forward. CeVUS eliminates radiation exposure and offers detailed imaging that enhances VURx's accuracy. Through ongoing research, we aim to validate the tool's performance with CeVUS and explore broader applications.

Tools like VURx represent the future of personalized care for children with VUR. By combining clinical expertise with data-driven insights, clinicians can offer families more precise guidance and better long-term outcomes. VURx is not a substitute for clinical judgment but an essential tool for tailoring care to each child's needs.

Andrew J. Kirsch MD, FAAP, FACS

Professor and Chief of Pediatric Urology, Emory University School of Medicine
District IV Representative (b), Georgia Chapter AAP
Atlanta

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Summer Travel Season Is Approaching – Are your patients ready and informed?



Iyabode (Yabo) Beysolow, MD, MPH

As we approach the summer months, the travel season beckons. Families in your practice may have plans to travel internationally. Ensure that all families have received the necessary vaccines before traveling. This includes all routinely recommended vaccines for children, teens, and adults. <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>. Other vaccines that travelers may need, depending on their age and travel destination, include typhoid, yellow fever, and others.

Planning ahead is essential! To ensure adequate protection, coordinate the scheduling of all vaccinations before travel. If your office setting does not provide travel vaccines, parents need to locate healthcare providers or facilities that offer them.

This article highlights several vaccines that parents should consider before international travel. However, please ensure that parents are aware of all recommended vaccines, specifically those advised for travel or related to underlying conditions.

HEPATITIS A VACCINE

Hepatitis A is a disease we aim to prevent. It is more prevalent in certain countries, and travelers can still become infected even if they wash their hands regularly.

Children traveling internationally to areas with high or intermediate endemic hepatitis A should be vaccinated against hepatitis A. Travelers who have not been previously vaccinated against hepatitis A should plan to get vaccinated as early as possible, at least two weeks prior to travel. Vaccination within two weeks before travel can still provide some benefits. If a traveler cannot receive the hepatitis A vaccine and is at higher risk for the disease, receiving hepatitis A immune globulin may be an option to provide protection for up to two months. www.cdc.gov/travel.

The hepatitis A vaccine, like the MMR vaccine, is routinely recommended starting at 12 months of age. However, it may be given to infants as early as 6 months of age before international travel.

Infants aged 6 to 11 months should receive one dose before departure. The child should be revaccinated with two doses, separated by at least six months, between the ages of 12 and 23 months.

Unvaccinated children ages 12 months or older: Administer dose one as soon as travel is considered.

ACIP & CDC recommendations for the hepatitis A vaccine, including prior to travel:

- <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-notes.html#note-mmr>

First-time travel vaccines or boosters you may need

Find a comprehensive list of recommended travel vaccines at <https://wwwnc.cdc.gov/travel/page/travel-vaccines>

- | | |
|---------------------------------|---|
| • COVID-19 | • Meningococcal |
| • Chickenpox | • Pneumococcal |
| • Cholera | • Polio |
| • Flu (Influenza) | • Rabies |
| • Hepatitis A | • Shingles |
| • Hepatitis B | • Tdap (Tetanus, Diphtheria, Pertussis) |
| • Japanese Encephalitis | • Typhoid |
| • MMR (Measles, Mumps, Rubella) | • Yellow fever |

YELLOW FEVER VACCINE

The yellow fever vaccine is recommended for people 9 months of age or older who are traveling to or living in areas at risk for the yellow fever virus in Africa and South America.

Typically, a single dose of the yellow fever vaccine is safe and offers lifelong protection against yellow fever.

Travelers heading to areas with ongoing outbreaks may want to consider receiving a booster dose if it has been 10 or more years since their last vaccination.

Some countries may require travelers to show proof of yellow fever vaccination upon arrival. Check 'Travelers' Health for information on specific country requirements.

<https://wwwnc.cdc.gov/travel/yellowbook/2024/preparing/yellow-fever-vaccine-malaria-prevention-by-country>

For detailed yellow fever vaccine recommendations, administration, precautions, and contraindications, please visit: <https://www.cdc.gov/yellow-fever/hcp/vaccine/index.html>.

Travel Season

Continued from previous page

MEASELS VACCINE

Measles cases are rising not only in the United States but also around the world. <https://www.cdc.gov/measles/data-research/index.html>.

A list of countries with confirmed measles outbreaks can be found on the Global Measles Travel Health Notice (THN) at: <https://wwwnc.cdc.gov/travel/notices/level1/measles-globe>.

Measles spreads rapidly in communities that are not fully vaccinated and may pose a risk to international travelers, not only in the areas listed in the THN. The CDC recommends that all travelers be fully vaccinated against measles before traveling to any international destination. <https://www.cdc.gov/measles/travel/index.html>.

It is advisable to be vaccinated against measles at least 2 weeks before international travel to increase the chances of protection. A traveler can still gain some protection if vaccinated less than 2 weeks before their trip. <https://wwwnc.cdc.gov/travel/destinations/list>.

Two doses of the MMR vaccine, spaced at least 28 days apart, offer 97% protection against measles. In contrast, one dose provides 93% protection.

Recommendations for MMR vaccine before travel:

Children under 12 months who are traveling may receive an early dose of the MMR vaccine at 6 to 11 months. These children should still adhere to the recommended schedule and receive another dose of the MMR vaccine between 12 and 15 months of age, with a final dose administered at 4 to 6 years of age. Dr. Shilpa Patel, a pediatrician at Hackensack Meridian Health Medical Group Northern Valley Pediatrics in New Jersey, said that *"an early dose before 12 months is essentially a bonus dose and doesn't take the place of either of the two standard doses"*. <https://www.nbcnews.com/health/kids-health/measles-vaccine-can-young-children-get-early-dose-mmr-shot-rcna198038>

Children over 12 months old, who have not received an MMR vaccine, should get their first dose immediately and a second dose at least 28 days after the first dose.

Adolescents and adults without **evidence of immunity*** should receive their first dose of the MMR vaccine immediately and a second dose at least 28 days after the first dose.

*Acceptable evidence of immunity:

- Written documentation of adequate vaccination
- Laboratory evidence of immunity
- Laboratory confirmation of measles
- Birth in the United States before 1957

ACIP & CDC recommendations for the MMR vaccine:

- <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-notes.html#note-mmr>
- <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-notes.html#note-mmr>

Measles spreads rapidly in communities that are not fully vaccinated and may pose a risk to international travelers...

TRAVEL VACCINE RESOURCES

Visit wwwnc.cdc.gov/travel or scan the QR code for the latest CDC advice for travelers:



Also:

Share CDC travel recommendations with parents: wwwnc.cdc.gov/travel/page/traveler-information-center

Comprehensive list of recommended travel vaccines wwwnc.cdc.gov/travel/page/travel-vaccines

Latest ACIP vaccine recommendations: www.cdc.gov/acip-recs/hcp/vaccine-specific

IN SUMMARY

Ensure that the entire family is up to date on all routinely recommended vaccines, as well as any vaccines specifically advised for travel based on age and destination, before departure.

Ensure that travelers receive counseling about and prescriptions for prophylactic medications (including malaria prophylaxis if applicable), as well as tips on preventing and treating bug bites, avoiding blood clots, travel advice regarding food and drink safety, avoiding animals, addressing travelers' diarrhea, preventing heat illness, managing motion sickness, and more. Follow this helpful travel checklist to prepare yourself and your family for a safe travel season:

- ☐ Routine & Travel Vaccines
- ☐ Routine medications & Travel medication prophylaxis (dependent on destination)
- ☐ Travel documents
- ☐ Review CDC's travel advice

Iyabode (Yabo) Beysolow, MD, MPH

Chair, EPIC Immunization Advisory Committee, Chapter Immunization Representative, AAP



Georgia AAP 70th Anniversary Gala



THANK YOU FOR MAKING THE GEORGIA CHAPTER'S 70TH ANNIVERSARY GALA A SUCCESS!

The Georgia Chapter of the American Academy of Pediatrics celebrated 70 years of influence and impact with an evening filled with laughter, reflection, and hope for the future of Georgia's children and pediatric healthcare. Guests enjoyed a night of celebration, unity, and support for the Pediatric Foundation of Georgia at the Renaissance Waverly Hotel in Atlanta on March 8, 2025.

We're beyond grateful to everyone who joined us for an unforgettable evening benefiting the Pediatric Foundation of Georgia. Thank you to all who donated, contributed, and came together to honor the Chapter's past, present, and future at this milestone 70th Anniversary Gala. Also, a special thank you to our tri-chairs for the event, Nicola Chin, MD, Angela Highbaugh-Battle, MD, and Hugo Scornik, MD!



ABOVE: Georgia Pediatricians with Rick Ward

A proud moment as Georgia pediatricians gather around Rick Ward in celebration of the Chapter's history, growth, and future.

RIGHT: Dr. Sally Goza presenting to Rick Ward

Dr. Sally Goza presents Rick Ward, Executive Director, with a special recognition award honoring his 33 years of service to the Georgia Chapter. He will retire in June.



Georgia Chapter 70th Anniversary

Continued from previous page



Dr. Angela Highbaugh-Battle and Dr. Hugo Scornik

Serving as Gala Tri-Chairs and emcees for the evening, guiding guests through a night of celebration and recognition.



Dr. Jay Berkelhamer, Dr. Lalitha Sivaswamy, and Larry Benitz

Sharing a joyful moment in celebration of the Chapter's 70 years of impact and the Pediatric Foundation's mission.



Morehouse Pediatric Residents

Dr. Mirandy Li, Dr. Chyna Beck, and Dr. Shakeria Bonaparte enjoy the Gala festivities and capture memories at the 360-photo booth.



Lyric Rachae Performance

International pop artist Lyric Rachae delivers moving performances of "God Bless the Child" and "Happy Birthday" to mark the Chapter's 70-year legacy.



Dr. Benjamin Spitalnick, Dr. Deneta Sells, Dr. Robert Wiskind, and Dr. Charles Linder

Chapter leadership past and present celebrating an unforgettable evening for the Georgia AAP.



Dr. Jane Wilkov, Dr. Kathryn Cheek, Dr. Sally Goza, and Dr. Benjamin Cheek

Longtime Chapter leaders and friends celebrate the night's success and 70 years of pediatric advocacy.

Georgia Chapter

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Looking Ahead:

Join us for our upcoming events!

● Pediatrics by the Sea

June 11 – 14, 2025
Ritz-Carlton Hotel
Amelia Island, Fla.

● Fall 2025 CME Meeting

Date & Location: TBD

● American Academy of Pediatrics National Conference

September 26 – 30, 2025
Denver, CO

For updates, visit: <https://gaaap.org/event-calendar>

The Georgia Pediatrician is the newsletter of the Georgia Chapter/American Academy of Pediatrics

Editor: Alice Little Caldwell, MD | Email: acaldwell@augusta.edu



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The Georgia Chapter of the American Academy of Pediatrics is incorporated in the state of Georgia.

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