

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 End of Year Report & Horizons



Nicky Chin, MD, FAAP

On June 14, 2025, at our signature summer conference, Pediatrics By The Sea on Amelia Island, I presented the President's Report to the Board of Directors, Committee Chairs and Invitees and to general members at the conference. This report will be the first President's Report shared with all Georgia Chapter members. In it, you'll find a year in review, brief financial highlights, acknowledgments, and our goals for the current year—each section designed to

keep you informed and engaged with our chapter's progress.

We have focused on building a platform that promotes awareness and transparency while expanding outreach across the state to foster inclusivity. By connecting committees to encourage vibrant think tank discussions, we aim to boost engagement and participation at all levels. These efforts are designed to attract new members and retain current ones, directly supporting our goal of reaching over 2,000 members by June 2026.

THIS YEAR'S GEORGIA AAP ACHIEVEMENTS

Education and Information to Our Members

Our chapter continues to provide free quality educational information to our members from on-demand education to live webinars. In our EPIC Immunization programs, we covered vaccine hesitancy, improvement of HPV rates, and combination vaccines. We also offered EPIC programs and breastfeeding education regularly, which remain free to all members.

Our Mental Health Committee addressed youth mental health needs through educational events including Autism Spectrum Disorder Project, addressing substance abuse in pediatric care, early childhood mental health, and managing ADHD in the pediatric office. Their monthly meetings frequently feature top experts in their fields.

Public Health, Media and Communications, and Infectious Diseases Committees led a pro-vaccine media campaign and webinar on measles while rapidly mobilizing to deliver real-time communications regarding ongoing and emerging childhood infectious diseases.

We have focused on building a platform that promotes awareness and transparency while expanding outreach across the state to foster inclusivity. By connecting committees to encourage vibrant think tank discussions, we aim to boost engagement and participation at all levels.

Advocacy

The Legislative Committee remains actively involved during the legislative session, with main priorities of advocating for youth and family rights and defending parity for Medicaid reimbursement. Working with the Primary Care Physician Coalition (PCPC), we again achieved small increases in Medicaid reimbursement rates for 2026 in codes 99213 and 99214 as well as increases in other neonatal and maternal-fetal codes—a benefit for all physicians across the state.

The Committee on Violence, Injury and Poison Prevention, laser focused on Firearms Injury Prevention, hosted its third annual symposium in August 2025 while keeping legislative changes as a top priority. The Breastfeeding Committee worked tirelessly to increase the number of certified breastfeeding friendly pediatricians. Our Medicaid Task Force and Medical Home Task Force collaborated with partner organizations to address challenges and ensure meaningful improvements for children and families across Georgia.

Communications

We continue promoting and enhancing the Georgia American Academy of Pediatrics website, as a trusted resource for our physician members while expanding offerings for families.

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iii. Mercer University, Macon	Matthew Wright, MD
iv. Memorial Health University	Rebecca McCullough, MD
v. Morehouse School of Medicine	Damilola Akinwale, MD & Krysten Mayers Mendoza, MD

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Chapter Staff Operations

We completed a major chapter operational transition in 2025 with the selection of Angela Flanigan as our new Executive Director, while recognizing thirty-three years of service by Rick Ward at the Chapter's 70th Anniversary Gala on March 8, 2025. Angela has more than 20 years of executive leadership experience in healthcare associations and nonprofits and comes to the chapter with goals to maintain and expand partnerships, enhance operational efficiency, and lead high-impact initiatives.

Financial Highlights

Current GA chapter treasurer Dr. Ben Toole reports that the chapter is in good standing with our operating account, money market, and Charles Schwab accounts. Our current operating expenses are under review with revised budget planning for 2025-2026 and beyond, considering possible decreases in state grant sources.

Highlights and Accomplishments

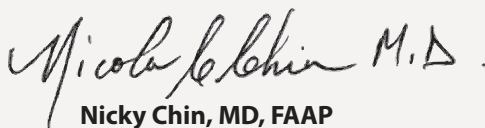
We proudly celebrate that GA Chapter's past president, Dr. Terri McFadden, has been elected as 2027 President-Elect of the American Academy of Pediatrics. Fifteen Georgia physicians serve on national AAP Committees. Additionally, the past chapter chair of the Medicaid Task Force, Dr. April Hartman, was named to the US Medical Advisory Committee on Medicaid and CHIP.

We have also expanded committees with new leadership: Dr. Mona Kulharni now serves as the Vice Chair of Emergency Medicine, Dr. Alejandro Shephard has been appointed as Vice Chair of Public Health, and Dr. Steen James succeeds Dr. April Hartman as Chair of the Medicaid Task Force. The chapter is currently seeking leaders for the Senior Section and Healthy Weight Task Force. Please reach out to chapter staff if you are interested in these positions.

Future Goals and Strategic Vision

Through a new strategic plan spearheaded by Vice President, Dr. Patrick Pulliam, the chapter focuses on three key pillars—Member Health, Child Health, and Chapter Health. Member Health centers on supporting the well-being, professional growth, and resilience of our members. Child Health encompasses efforts to advance initiatives that protect and promote the physical and mental health of children and adolescents. Chapter Health is dedicated to strengthening our organizational governance, ensuring financial security, and sustaining effective operations for long-term success. As he says, we can't have healthy children without healthy pediatricians and a healthy ecosystem.

The chapter thrives on the partnership between physician membership engagement and chapter staff. Georgia physicians provide and execute the blueprint focused on child and adolescent health, while our chapter staff provides wrap-around services to physicians, practices, and families across Georgia. Together with grace, integrity and unwavering commitment, we will continue evidence-based transformative care to every family amid the noise. Together, we keep moving forward demonstrating the change-making possibilities of Pediatric Power.



Nicky Chin, MD, FAAP

President, Georgia Chapter AAP



Dr. McFadden Voted American Academy of Pediatrics President-Elect

The Georgia Chapter of the American Academy of Pediatrics is proud to announce the election of Terri McFadden, MD, MPH, FAAP, of Atlanta, as the American Academy of Pediatrics' 2027 President-elect.

Dr. McFadden will begin her term as AAP President on January 1, 2027, succeeding Andrew D. Racine, M.D., Ph.D., FAAP, who will serve as President in 2026.

Dr. McFadden is a board-certified General Pediatrician and a Professor of Pediatrics at Emory University School of Medicine, where she teaches medical students, residents, and allied health professionals. She serves as Medical Director of Primary Care at Children's Healthcare of Atlanta, Hughes Spalding Campus, and as Director of Primary Care Initiatives with Emory's PARTNERS for Equity in Child and Adolescent Health program.

She is the Past President of the Georgia Chapter of the AAP and a Fellow of the AAP, where she currently serves on the Executive Committee of the Council on Injury, Violence and Poison Prevention. Dr. McFadden is also the Co-Medical Director of the Injury Free Coalition for Kids (IFCK)-Atlanta, and the Medical Director of Reach Out and Read Georgia.

Her academic and professional interests include comprehensive care for the underserved, childhood injury prevention, preschool literacy, breastfeeding promotion, and medical education. She is a proud graduate of Spelman College and the Johns Hopkins School of Medicine.



We celebrate this outstanding achievement and extend our heartfelt congratulations to Dr. McFadden on behalf of the Georgia Chapter.

Georgia Chapter

American Academy of Pediatrics
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Take part in nominating the most influential people in the Georgia Chapter!

GEORGIA CHAPTER AAP AWARDS LUNCHEON

SATURDAY
NOVEMBER 8
DURING PEDIATRICS IN THE PARK



AAP Advocacy Conference: March 2 – 4, 2025 Washington, D.C.



Alice Little Caldwell, MD, MPH, FAAP

The annual American Academy of Pediatrics Advocacy Conference took place March 2 – 4, 2025 in the Washington, D.C. area (the conference center was in Arlington, VA, a short Metro ride to the U.S. Capitol). Attendees included pediatric residents and fellows, pediatric faculty members and experienced pediatricians. Dr. Kim Schrier, the only pediatrician in the House or Senate, talked about the challenges of her work in the Capitol and encouraged other pediatricians to run for office. Paul Wise, MD, gave a particularly powerful talk about protecting children on the U.S.-Mexico border and in armed conflict zones. Attendees attended workshops focused on advocacy areas, such as mental health and gun violence, and on ways to be an effective advocate. The dates for the 2026 AAP Advocacy Conference aren't available yet but think about attending next year!



Shuai Hao, MD
Assistant Professor, Department of Pediatric Endocrinology, Emory University

AAP's Advocacy Conference is always my favorite conference of the year. The speakers touch on a variety of topics, including their experience as pediatricians working for the government, different types of advocacy, and skills on the best ways to convey a message effectively.

This year, the focus was on resilience - how to persist in an environment where it feels like all our institutions and support systems are being upended. I needed to see that there is such a big community of people who still care and are ready to fight for kids.

Meeting with the office of our Representatives and Senators was great. The office staffs of Representative Nikema Williams, Senator John Ossoff and Senator Raphael Warnock were very invested in safeguarding Medicaid for Georgians and asked us great questions.

Pictured Below:

Doctors Alice Little Caldwell, Sajani Patel, Kelly Liu, Emily Sterling, Staffer for Sen. Ossoff; Amy Hardin, Shirley Hao, Shreeti Kapoor, Amanda Kuhn, Olivia Hobson, Anna Rodenbough



Alice Little Caldwell, MD, MPH, FAAP
*Editor, The Georgia Pediatrician
Georgia Chapter AAP
Augusta, GA*



Shreeti Kapoor, MD
Associate Professor, Medical College of Georgia Department of Pediatrics

My favorite quote:

"Advocacy is where hope and strategy meet."

Of course, I don't remember who said those words, but they stuck with me when I think about the why – we are hopeful as pediatricians that we can make a difference and that the world can be a better place for our children. The how, is harder, but we can come together to strategize and share ideas, listen to others, and work towards this common goal. As far as what I want to do personally – I plan to continue to connect with politicians, locally and nationally, and inspire students and residents to do the same.

I found the meetings on Capitol Hill to be intimidating at first (it was my first go at this) but I also felt that we do share common goals even if we are on different sides of the aisle. I appreciated our representatives and their staffers for their willingness to sit down with us and listen to our perspectives. We do have weight as physicians caring for children, and I am going to remember that.



Amanda G. Kuhn, MD
Pediatric Chief Resident, Emory University

In March, I joined nearly 400 pediatric residents, fellows,

and attendings at the annual AAP advocacy conference to oppose the proposed funding cuts to Medicaid and CHIP.

At the conference, I learned key strategies to craft messages for lawmakers. While we may become accustomed to encountering those with similar views in our line of work, it is important to consider those whose priorities and values may differ from our own and tailor our messaging accordingly. It also underscored the importance of solidarity and collaboration in advocacy – our efforts are more powerful when we work together.

I was in a Georgia cohort that was able to meet with staff from Representative Nikema Williams' and Senator Jon Ossoff's offices. I felt encouraged by the conversations we had. While both legislators are known supporters of Medicaid and CHIP, we reinforced our role as pediatricians as a continued resource to inform policy. Staff from Senator Ossoff's office shared some of his initiatives aimed at protecting Medicaid and CHIP funding and extended an invitation for us to participate in an upcoming public-facing event to speak on the topic.

The conference has inspired me to continue advocating for patients at the local, state, and national levels. We have important perspectives as pediatricians, and it is especially important to share them now more than ever. We see how policies can and have impacted children and adolescents to their benefit or detriment, and we have a responsibility to amplify our patients' voices to those who will listen.



Updated Vaccine Recommendations from the AAP



Christina A. Rostad,
MD, FAAP



Lasata Shrestha,
MPH

On August 19, 2025, the AAP published an evidence-based immunization schedule and policy statement for children⁽¹⁾. The schedule was prepared by the AAP Committee on Infectious Diseases and other leaders, and then reviewed by the AAP Board of Directors, who unanimously approved it. The AAP has been a leading voice in vaccine recommendations since its founding in the 1930s. Typically, the AAP recommendations align with those of the CDC; however, this year, they differ regarding the need for COVID-19 vaccination in children⁽²⁾. Based on the current epidemiology of COVID-19 among children, the AAP recommends the following:

- **For children aged 6-23 months** without known risk factors, AAP recommends vaccination with the updated 2025-26 COVID-19 vaccine regardless of previous vaccination or SARS-CoV-2 infection status.
- **For children ages 2-18 years**, the AAP recommends a single dose of age-appropriate 2025-26 COVID-19 vaccine regardless of vaccination status for those who are at high-risk for severe COVID-19, are residents of long-term care facilities or other congregate settings, have never been vaccinated, or have household contacts at high risk for severe COVID-19.
- **Children not in one of the above groups** whose parent or guardian desires their protection from COVID-19 also should be offered a single dose of the updated vaccine.

Although COVID-19 is no longer considered a national public health emergency, it continues to pose a significant public health burden, including among young children.

According to COVID-NET surveillance data, the CDC estimated that from October 1, 2024, to June 7, 2025, 12-18.3 million people experienced COVID-19 illnesses, leading to 2.9-4.3 million outpatient visits, 330k-490k hospitalizations, and 38k-57k deaths⁽³⁾. The cumulative hospitalization rates for infants <6 months and 6-23 months were comparable to those for adults ≥65 years and 50-64 years of age, respectively⁽⁴⁾. Approximately half (57%) of pediatric COVID-19 hospitalizations occurred in children <2 years, and the majority (71%) of them had no underlying comorbidities. Approximately 1 in 4 hospitalized children required ICU admission, and pediatric deaths continued to occur at a similar rate to influenza among children <2 years of age. Notably, the majority of hospitalized children with COVID-19 had no record of receiving the most recently recommended COVID-19 vaccine⁽⁴⁾.

The currently published CDC immunization schedule recommends that healthy children receive COVID-19 vaccination by “shared clinical decision-making” with healthcare providers. These recommendations, however, are expected to change, as the FDA has now revoked emergency use authorization of COVID-19 vaccines and approved the 2025-26 vaccines in a restricted manner. They are only approved for adults ≥65 years and for people 6 months to 64 years of age who have at least one high-risk condition^(5,6). The restricted FDA approval is expected to

impact access to the COVID-19 vaccines significantly. It is unclear if insurers will cover COVID-19 vaccination for a healthy young person, as it is no longer approved for that indication. Without insurance, a COVID-19 vaccination can cost >\$200. The newly replaced Advisory Committee for Immunization Practices (ACIP) is expected to discuss COVID-19 vaccination recommendations at their upcoming meeting on September 18-19, 2025, although the agenda for that meeting had not been published at the time of writing of this article.

Despite these turbulent times in public health, the AAP’s updated vaccine recommendations are intended to serve as evidence-based guidance for healthcare providers and public health practitioners. Additionally, the AAP continues to strongly recommend routine vaccination for other respiratory illnesses, including Influenza vaccination and Respiratory Syncytial Virus (RSV) immunization for eligible infants and children, in preparation for the upcoming fall respiratory illness season. Notably, no COVID-19 vaccine product is available for infants <6 months of age. Any protection must come from transfer of maternal antibodies, either through vaccination during pregnancy or prior infection. The American College of Obstetricians and Gynecologists (ACOG) has recommended the use of updated COVID-19 vaccines in pregnant and lactating individuals, as well as individuals planning pregnancy⁽⁷⁾. With new policy changes likely on the horizon, coordinated efforts by public health and professional organizations, academic institutions, and local experts are needed to address misinformation and to uphold evidence-based vaccination policies that protect patient health.

Parents consider their child’s healthcare provider to be their most trusted source of information about vaccines⁽⁸⁾. The Georgia AAP supports pediatricians and the critical role they play in helping parents choose to vaccinate their children.

Christina A. Rostad, MD, FAAP
*Associate Professor of Pediatric Infectious Diseases
Director of Emory Children’s Center – Vaccine Research Clinic
Children’s Healthcare of Atlanta & Emory University School of Medicine
Atlanta, GA*

Lasata Shrestha, MPH
*Project Coordinator,
Rollins School of Public Health, Emory University
Atlanta, GA*

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GMAP: Expanding Pediatric Mental Health Support Across Georgia



Hannah Smith,
MS

Mental health remains a critical issue for children, adolescents, and families across Georgia. Pediatricians continue to see the impact of mental, behavioral, and developmental concerns in their daily practice. Unfortunately, families often face significant barriers to accessing mental health services, from long wait times to insurance limitations. These challenges can delay care at a time when early intervention is essential.

To address these gaps, the Georgia Mental Health Access in Pediatrics (GMAP) program established a statewide Teleconsultation Advice Line that remains an active, trusted resource for pediatricians.

The advice line connects pediatric providers directly with Child & Adolescent Psychiatrists for case-specific guidance. This real-time access empowers pediatricians to continue providing mental health care within their own practices, rather than delaying treatment while waiting for specialty appointments.

In the most recent reporting period, the GMAP Teleconsultation Advice Line connected pediatric providers across Georgia with Child & Adolescent Psychiatrists for timely, case-specific guidance.

GMAP's mission is clear: to reduce barriers, expand provider confidence, and ensure children across Georgia get timely, effective mental health care.

Education Beyond the Call Line

In addition to the teleconsultation service, GMAP offers continuing education opportunities to strengthen pediatric mental health care statewide. This year's Project ECHO sessions provided in-depth, case-based learning on:

Managing ADHD

Practical strategies for diagnosis, medication, and behavioral supports.

Addressing Substance Use & Addiction

Identification, brief interventions, and referral pathways.

Early Childhood Mental Health

Recognizing and addressing emotional and developmental concerns in young children.

These sessions brought together pediatricians, nurse practitioners, and mental health professionals to share knowledge, discuss real cases, and improve care coordination.

PROVIDER TYPE

95% of callers were pediatricians, with additional calls from nurse practitioners and registered nurses.

TOP REASONS FOR CONSULTATION

90.9%	Medication advice	3%	Psychiatry referrals
5.1%	Behavioral concerns		

TOP DIAGNOSES DISCUSSED*

*consultations often included discussion of more than one diagnosis

52.5%	ADHD	23.8%	Depressive disorders
38.6%	Anxiety disorders	20.8%	Trauma/stressor-related disorders
32.7%	Autism spectrum disorder		

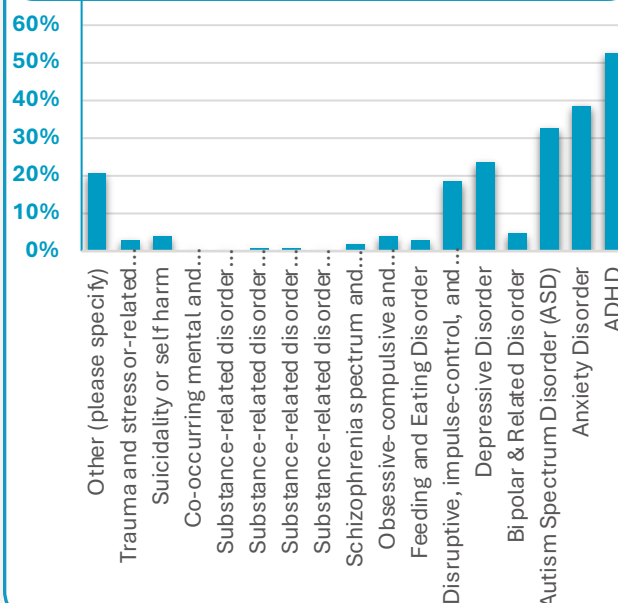
PATIENT AGES

39.8%	13–18 years	18.4%	0–7 years
34.7%	8–12 years	7.1%	Unknown/Other

SPECIAL HEALTHCARE NEEDS

35.4% of patients had chronic physical, developmental, behavioral, or emotional conditions.

These numbers reflect what pediatricians already know: school-age children and teens are presenting with complex behavioral health needs, and timely psychiatric guidance is critical for ongoing care.



GMAP: Expanding Support

Continued from previous page

Looking Ahead: Partnering for Greater Impact

This fall, GMAP has partnered with the Georgia Psychological Association to present a three-part webinar series on September 16, October 21, and November 18: **Psychologist Insights on Pediatric Mental Health Care – A Series for Pediatricians**. Visit <https://gaaap.org/resources/pediatric-resources/gmap-project-echo> for up-to-date information.

Learning Objectives:

1. Identify and assess key mental, behavioral, cognitive, and sensory domains to support early recognition of developmental and emotional challenges in pediatric patients.
2. Explain the special education process, including eligibility criteria, evaluation timelines, and advocacy resources.
3. Recognize signs of higher functioning autism spectrum disorder and apply appropriate screening and referral practices.

This collaboration aims to give pediatricians practical, psychologist-led insights to enhance early identification and intervention in their own offices.

Recognizing the Georgia AAP's Child & Adolescent Mental Health Committee

A special acknowledgment goes to the Child & Adolescent Mental Health Committee, whose members continue to advocate for better mental health care for Georgia's children. Their commitment extends beyond policy and program development, they are also strong champions for ensuring pediatricians receive the tools, training, and support they need to confidently provide mental health care in their own practices. Their leadership drives innovation, expands access, and ensures that children and families get the help they need sooner.



The Ongoing Commitment

GMAP's mission is clear: to reduce barriers, expand provider confidence, and ensure children across Georgia get timely, effective mental health care. Through our Teleconsultation Advice Line, Project ECHO learning programs, and new partnerships, we're helping pediatric providers bridge the gap between need and access.

Mental health challenges aren't going away but with tools, training, and real-time expert support, pediatricians can play an even greater role in meeting those needs right where families already feel safe: their medical home.

For more information about the GMAP Teleconsultation Advice Line or upcoming educational offerings, contact the Chapter's Behavioral Health Program Coordinator, Hannah Smith, MS at hsmith@gaaap.org or visit us online at <https://gaaap.org>.

Hannah Smith, MS
Behavioral Health Program Coordinator
Georgia Chapter AAP
Atlanta, GA



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Georgia Mental Health Access in Pediatrics (GMAP)

The road to better mental health for Georgia children!



Call the GMAP Line!

The GMAP Line is a consultation service that supports Georgia pediatricians and pediatric nurses in managing their patients' mental health care. It provides free, same-day access to Child and Adolescent Psychiatrists from the Medical College of Georgia.



Screening & Diagnostic Support



Medication Management



Follow-Up Advice

2 Ways to Contact the GMAP Line

Call Now:

404-594-6518

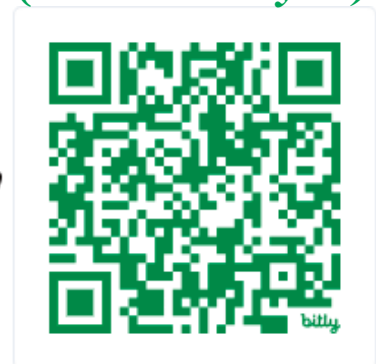
-or-

Request a Consult:

(We will call you)

GMAP Line Hours:

- Monday 12:00pm-1:30pm, 3:30-4:00pm
- Tuesday 12:00pm-1:30pm
- Wednesday 12-1:30pm, 3:30-4:00pm
- Thursday 3:30pm-4:00pm
- Friday 12-1:30pm, 3:30-4:00pm



Scan me



For questions or more information, contact, Behavioral Health Program Coordinator, Hannah Smith at hsmith@gaaap.org or 404-881-5089

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Georgia Chapter



Georgia
Department of
Behavioral Health
& Developmental
Disabilities



AUGUSTA UNIVERSITY

**MEDICAL COLLEGE
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In Praise of Foot Soldiers



Robert Wiskind, MD

Sir Isaac Newton is credited with first using the phrase “standing on the shoulders of giants” to acknowledge the vital role that prior researchers play in scientific discovery and progress. While the giants of Pediatrics have contributed so much to our profession, I want to focus instead on the unsung heroes who work daily to keep children healthy and safe.

Wherever children receive health care, physicians are a small fraction of the team that ensures their visit is safe, productive and pleasant. All children, especially those who don't feel well, are cheered by a smile and a kind word. Front desk and administrative staff play a critical role in making sure patients and their families are welcomed, reassured and validated. Likewise, clinical staff typically spend much more time with the patient than the physician does and make sure that all health issues are addressed while reassuring families during a stressful time. Finally, there are countless “invisible” contributors, especially in hospital settings, including billing, custodial, lab and imaging. In addition to supporting a great customer service experience, everyone in the clinical setting plays a role in avoiding medical errors. The Swiss Cheese model for patient safety describes the many layers and opportunities to avoid

Everyone involved in children's care and safety has a role to play in plugging those gaps.

mistakes; it is only when the holes at each level align that safety is compromised. Everyone involved in children's care and safety has a role to play in plugging those gaps.

Rather than focusing on one patient at a time, advocacy groups work to impact the health and safety of children on a bigger scale. The Georgia Chapter, with 2000 members statewide, is one of the strongest and most vibrant

advocates for children and the Pediatricians who care for them. The wonderful Chapter staff work efficiently and tirelessly behind the scenes to promote child health and safety. Rick Ward, who retired earlier this year after more than 30 years as Executive Director, emphasized that accomplishing the goal was more important than worrying about who gets the credit. He modeled humble leadership and focused on results, never tiring or getting discouraged (or at least not showing his frustration, especially when dealing with the Georgia Legislature). At meetings he would introduce himself as simply “Chapter staff.” I learned so much from him about leading by example and ensuring that everyone's hard work is recognized and appreciated.

At every level of government, politicians get the headlines, but staff do the day-to-day work that protects children and allows them to thrive. State agencies have the difficult task of serving children despite budgetary limitations and restrictive legislation. Nationally, most departments have a direct or indirect impact on child health. The indiscriminate cuts in personnel and resources under the current administration severely hamstrings the ability of these public servants to utilize their education, training and experience for the public good. Unfortunately, it will likely take more epidemics, poor responses to national disasters and preventable illnesses due to disregard for science and expertise (like water fluoridation) before the country again recognizes the essential services that government employees provide.

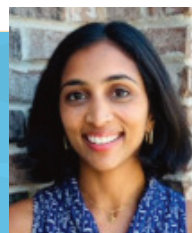
The term “foot soldier” has biblical origins and traditionally is used to describe the nameless infantryman. During the Civil Rights Movement, those working for equal rights were labeled “foot soldiers for justice.” I encourage you to look for the foot soldiers helping children in your professional life whose contributions often are overlooked. Acknowledge, praise and thank them for their essential contributions towards caring about and caring for children.

Robert Wiskind, MD, FAAP
Peachtree Park Pediatrics
Vice Chair, Hospital Medicine Committee, Georgia AAP
Atlanta, GA





How Do We Save Children's Lives from Gun Violence? Ask Them



Preethi Rajan, MD, FAAP



Neha Krishnam, BS

Back-to-school in Georgia shouldn't mean back to fear. Safe storage and youth-led solutions can save lives.

Gun violence isn't just in the headlines—it's a constant worry weighing on many children as they head back to school.

"When I walk into school, gun violence is always the first thing I think of. I feel luckier to get home safe rather than lucky to get an education," says high schooler Khloe Reynolds.

I met Khloe while volunteering with BeSMART for Kids⁽¹⁾, a national safe firearm storage campaign. With firearms surpassing motor vehicle crashes in 2020 as the leading cause of death among children and teens⁽²⁾, discussing safe firearm storage has become a routine – and essential – part of my work as a pediatrician and as an advocate for firearm safety⁽³⁾.

Khloe serves as the president of the Youth Advisory Council at Jared's Heart of Success⁽⁴⁾, a nonprofit founded by Sharmaine Brown after her son Jared was killed by a stray bullet just before his 24th birthday.

"A young man brought a gun into a conflict Jared had nothing to do with," says Brown, "and that decision changed our lives forever. I wanted Jared's life not to be forgotten, and I knew I had to take action."

Jared's Heart of Success breaks the cycle of violence by equipping youth with tools to navigate challenges, foster resilience, and resolve conflict peacefully. It also gives them a protected space to dream big—to turn away from firearms and towards their futures.

"We help young people recognize the power they already have," Brown says proudly. "We walk alongside them to ignite their potential and support them as they lead with purpose."

Brown is part of a growing community of gun violence survivors in Georgia who have transformed grief into action. In 2022, Aaliyah Strong lost her fiancé, Tyshon "Ty" Ross, to gun violence at their workplace. Suddenly, a single mother to her four-year-old son, who was overwhelmed by grief and financial strain, Strong began advocating for survivors—work that led to an invitation to the White House to sign the Bipartisan Safer Communities Act. She went on to found Tyme to Thrive Beyond Grief⁽⁵⁾, an Atlanta-based nonprofit offering emotional, financial, and legal support to families impacted by gun violence, along with prevention programs.

As a mother, Strong is navigating the experience of survivorship alongside her young son. "He became more defensive, like he had to protect himself. . . He didn't fear guns, he felt like he needed one. I had to explain to a 4-year-old why he doesn't need one and how it can hurt someone you love."

Children exposed to gun violence suffer higher rates of PTSD, depression, and suicidal thoughts⁽⁶⁾. In Georgia, nearly 50% of children ages 3-17 lack adequate access to mental health treatment and counseling⁽⁷⁾.

Mental health visits provide a critical opportunity to counsel families on

Our youth are leading with courage. It's time for Georgia to follow their lead.

safe firearm storage. According to a 2023 CDC survey, one in five high school students seriously considered suicide while one in ten attempted suicide—with access to firearms tripling the risk of fatal outcomes⁽⁹⁾.

To stop the cycle of gun violence—whether it's a school shooting, suicide, homicide, or unintentional shooting—we must go beyond statistics and amplify the voices of children and teens whose futures are at stake. When asked what policymakers need to grasp about the impact of gun violence on youth, Khloe says, "They need to understand the mental toll this takes, for us to wake up and hope for the best. Young people aren't fully developed neurologically. These events make us very scared."

This fear becomes a deadly reality when combined with easy access to firearms.

As a pediatrician, I refuse to accept the preventable loss of any child's life, and, in far too many cases, firearms are the smoking guns. After the Apalachee High School Shooting last year, Georgia failed to pass meaningful firearm legislation, which has been proven in other states to save children's lives—including safe storage laws, universal background checks, and extreme risk protection orders⁽¹⁰⁾.

"If you feel the same way I do, speak up," says Khloe. "Being brave doesn't mean not being scared. It means acting even when you are."

Our youth are leading with courage. It's time for Georgia to follow their lead.

Neha Krishnam is a third-year medical student. Preethi Rajan is a Primary Care Pediatrician. The views and sentiments expressed here are theirs and are not intended to represent those of their employers or affiliated institutions.

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The Call to Action for Pediatric Providers: Staying the Course Despite the Noise



Iyabode (Yabo) Beysolow, MD, MPH

Pediatric healthcare providers are being asked to do even more during these times: navigate the challenges of politics and its impact on public perception of vaccines, adapt to changing vaccine recommendations, and confidently reassure parents about the importance and benefits of vaccines.

The American Academy of Pediatrics (AAP) published its own evidence-based immunization schedule for infants, children, and adolescents, available on RedBook at <https://publications.aap.org/redbook/resources/15585>, AAP.org at <https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf>, and parent-friendly versions on HealthyChildren.org at <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx>.

This is excellent news for pediatricians because the AAP has provided clear guidance on the immunizations children need to stay healthy, especially given the confusing and conflicting recommendations we're seeing. According to Dr. Susan Kressly, President of the AAP, "The AAP schedule published today continues our long tradition of creating evidence-based immunization recommendations, dating back to the 1930s when the Academy was founded. The AAP is committed to stepping up, in the way we always have, to advocate for children, families, and communities." Learn more at: <https://publications.aap.org/aapnews/news/32762>.

As a pediatrician, you might wonder, "How do I prepare my patients, parents, staff, and office for the upcoming respiratory season with all the misinformation about vaccines circulating?"

Stay the course. Keep being persistent Communicate clear, simple messages with families.

- Vaccines work! They save millions of lives each year.
- Diseases like measles, hepatitis B, the flu, COVID-19, and whooping cough still exist. They have NOT disappeared. Vaccines help prevent serious illness and death from these and many other diseases.
- Vaccines only work when people get vaccinated! Ensure your child is current with the vaccine schedules for children from birth to 18 years old recommended by experts at the American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx.
- Following the vaccine schedule recommended by pediatricians and scientists offers the best protection against diseases for children and adults.
- There is a lot of misinformation spreading about vaccines. Do not delay your child's vaccines or skip getting your child vaccinated because you have concerns or questions. Instead, reach out to trusted sources for answers or information about vaccines:
 - Your trusted pediatrician
 - Your trusted family doctor
 - Your trusted pharmacist
 - Your local health department

Remind families of the basics!

- Cover coughs and sneezes to prevent the spread of germs and protect others.
- Wash hands regularly to prevent germs and protect respiratory health.
- Keep frequently touched surfaces clean! Use household cleaners containing soap or detergent to eliminate germs and dirt.

The American Academy of Pediatrics has developed a suite of materials to help busy practitioners like you:

- Updated guidance for RSV immunization: <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073923/203221/Recommendations-for-the-Prevention-of-RSV-Disease>
- Updated guidance for COVID-19 immunizations: <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073924/203222/Recommendations-for-COVID-19-Vaccines-in-Infants>
- Updated guidance for influenza vaccine recommendations: <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073620/202845/Recommendations-for-Prevention-and-Control-of>

Recent articles in AAP News:

- Childhood vaccine schedule: publications.aap.org/aapnews/news/32835
- Covid-19 vaccine: publications.aap.org/aapnews/news/32836
- RSV: publications.aap.org/aapnews/news/32837
- Flu: publications.aap.org/aapnews/news/32712

Additional resources from Trusted Sources:

- AAP: Communicating with Families and Promoting Vaccine Confidence: www.aap.org/en/patient-care/immunizations/communicating-with-families-and-promoting-vaccine-confidence
- HealthyChildren.org: Immunizations FAQ: <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/default.aspx>

Resources to share with parents and caregivers.

- Vaccine Information: Immunize.Org: <https://www.vaccineinformation.org>
- How pediatricians can teach parents to recognize and resist vaccine misinformation: <https://publications.aap.org/aapnews/news/32418/>
- HealthyChildren.org: Are vaccines safe for children? <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Weighing-the-Risks-and-Benefits.aspx>

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Bridging Gaps in Pediatric Immunization: Insights from Student-Led Research



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Children from underinsured, uninsured, and low-income families may face several intersecting socioeconomic barriers to adequate healthcare, including transportation, cost, and language barriers, which contribute to lower immunization rates. The CDC reports that children born in 2016 and living below the poverty line have notably lower immunization rates by 24 months of age compared to children above the poverty line. In Georgia, immunization rates for children aged 19-35 months without insurance coverage were on average 11.08% lower than insured children⁽¹⁾. Rates in children living below the poverty line were lower than the national average for each vaccine group by values ranging from 1.8-11.1%⁽²⁾.

Childhood immunization is among the most effective public health interventions to prevent serious, preventable diseases. Barriers to vaccination place children at risk, weaken community immunity, and exacerbate disparities. To address these inequities in the greater Augusta area, the Asociación Latina de Servicios del CSRA (ALAS) Pediatric Clinic, a student-run free clinic associated with the Medical College of Georgia, partnered with the Georgia Department of Public Health (DPH) federally-funded Vaccines for Children's (VFC) program to bring vaccines directly to the children who need them most, in a trusted, accessible setting.

Through a DPH VFC partnership, ALAS Pediatric Clinic Coordinators (medical students) were trained by the DPH to administer vaccines at the ALAS clinic facility, Centro Médico, on January 8, 2025. Before this initiative, patients had an initial visit to the ALAS Pediatric Clinic for medical evaluation and then had to travel separately to the DPH to receive vaccines. This two-step process created significant challenges, particularly for those with limited transportation, language barriers, or undocumented status, who may hesitate to seek care in large government facilities where interpreting services are not always available. By offering a "one-stop shop," the clinic now provides

comprehensive care, including physician visits, on site vaccinations, interpreting services, and community referrals in a trusted, accessible, and culturally sensitive environment.

Barriers to vaccination place children at risk, weaken community immunity, and exacerbate disparities

To evaluate the new vaccine clinic's impact, the ALAS Pediatric Clinic analyzed patient immunization rates using the Georgia Registry of Immunization Transactions and Services (GRITS). This study included 68 patients seen since January 2025. As standard clinic protocol, patients were screened for vaccine eligibility based on CDC guidelines and offered due vaccines during physician visits. Vaccination status was recorded before and after visits for each vaccine group (Table 1) regardless of whether vaccines were accepted. Patients were grouped into three categories: children aged 0-6 years, children aged 7-18 years with complete early childhood (0-6 years) vaccines, and children aged 7-18 with incomplete early childhood vaccines.

Before clinic visits, immunization rates among patients aged 0-6 years were below national and state averages for all evaluated vaccines (Figure 1). Among patients aged 7-18 years with incomplete early childhood vaccines, adolescent vaccine coverage was especially low, with HPV (8%) and MenACWY (32%). Influenza and COVID-19 vaccination rates were consistently low across all age groups, with 3% influenza coverage in 2024-2025. Following clinic visits, overall immunization

Table 1. Vaccines included in the ALAS-DPH VFC Vaccination Project by age group

Early Childhood Vaccines								
Diphtheria, Tetanus, Pertussis (DTaP)	Hepatitis A (Hep A)	Hepatitis B (Hep B)	Measles, Mumps, & Rubella (MMR)	Pneumococcal Conjugate Vaccine (PCV)	Poliovirus (Polio)	Varicella	Influenza	COVID-19
Adolescent Vaccines								
Human Papilloma Virus (HPV)	Tetanus, Diphtheria, Pertussis (Tdap)		Meningococcal ACWY (MenACWY)		Influenza		COVID-19	

Bridging Gaps

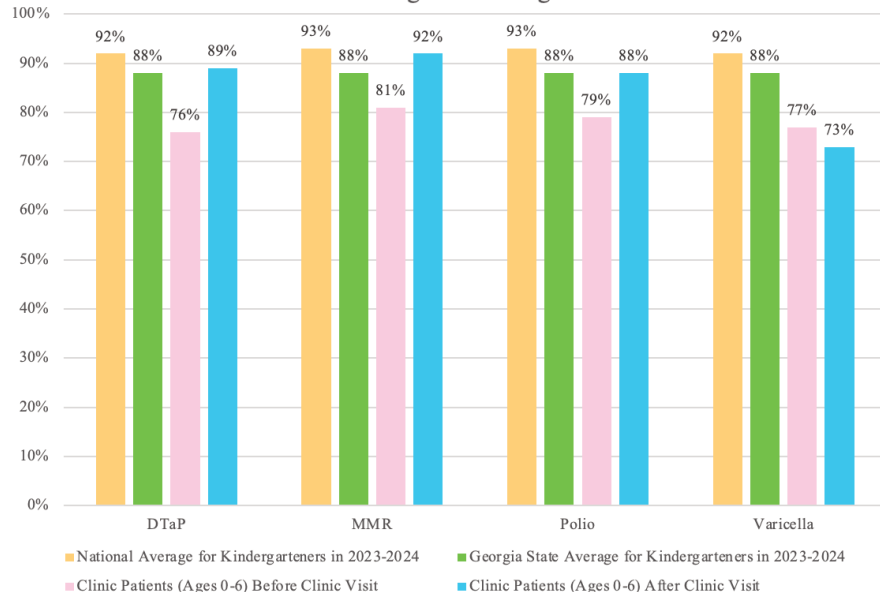
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rates increased across all age groups (Figure 2) and across most early childhood vaccines, with patients aged 0-6 years reaching above 90% coverage for Hepatitis A, Hepatitis B, and Measles, Mumps, and Rubella (MMR). Adolescent vaccination rates also improved, especially among patients aged 7-18 years with incomplete early childhood vaccines, where HPV coverage more than quadrupled to 36%, and MenACWY doubled to 64%.

These findings highlight significant gaps in immunization among underserved pediatric patients, demonstrating the need for a novel method of vaccine delivery. ALAS Pediatric Clinic's partnership with the GA DPH increases access to essential vaccinations and increases

vaccination rates in uninsured children in the community. This project also includes securing grants and fundraising to expand services, such as purchasing a portable medical refrigerator for mobile "Peds2U" clinics and a medical freezer to store Varicella vaccines, which were offered in clinic for the first time on August 13th, 2025. The clinic is also on the waitlist for Influenza vaccines and anticipates receiving them this season. By offering vaccines and language interpreting services in clinic, coordinators reduce the burdens of linguistic and transportation barriers while establishing personal, trusting relationships with patients and parents to guide patient education and medical decision-making.

Figure 1. Immunization Rates for ALAS Pediatric Clinic Patients (Ages 0-6 Years) vs. 2023-2024 State & National Kindergarten Averages



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Parental Perspectives on Pediatric Bedwetting: A Local Survey's Insights for Georgia Pediatricians



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Nocturnal enuresis remains one of the most common yet stigmatized pediatric urologic complaints. Despite its prevalence, many families struggle in silence, navigating an emotionally and socially burdensome condition. Our recent survey of 258 parents at Georgia Urology offers valuable insight into the lived experiences, treatment awareness, and therapeutic openness surrounding pediatric bedwetting, a dataset that may inform how we counsel and manage this challenging condition.

Parents are ready to act. Their willingness to spend and seek care reflects a clear demand for guidance from primary care and subspecialty providers.

Bedwetting and Its Broader Impact

Of the 258 parents with nocturnal enuresis, 55 (21.6%) children also had associated daytime wetting, which could be a sign of underlying bladder dysfunction. The majority (57%) of children were between 5 and 10 years old, with 33% aged 11–15, data that reflects the chronicity that often accompanies untreated or unsuccessfully treated cases.

Parents expressed substantial concern, with a median self-reported concern level of 8/10, while their perception of their child's concern had a median concern level of 7/10. This information indicates that children are often silently distressed, even if they don't articulate it. Equally important, parents showed a high level of readiness to act, with a median score of 10/10 when asked about their level of motivation to seek treatment for their child's nocturnal enuresis.

Awareness and Use of Existing Treatments

Unexpectedly, most parents (52.7%) were not aware of existing bedwetting solutions. Those that were aware commonly cited strategies including overnight pull-ups, bedwetting alarms, medications such as desmopressin or imipramine, and behavioral modifications. Effectiveness, however, varied. Many parents voiced frustrations and described current options as “band-aid solutions,” “inconvenient,” or “ineffective in the long-term.” Alarms, in particular, were criticized for being disruptive and hard to implement consistently.

When asked how much they would be willing to spend if guaranteed a successful outcome, over a third of parents were willing to spend more than \$500, underscoring both the emotional burden and the unmet need for effective treatment.

Neuromodulation:

A Bridge Between Skepticism and Curiosity

Despite the enthusiasm for treatment, there was a striking gap in awareness regarding neuromodulation-based therapies. Only 22 (8.5%) parents were aware of technologies such as TENS (transcutaneous electrical nerve stimulation), which have shown promise in managing urinary incontinence through bladder neuromodulation. Similarly, only 28 (10.9%) of parents were familiar with the term “neuromodulation.”

The term “electrostimulation” elicited mixed reactions. One-hundred and nineteen (46.1%) parents expressed concern about using such modalities on children; however, many of those same respondents were open to considering these treatments with proper reassurance. In fact, 166 (64.3%) parents said they would consider using TENS on their child, and 220 (85.3%) said they would use a device that gave excellent results using “gentle electrical stimulation” to their child's urinary control muscles.

Our survey results demonstrate a significant openness to innovation, provided the modality is safe, evidence-based, and explained in parent-friendly language. The hesitancy appears rooted more in unfamiliarity than outright opposition.

Technology-Integrated Solutions: A Path Forward

Parents were overwhelmingly receptive to incorporating technology into the management of bedwetting. 82% said they would be interested in a device that connects to a mobile app, allowing real-time alerts and monitoring. This desire highlights a need not only for better efficacy but also for greater caregiver control and involvement, potentially improving adherence and outcomes.

Implications for Pediatric Practice

This survey reinforces a few key takeaways for pediatricians in Georgia:

1. Bedwetting is not “just a phase.” Many children experience it beyond the early childhood years, and both they and their parents suffer emotionally and socially.
2. Parents are ready to act. Their willingness to spend and seek care reflects a clear demand for guidance from primary care and subspecialty providers.
3. There's a knowledge gap around newer therapies. Neuromodulation and other non-invasive treatments are promising but underrecognized. Clinicians have a key role in educating families, addressing concerns about safety, and contextualizing treatment within evidence-based care.
4. Technology may be the gateway to better engagement. Devices that integrate app-based monitoring may meet modern parental expectations that could improve adherence.
5. Care must be individualized. Daytime wetting, chronicity, age, and emotional toll all suggest that a one-size-fits-all approach is insufficient.

Pediatric Bedwetting

Continued from previous page

Conclusion

This survey of parents underscores the persistent and often underappreciated burden of pediatric bedwetting. We have an opportunity to bridge knowledge gaps, normalize discussion, and guide families toward both established and emerging treatments. Whether it's through behavioral strategies, alarms, medications, or promising modalities like neuromodulation, the key lies in listening to parents, validating their concerns, and crafting tailored, compassionate care plans.

Dr. Andrew Kirsch is Chief of Pediatric Urology at Children's Healthcare of Atlanta, Emory University, and Georgia Urology. He is co-author of The Ultimate Bedwetting Survival Guide written to help parents and their children navigate bedwetting. You can find the book on our website (www.globalcontinence.com) and here: <https://shorturl.at/I7uKw>.

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Understanding and Combating Vitamin K Refusal in Newborns



Emma DeLorme,
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During my newborn nursery rotation, I encountered several families who were reluctant to accept medical interventions for their newborns — including vaccinations, ocular erythromycin, and Vitamin K. Armed with resources and a strong belief in the importance of evidence-based care, I spoke at length with one such family about the role of Vitamin K and the risks of declining it. After our discussion, their reply, “I think we’re going to forgo it for now,” was a significant letdown. In hindsight, I shouldn’t have been surprised. They fit many demographics for a family that would decline vitamin K: female infant, white race, midwife assisted delivery, planned home birth, exclusive breastfeeding, and refusal of ocular prophylaxis and Hepatitis B vaccination.

A retrospective, multi-institution study conducted in Minnesota found that the incidence of Vitamin K refusal among term infants increased from 0.9% in 2015 to 1.6% in 2019 with some community hospitals reporting a refusal rate as high as 3.2%, and some birthing centers reporting refusal at 31%. As a result, more infants are at risk of developing Vitamin K Deficiency Bleeding (VKDB), a disease that

Conversations with parents regarding Vitamin K hesitancy should happen early

can have potentially debilitating consequences.

Since the AAP recommended universal Vitamin K administration after birth in 1961, the incidence of VKDB has decreased drastically. As a result, parents haven’t heard of VKDB and are unaware of how dangerous the disease can be. A survey of Tennessee parents who declined Vitamin K (2011–2013) revealed that 54% felt the injection was unnecessary, and 36% expressed a desire for a “natural” birth. Though the rate of VKDB is relatively low, it is higher among newborns who do not get vitamin K supplementation. Without Vitamin K supplementation, the incidence of early-onset VKDB (within the first 24 hours) and classical VKDB (2 days - 1 week old) is between 1/60 and 1/250 newborns. For late VKDB (up to 6 months of age), this incidence is lower at 1/14,000 to 1/25,000. While early disease is associated with maternal medications including phenytoin, carbamazepine, aspirin, and cephalosporins, both classical and late VKDB are associated with exclusive breastfeeding. Infants who do not get the vitamin K injection are 81 times more likely to get late onset VKDB, which is often more severe than the former two subtypes due to the association with intracranial hemorrhage.

How can pediatricians respond?

Conversations with parents regarding Vitamin K hesitancy should happen early. While the majority of parents still accept newborn interventions, non-compliance with vitamin K is often linked to future non-compliance with childhood vaccines.

Using evidence-based communication strategies

- Strategies geared towards vaccine adherence may be beneficial in counseling parents on Vitamin K administration. Using a presumptive format, the physician uses a closed ended statement to assert a position regarding a medical intervention. This intervention increases vaccine uptake, even among parents with negative vaccine attitudes, and has the potential to assist when administering Vitamin K.
- Motivational interviewing (MI), commonly used to counsel patients on health behaviors, is beneficial in prioritizing patients’ intrinsic motivation. Evidence has been generally supportive for using MI for vaccine hesitancy and may be similarly beneficial in Vitamin K counseling.

Empowering parents to recognize and combat misinformation

- In a 2016 study examining parents in the Southeast who declined Vitamin K for their children, 70% of participants indicated that they received their information from the internet. Pediatricians can encourage families to identify common misinformation strategies, including emotional manipulation/fear mongering, cherry-picking data, and science denial techniques, while also encouraging parents to cross check their sources with trusted organizations.

Fostering partnership with other healthcare providers

- Nurses play an essential role in educating parents about Vitamin K, given they typically administer the Vitamin K injection. Ensuring that nurses are well-versed in the safety and importance of Vitamin K, as well as the risks of VKDB, will better equip them to have these conversations with families.
- More collaboration between pediatricians and Certified Nurse Midwives/Certified Professional Midwives is needed to identify parents early who may be reluctant to administer Vitamin K. A study geared towards understanding midwives’ attitudes about Vitamin K found that the midwifery model of care, which prioritizes physiological birth and supports parents’ autonomy in decision-making, seems to attract a group of expectant parents who are more likely to question interventions such as IM Vitamin K prophylaxis.

Vitamin K Refusal

Continued from previous page

- More research is needed to understand the role of OB/GYNs in discussing Vitamin K prophylaxis with their patients before delivery and improving communication and consistent messaging among physicians.

Though the administration of vitamin K occurs in a very narrow window, it is important that all pediatricians are able to answer questions and promote Vitamin K prophylaxis during prenatal and newborn visits. Connecting with local OB/GYNs and supporting parents' desire to find accurate information are all ways pediatricians can continue to protect newborns from VKDB.

Resources for parents:

- <https://med.stanford.edu/newborns/clinical-guidelines/vitamink.html>
- <https://www.healthychildren.org/English/ages-stages/prenatal/delivery-beyond/Pages/Where-We-Stand-Administration-of-Vitamin-K.aspx>
- <https://www.cdc.gov/vitamin-k-deficiency/media/images/vitamin-k-p.pdf>

For a full list of references, please contact the author, Emma DeLorme, at edelorme@augusta.edu.

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Infection Prophylaxis in Sickle Cell Disease



Marianne Yee, MD, MSc

Children with sickle cell disease (SCD) are at increased risk for invasive bacterial infection, particularly pneumococcus. Functional asplenia, or the impairment of the spleen's normal immunologic function from sickle cell damage, occurs at an early age.

There are three pillars for preventing death or serious morbidity from invasive infection in children with SCD: (1) Immunizations, (2) Penicillin prophylaxis, (3) Immediate antibiotic treatment for fever.

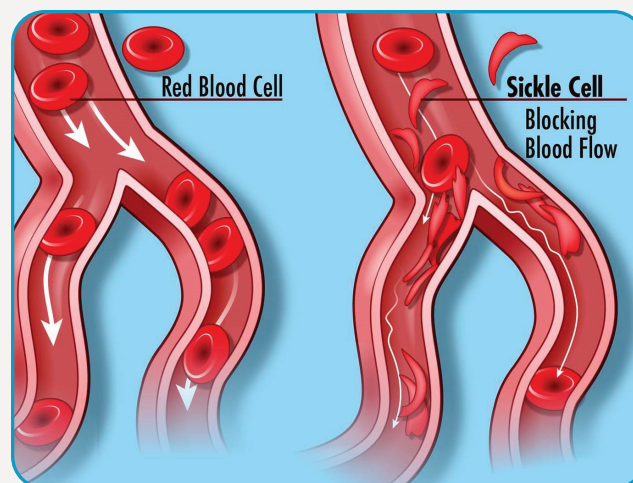
There are three pillars for preventing death or serious morbidity from invasive infection in children with SCD:

- 1. Immunizations**
- 2. Penicillin prophylaxis**
- 3. Immediate antibiotic treatment for fever**

1. IMMUNIZATIONS

Pneumococcal immunizations have resulted in a significant reduction in serious infection among children with SCD but have also resulted in a shift towards pneumococcal infections with serotypes not included in available vaccines. Recommendations for pneumococcal immunization in childhood have changed with the recent licensure of the 15-valent and 20-valent pneumococcal conjugate vaccines (PCV15 and PCV20, respectively). The current recommendation from the CDC for children at increased risk for pneumococcal infections (including all children with SCD) is to provide immunization either with PCV20 (Prevnar-20), or if PCV15 (Prevnar-15) is used for the childhood immunization series, then to follow this with the 23-valent pneumococcal polysaccharide vaccine (PPSV23, Pneumovax) at age 2 years with a booster 5 years later.

Children with SCD who have not received the H. influenzae type b (Hib) vaccine should receive this immunization, regardless of age. For N. meningitis, immunization with the quadrivalent meningococcal conjugate vaccine (A, C, W, Y serotypes) should be provided at an earlier age with regular boosters, and the meningococcal B vaccine provided at age 10 years or older, with boosters. Primary care providers should familiarize themselves with the CDC's recommendations for "increased risk" populations for each of these vaccines and stay current with new and future recommendations.



2. PENICILLIN

Before penicillin and pneumococcal vaccinations were routinely used, bacterial sepsis in children with SCD was much more prevalent than today, with a high mortality rate. The introduction of penicillin prophylaxis, provided twice daily to all children with SCD under 5 years old, resulted in a remarkable reduction in invasive pneumococcal infections in clinical trials. This finding led to the strong recommendation for penicillin prophylaxis to begin in all children with SCD by age 4 months or earlier, and for universal newborn screening for SCD to identify infants at high risk. Although evidence has not shown the benefit of continuing penicillin past age 5 years in all children, it should be continued in those with surgical splenectomy or a history of pneumococcal infection.

3. FEVER

Because of the historic high risk of bacteremia and associated mortality with infection, it remains the standard of care to obtain a blood culture and administer an empiric antibiotic in all children and adults with SCD for every episode of fever (101.3 °F or 38.5 °C). A child with SCD with fever may present initially well-appearing even with bacteremia present and is at risk of decompensation or death without immediate treatment. Currently there are no validated laboratory or clinical predictors of bacterial infection for SCD, thus the guideline to provide empiric antibiotics for all episodes of fever remains universally important for all children and adults with SCD.

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Atlanta, GA



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Updates on Respiratory Infections for the Fall



Janelle
Spencer-Ramirez



Christina A. Rostad,
MD, FAAP

2025-26 Respiratory Illness Outlook

The CDC estimates that peak combined hospitalizations for Influenza, RSV, and COVID-19 during the 2025-2026 respiratory virus season will be similar (within 20%) to the 2024-2025 season peak of 19.3 hospitalizations per 100,000⁽¹⁾.

Among infants 0-7 months, RSV-associated hospitalizations decreased by up to 43% in the 2024-25 season compared to pre-pandemic seasons.

Influenza

CDC expects moderate peak hospitalizations across all ages, based on recent variability in illness, immunity, vaccine effectiveness, and modeling data. The 2024-2025 influenza season was categorized as high severity across all ages, the first high severity since 2017-2018. High severity seasons are uncommon and not typically consecutive.

RSV

Overall hospitalizations are expected to peak at similar levels as last season. The availability of new immunizations, including monoclonal antibodies for infants and maternal and adult vaccines, was associated with an overall reduction in the number of RSV-associated hospitalizations last season. Among infants 0-7 months, RSV-associated hospitalizations decreased by up to 43% in the 2024-25 season compared to pre-pandemic seasons⁽²⁾. With growing awareness and the availability of the new monoclonal antibody clesrovimab, uptake of RSV prevention products is expected to increase this season.

COVID-19

The peak weekly hospitalization rate is also expected to be similar to the 2024-25 season. However, there has been a summer surge of COVID-19 activity in multiple parts of the U.S., which may impact the timing and severity of disease in the 2025-26 season. According to CDC Nowcast, as of August 30, 2025 the predominantly circulating SARS-CoV-2 variant in the U.S. was XFG (78%), also known as "Stratus," which is an Omicron subvariant of the JN.1 lineage⁽³⁾. Both the 2024-25 and 2025-26 COVID-19 vaccines target sublineages of the JN.1 variant (KP.2 and LP.8.1, respectively). While XFG has demonstrated some immune evasive properties, WHO expects it to be susceptible to current COVID-19 vaccines and to remdesivir and nirmatrelvir/ritonavir (Paxlovid)⁽⁴⁾. However, the restricted FDA approval and resultant reduced access to the 2025-26 vaccine may impact severity of the upcoming season.

Other Respiratory Pathogens to Note

In 2024, the CDC identified a post-pandemic increase in *Mycoplasma pneumoniae* cases in young children⁽⁵⁾. *Mycoplasma pneumoniae* infections are usually mild but can be severe and cause atypical pneumonia. Cases typically peak every 3-7 years and may occur year-round. The number of pneumonia-associated ED visits with an *M. pneumoniae* diagnosis has gradually declined since it peaked in August 2024, although cases continue to occur. Of note, macrolide resistance has been reported in <10% of U.S. cases overall, although limited reports show higher proportions with resistance in certain regions, including the South and East⁽⁶⁾.

As of August 2, more than 17,000 cases of pertussis, also known as whooping cough, have been reported in 2025, which is an increase over 14,000 cases reported at the same time in 2024⁽⁷⁾. There have also been four infant deaths this year, and infants who contract pertussis are at high risk of developing pneumonia and other complications. There is no distinct seasonal pattern for pertussis, but cases can increase in the summer and fall seasons. Importantly, the Pan-American Health Organization (PAHO) recently reported an increase in macrolide-resistant pertussis in the Americas region, which is observing a resurgence in the setting of declining vaccination coverage⁽⁸⁾. DTaP vaccination of infants and Tdap vaccination of pregnant women are mainstays of preventing pertussis in infants and young children.

According to data reported by the CDC on August 27, the rate of weekly measles cases in the U.S. is declining, although sporadic outbreaks and travel-related cases continue to occur⁽⁹⁾. Thus far, in 2025 there have been 1408 reported cases in the U.S., with 92% being in individuals who were unvaccinated or had unknown vaccination status, 13% requiring hospitalization, 28% occurring in children <5 years of age, and 3 confirmed deaths.

The CDC has also recently published new findings on measles vaccination coverage among kindergartners for the 2024-2025 school year. The national average for MMR vaccine coverage was estimated to be 92.5%, while the Georgia MMR coverage was only 86.8% among kindergartners in the 2024-2025 school year⁽¹⁰⁾. The community immunity threshold (CIT) needed to prevent or limit measles transmission is 92-94%.

Conclusions

In anticipation of the upcoming 2025-26 respiratory illness season, the best prevention efforts are to stay updated on all immunizations, including seasonal influenza vaccine, RSV immunization for eligible infants, updated COVID-19 vaccine, and all other routine immunizations of childhood. Other preventive measures, including

Fall RSV Infections

Continued from previous page

hand hygiene, isolation during acute illness, treatment as indicated, and additional prevention strategies, such as masking, can be helpful to further reduce risk of transmission⁽¹¹⁾.

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Georgia Chapter Foundation Endowment Campaign Update



Angela Highbaugh-Battle, MD, FAAP

Hello GAAAP!! I wanted to take a moment to share fantastic news with each of you. In 2021, we embarked on an ambitious campaign to raise \$500,000 to endow the Pediatric Foundation of Georgia, the philanthropic arm of the GAAAP. The work of our Foundation occurs in three major areas. Our main mission is to provide grants to worthy organizations who support the health and well-being of the children of Georgia. Additionally, we provide financial support to the Pediatric Interest Groups of the medical institutions in the state. With the growing number of medical institutions in our state, we hope to expand our support of learners. In 2024, we made the first grants to pediatricians rebuilding from the devastation of Hurricane Helene. I believe that what we have done so far is only the beginning.

I love being the bearer of great news!!

We cannot, however, rest on our success. The Foundation is looking for ways to broaden our reach to support children and the pediatricians who care for them. Every dollar counts, so please continue to give generously to the Foundation. It can be as painless as a \$25 monthly donation. I encourage each of you to select a worthy organization in your community and write a letter of support for a foundation grant, an opportunity to see our dollars at work. Now that we are endowed, we have even loftier goals to reach.

Congratulations and thank you!

Angela Highbaugh-Battle, MD, FAAP
*Immediate Past President, Georgia Chapter AAP
St Marys*



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Contact your Non-profit and direct them to apply on our website, <https://gaaap.org/about/pediatric-foundation-of-georgia/>



Write a letter of Support to add to the application

Please note, direct involvement with a Georgia AAP member is required for consideration.

Submit Application by May 15

Please make sure all grant applications are submitted by May 15th to be considered at the Summer Foundation Board Meeting



About the Pediatric Foundation of Georgia

Established in 1998 as the 501(c)(3) philanthropic arm of the Georgia Chapter, the Pediatric Foundation of Georgia exists to promote the health and well-being of Georgia children via philanthropic support of worthy non-profit organizations doing great work for children and adolescent in our state. The foundation's other mission is to support pediatrics as a medical specialty by encouraging medical students and residents in their study and training for pediatrics. To learn more about the Pediatric Foundation of Georgia, scan the QR code or visit <https://gaaap.org/about/pediatric-foundation-of-georgia/>.





Let's Talk: How Community-Led Conversations Are Saving Infant Lives Across Georgia



Alison Jacobson,
CEO

Georgia currently ranks as the 10th highest state in the nation for rates of Sudden Unexpected Infant Death (SUID), with Black infants dying at more than twice the rate of white infants. At First Candle, we know that reversing this trajectory means doing something radically different—and listening more closely.

Georgia currently ranks as the 10th highest state in the nation for rates of Sudden Unexpected Infant Death (SUID), with Black infants dying at more than twice the rate of white infants.

That's why we launched Let's Talk Community Chats, a culturally responsive initiative rooted in the lived experiences of families most affected by SUID. Made possible through a \$1 million grant from the U.S. Department of Health and Human Services Office of Minority Health, Let's Talk is a community-led model that doesn't just deliver information—it builds trust and empowers change.

Before launching, we convened a multi-sector task force in metro Atlanta, including doulas, lactation consultants, mothers, fathers, grandparents, public health professionals, and community organizers. Together, they helped identify the specific barriers families face in adopting safe sleep and breastfeeding practices, from medical mistrust to work schedules to lack of culturally relevant materials. These community members didn't just identify problems; many stepped up to be part of the solution, self-selecting to become Let's Talk facilitators.

Facilitators are trained through First Candle's Straight Talk for Infant Safe Sleep™ and implicit bias curriculum. They host monthly drop-in chats at places where families already gather, such as laundromats, community centers, and retail spaces. These events offer in-depth, nonjudgmental conversations, free resources like swaddles, pacifiers, diapers, and infant feeding support pillows, and practical tips that reflect each family's unique reality. We also connect families with support around housing insecurity, WIC benefits, and other vital social services. When a family needs a portable crib, we ship it directly to their home, removing the burden of transportation.

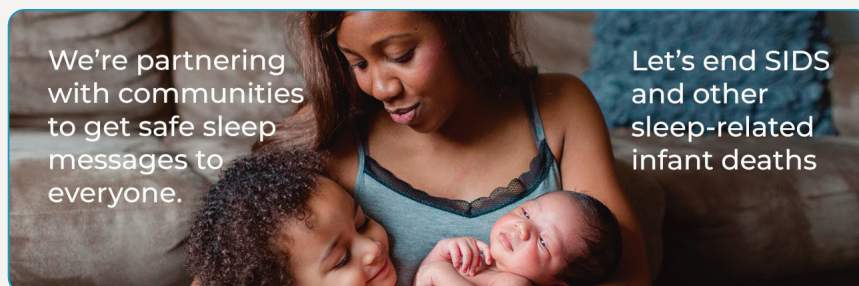
We're proud to have partnered with respected community organizations, including Best Birthing Services, Ready, Set, Push!, Reaching Our Brothers Everywhere (ROBE), and the Healthy Mothers Healthy Babies Coalition of Georgia. These trusted local voices are the backbone of our work and help ensure our message resonates deeply with the families we serve.

The program is growing quickly. We've recently expanded Let's Talk into the NICU at Grady Memorial Hospital, a local WIC office, and the Pediatric Center for Wellness—and brought the model directly into healthcare settings where new families need support the most.

Since its implementation in Georgia, Let's Talk has engaged hundreds of families, with 96% reporting the events were easy to access and 98% saying they felt comfortable with the facilitators. Among participants who previously practiced unsafe sleep, 51% reported they changed behaviors after attending a Let's Talk chat. Ninety-three percent said the materials and recommendations were relevant to their needs, and 92% said they would attend again.

What sets this program apart is its sustainability and authenticity. We are investing in community leadership, training local messengers, and ensuring that parents, especially Black parents, see themselves reflected in those providing care and education.

Pediatricians and healthcare providers across Georgia play a vital role in this movement. By partnering with Let's Talk or referring families to these events, providers can extend their reach into the community and ensure families receive ongoing, culturally resonant support.



Together, we can do more than reduce disparities—we can build a model of care that uplifts and empowers.

For more information or to become a Let's Talk partner site, contact destiny@firstcandle.org.

Alison Jacobson
CEO, First Candle
New Canaan, CT

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● The Jim Soapes Charity Golf Classic & Bingo Brunch

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Cherokee Run Golf Club
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● Legislative Day at the Capitol

February 19, 2026
Floyd Veterans Memorial Building
Atlanta, GA

● Pediatrics by the Sea

June 17 – 20, 2026
Ritz-Carlton Hotel
Amelia Island, Fla.

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