

IHS PEDS NOTES

A Newsletter for American Indian/Alaska Native Child Health

January, 2001

Volume 17

Bill Green, Editor

The 2001 Indian Child Health/Pediatricians Conference will be in Phoenix, Arizona May 10 through 12th.... Cost savings from again having the conference in Phoenix with the help of Dot Meyer and Pam Taylor will allow us to hold the meeting with no tuition charges. Some of the planning committee members felt that pediatricians from Oklahoma and other Areas would benefit from having the conference earlier before potential year-end problems with CME and travel, and we also benefit from lower hotel costs—final selection is pending shortly. This has allowed us to spend more money getting a truly outstanding set of speakers on topics you selected on survey. These include Michael Radetsky on Diagnosis of Pneumonia, William Dietz from the CDC on Childhood Obesity, Perri Klass on Promotion of Children's Literacy, Ann Bullock and Amy Hyde on Type 2 Diabetes in Children, Kate O'Brien on results of the Conjugate Pneumococcal Vaccine Study, and workshops and plenaries on Evidence Based Pediatrics, FAS, EMS, Renal, Neurology, Orthopedics, Rheumatology, Dentistry, Dysmorphology, and Psychiatry. A brochure will arrive shortly, but you can also FAX or send back the back page of this newsletter to Pam Taylor and reserve your space in workshops now!

Guidelines for use of the new conjugate pneumococcal vaccine suggest immunizing AI/AN children up to 59 months.... There are minor differences in the American Academy of Pediatrics policy statement (Pediatrics, vol. 6, No. 2 August, 2000 and the PHS Advisory Committee on Immunization Practices (October 6 issue of MMWR), though both also recommend considering use of a Pneumovax "PPV23 or PS 23" as a booster in children immunized after 24 months. The ACIP language, "vaccination program personnel and other health-care providers might consider whether Alaska Native and American Indian children aged 24-59 months would benefit by the additional coverage provided by the 23-valent polysaccharide vaccine." The AAP statement says, "If PCV7 is used, a single dose of 23 PS vaccine after administration of PCV7 should be considered, particularly in children of American Indian descent, to provide broadened pneumococcal coverage against serotypes not contained within PCV7". Many states already have or soon will provide vaccine through the VFC for routine immunization of all children under 23 months, and should provide vaccine for older Indian children to you through VFC based on these guidelines. Lance Rodewall in the CDC immunization program has been made aware of the possible impact of different state policies on the procurement of Prevnar for our "at risk" population. We need to advocate that vaccine be made available to all Indian and Alaska Native children on a universal rather than state by state basis. The October 6 issue of the MMWR is available for download with Adobe Acrobat at the CDC website and contains a great deal of background information on invasive pneumococcal disease; the AAP statement in Pediatrics is also accompanied by a technical review prepared by Gary Overturf, FAAP—we have made all these documents available to our nurses and providers in clinic.

Recent comprehensive technical review of the world literature conducted by CDC concluded that population based screening for Type 2 diabetes outside clinic settings is not warranted... Currently, no definitive studies have shown that early detection and treatment reduce long-term complications. The study did suggest that periodic screening of high-risk individuals as part of ongoing medical care may be warranted, understanding that evidence in support of this is incomplete. Questions remain about the optimal screening methods and best cutpoint measurements for a positive test. This systematic review has important differences with the consensus panel recommendations of type 2 Diabetes in children and adolescents by the American Diabetes Association in March, 2000 Pediatrics. The panel recommended screening all overweight children (BMI > 85th percentile for age and sex) who are of American Indian descent and/or have family history of type 2 diabetes in first and second degree relatives. I have problems with the latter recommendation because application in our communities would produce a large number of eligible children as screening candidates without clear evidence that such a strategy will improve outcomes as noted in the CDC review. The recently published textbook "Evidence Based Pediatrics and Child Health" has a table of seventeen criteria to be filled prior to initiating a screening program that I would recommend to anyone considering initiating a diabetes screening program for children at their facility. There is an ethical obligation to inform families of the advantages and disadvantages of screening, a need for an a priori agreed policy on further diagnostic investigation of those that screen positive, and need for adequate resources for follow-up and treatment, among others. The CDC review reference is Engelgau MM et al, "Screening for type 2 diabetes". Diabetes Care 2000 Oct; 23(10): 1563-80. It is also cited in the January, 2001 Diabetes Care Supplement 1, "Clinical Practice Recommendations 2001." I can send you a copy of the seventeen criteria for a screening program from page 35 of Evidence-Based medicine if you request it.

Recent report by Candace Jones, MPH Director of IHS Dental Programs highlights increasing disparities in dental health of Indian children... Between age 2 and 4 over 70% of Indian children suffer significant dental decay, rates 3 to 4 times that of the general population. Causes may include dietary changes and the old culprit "bottle mouth" and perhaps an increased susceptibility to infection with streptococcus mutans, the decay causing organisms, by 1st year of life. Despite increasing problems IHS vacancies for dentists are the highest for any health related field and lack of access to dental care is increasing. There is a definite need to practice anticipatory guidance during well-child visits in the first year—the dental program has a new, improved guide on preventing bottle mouth and decay with wonderful pictures of Indian families "Stop Tooth Decay Among our Native American Children" available from Barbara Holcomb, 503/644-1026. There may also be a new role for pediatricians in applying varnishes. More information will be at the dental workshop presented by Candace Jones at the spring meeting. December Pediatrics electronic pages has a survey on the role of the pediatrician in oral health by Charlotte Lewis and David Grossman that highlights many of these issues and offers several recommendations: "The Role of the Pediatrician in the

Oral Health of Children: A National Survey.” The Committee of Native American Child Health will be working on this issue in the coming year.

Indian Health Care Pediatricians in the news...Cliff O’Callahan, MCH coordinator for the Portland Area, has just published an excellent child health newsletter on 23 topics, many not covered here—he is at (253) 593-0232 #478 cocal@u.washington.edu; if you would like to receive a copy or I can forward you one. Cliff also wrote an excellent commentary in the December issue of Pediatrics (vol. 106, (6) pp1480-1) on how he manages to practice community pediatrics while working at a tribal health facility. This is an important model for how to not only maintain but expand child health community and public health practice in the new era of tribal self-governance.

Diana Hu, pediatrician and MCH coordinator for the Navajo Area received the Native American Child Health Advocacy award at the American Academy of Pediatrics annual meeting in Chicago in September. While maintaining an active clinical practice in Tuba City Diana has been involved in an astounding number of activities including collaborating on original research, coordinating immunizations and child death reviews, teaching and sponsoring conferences, and serving as a vocal and effective advocate for the needs of Navajo children. After talking to her I always feel my central processing unit needs an upgrade! The Navajo Area and the Indian Health Service are indeed blessed to have such a talented pediatrician continuing to help make Tuba City and Navajo an IHS Center of excellence.

A Special Interest Group on Indian Child Health has been created within the Section on Community Pediatrics... Thanks to the advocacy of Hal Margolis, Jim Jarvis, David Grossman and others of the CONACH this special interest group will allow interested pediatricians to meet together at annual meetings, plan continuing education activities, and possibly develop advocacy positions. I urge all of you to apply to become a member of the Section on Community Pediatrics and join the Special Interest Group—Ana Garcia at the AAP 800/433-9016, ext 4739 agarcia@aap.org can help you get the simple application or you can apply online at the AAP website. With time this can become an important complement to the work of the Committee on Native American Child Health and additionally allows participation of pediatricians still active in IHS.

Neil Murphy, Chief Clinical Consultant in OB, is putting together a **Maternal Child Health website for the IHS homepage**, and needs ideas on content and links to other useful sites—please contact me or Neil at Alaska Native Medical Center if you have suggestions (nmurphy@anmc.org). Progress to date on the child health site can be viewed at: wwwdev.ihs.gov/medicalprograms/maternalchildhealth/childhealth.html Both Cliff’s and my newsletter can be viewed there as well as some proposed links to child health websites.

FAX COVER SHEET

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Yes, I would like to register for the IHS Child Care/Pediatricians Conference Thursday, May 10, Friday, May 11, and Saturday Morning, May 12, 2001 in Phoenix, Arizona. Send me hotel contact information when available.

FROM: _____

PHONE:

FAX: _____

E MAIL ADDRESS:

My choices for workshops appears below. (Note each workshop repeats once)

Thursday, May 10 afternoon: 1st Session:

- Community Based Approaches to Childhood Obesity
- Top Ten Infectious Disease Articles
- Challenges of Child Dental Care, Role of the Pediatrician
- Preventing, Assessing, and Treating Fetal Alcohol Syndrome

2nd Session:

- Community Based Approaches to Childhood Obesity
- Top Ten Infectious Disease Articles
- Practical Approach to Treatment of Type 2 Diabetes in Clinic Settings
- Evidence Based Pediatrics

3rd Session:

- Practical Approach to Treatment of Type 2 Diabetes in Clinic Settings
- Challenges of Child Dental Care, Role of the Pediatrician
- Preventing, Assessing, and Treating Fetal Alcohol Syndrome
- Evidence Based Pediatrics

Friday, May 11th afternoon: 1st Session:

- Initiating and Maintaining Reach out and Read Programs
- Long Term Care of Children with Cerebral Palsy and Myelodysplasia
- Diagnostic Work-up of Hematuria and other Common Renal Conditions
- Ongoing Care of Children with Common Dysmorphic Syndromes

2nd Session:

- Initiating and Maintaining Reach out and Read Programs
- Long Term Care of Children with Cerebral Palsy and Myelodysplasia
- Selecting and Interpreting Tests for Rheumatologic Diseases in Children
- Common Everyday Orthopedics in Pediatrics

3rd Session:

- Selecting and Interpreting Tests for Rheumatologic Diseases in Children
- Diagnostic Work-up of Hematuria and other Common Renal Conditions
- Long Term Care of Children with Cerebral Palsy and Myelodysplasia
- Common Everyday Orthopedics in Pediatrics

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