



# Pediatric News



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COURTESY LIFESPAN/ROBIN DUNN BLOSSOM

Dr. Christine Barron says certification of physicians in child abuse pediatrics as a separate subspecialty is critical.

## Child Abuse Ped. Subspecialty Is Born

BY MARY ELLEN SCHNEIDER

Pediatricians who devote themselves to the care of abused and neglected children will have a chance to show their skills this fall during the field's first certification exam.

In November, the American Board of Pediatrics will hold the first-ever board certification examination for the subspecialty of child abuse pediatrics. Over the next 2 years, the Accreditation Council for Graduate Medical Education (ACGME) is expected to finalize requirements for fellowship training in this area.

The discipline was first recognized as a subspecialty deserving of certification by the American Board of Medical Specialties in 2006. Certification of individuals and accreditation of training programs in child abuse pediatrics as a separate subspecialty is critical because the field is truly outside the domain of general pediatrics, said

Dr. Christine Barron, cochair of the Child Abuse Pediatrics Program Directors Committee for the Ray Helfer Society, an honorary society of physicians seeking to provide leadership to enhance the prevention, diagnosis, and treatment of child abuse and neglect.

Physicians trained in child abuse pediatrics have specialized training that allows them to complete medical evaluations and assessments of children who are suspected victims of abuse, and to properly manage complex cases, she said. Having recognized specialists in this area also allows child abuse pediatricians to focus on prevention, an area that has historically been a low priority.

"It's really important that that piece remain a focus so we have an opportunity to complete research and implement interventions, with a focus on making effective changes in what we have seen continue from one

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Dr. Seth M. Pransky advises on how to deal with neck masses.

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## ACIP Picks Five Groups for Novel H1N1 Vaccine

Children are one of the priority groups.

BY MIRIAM E. TUCKER

ATLANTA — Initial vaccination efforts against the novel influenza A(H1N1) should focus on immunizing as many people as possible in five target groups, while smaller subsets of some of those groups should be targeted if demand for vaccine exceeds supply. As more supply becomes available, the rest of the population should be targeted for vaccination.

Those recommendations were made by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention at a special 1-day meeting on July

29. Primary targets for novel influenza A(H1N1) (nH1N1) immunization efforts include the following five groups, which together total approximately 159 million individuals in the United States. Current seasonal influenza coverage among these groups is only 20%-50%, said Dr. Anthony J. Fiore of the CDC's Influenza Division.

► **Group 1: Pregnant women.** They have been found at higher risk for complications from seasonal influenza in past pandemics, and several deaths have been reported among pregnant women during the current 2009 pandemic. Vaccination of preg-

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## Guidelines Say Don't Play On Day of Concussion

BY BRUCE JANCIN

KEystone, COLO. — No athlete under the age of 18 who experiences a concussion should ever be allowed to return to play on the same day, according to recent consensus recommendations arising from the Third International Conference on Concussion in Sport.

This position is solidly based in incontrovertible evidence that the still-developing brains of adolescents and children are slower to heal from concussions, Michael W. Collins, Ph.D.,

said at the annual meeting of the American Orthopaedic Society for Sports Medicine.

"The younger you are, the longer it takes to recover from the injury. The data [are] unquestionable that kids are different. The only cases of second-impact syndrome have happened in adolescents and young adults, the point being that the developing brain is more vulnerable," explained Dr. Collins, assistant director of the University of Pittsburgh Medical Center sports concussion program.

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# Certification Exam in Fall

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generation to another," said Dr. Barron, who is also the clinical director of the child protection program at Hasbro Children's Hospital in Providence, R.I.

Although physicians have been working in the discipline for many years, the first certification exam comes as the field is really beginning to mature, according to Dr. Philip V. Scribano, medical director of the center for child and family advocacy at the Nationwide Children's Hospital in Columbus, Ohio, and cochair of the Child Abuse Pediatrics Program Directors Committee for the Ray Helfer Society.

Leaders in the discipline first attempted to obtain subspecialty status in 1998, but the application was denied at that time. Since then, physicians working in the field better defined the subspecialty, and research "exploded," creating a substantive core body of knowledge, Dr. Scribano said. Specifically, during the last 10 years, researchers have begun to better understand the biologic basis of disease processes that have their origins in childhood trauma experiences. This, and other research efforts, have helped to define the field, he said.

Despite research advances, the field is still—relatively speaking—in its infancy, said Dr. Kent Hymel, immediate past president of the Ray Helfer Society and a member of the child abuse pediatrics sub-board of the American Board of Pediatrics, which is writing the certification exam.

"The value, as we all see it, for board certification is that it will require a standardized educational approach that we think can only lead to improved rigor being applied to the confirmation of abuse and the exclusion of abuse," said Dr. Hymel, who is also the medical director of the child advocacy and protection program at Dartmouth-Hitchcock Medical Center in Lebanon, N.H. Certification and accreditation are likely to lead to more rigorous research efforts that will ultimately improve objectivity in diagnosing suspected cases of child abuse, he said.

Dr. Hymel is hopeful that certification and accreditation also will improve communication between subspecialists in child

abuse pediatrics and primary care physicians on the front line. Over time, the cadre of expert child abuse pediatricians can begin to serve as a resource for general pediatricians, family physicians, and emergency physicians who need guidance or advice about assessing a child, he said.

That's how the American Board of Pediatrics, which will administer the certification exam in November, sees the subspecialty functioning, too.

"It's really not the expectation that [child abuse pediatricians] can take care of every child who has been abused, but that they will move the discipline forward, generate new knowledge, and be teachers of general pediatricians for the future," said Dr. Gail McGuinness, executive vice president of the American Board of Pediatrics.

The exact size of the newly minted field is still unclear. However, more than 200 pediatricians have applied to take the first certification exam, an interest level comparable to that seen for developmental and behavioral pediatrics, the last subspecialty created in pediatrics, Dr. McGuinness said.

In the future, pediatricians seeking board certification in child abuse pediatrics will have to successfully complete 3 years of accredited fellowship training in order to take the exam. However, the board has established temporary criteria for the first three certification exams to give the ACGME time to accredit training programs and to allow those who have practiced the discipline without formal training to have access to the certificate.

Currently, to qualify to take the certification exam, physicians must demonstrate that they have practiced the discipline for at least 20 hours a week for 5 years. Or individuals must show that they have successfully completed 2 years of formal fellowship training. For those who begin their training in 2010, the requirement will increase to 3 years of training, but the training is not yet required to be accredited. The certification exam will be offered every 2 years. Individuals will be required to successfully complete the exam every 10 years, along with other requirements to assess lifelong learning and performance in practice, as part of maintenance of certification. ■

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INTERNATIONAL  
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# Rotavirus Season Weakened by Wider Use of Vaccine

BY LEANNE SULLIVAN

In the first full year since the pentavalent rotavirus vaccine was recommended for routine immunization of infants, the rotavirus season started later, was shorter, and was less severe, compared with 6 previous years.

Data on the timing and severity of the rotavirus season were obtained for the years 2000-2006 and for the 2007-2008 season from the National Respiratory and Enteric Virus Surveillance System. The 2006-2007 season was excluded because it was the first year after the new vaccine recommendation was made in February 2006, said Jacqueline E. Tate, Ph.D., and her colleagues in the division of viral dis-

eases, Centers for Disease Control and Prevention. This is the first analysis of complete data for the 2007-2008 season.

The researchers found that the onset of the most recent rotavirus season occurred nationally in late February, a median of 15 weeks later than during the comparison years. Onset of the season was comparatively later in all geographic regions, ranging from 5 weeks later in the Midwest to 16 weeks later in the North.

Nationally, the peak of the 2007-2008 season began in late April, which was 8 weeks later than in previous seasons, with a range of 2 weeks later in the North to 12 weeks later in the West.

In the United States as a whole, the season was 12 weeks shorter overall af-

ter the introduction of the RotaTeq vaccine (Merck & Co.)—14 weeks vs. a median of 26 weeks in 2000-2006. The 2007-2008 season in the North lasted only from late April to mid-May (2 weeks vs. 23 weeks in previous years), and was 16 weeks long in the West, compared with 33 weeks in the prevaccine years.

In addition, the proportion of tests that were positive for rotavirus declined 69% in 2007-2008, compared with the median proportion in the previous years, and there were 67% fewer positive test results overall (Pediatrics 2009;124:465-71).

"These remarkable changes in rotavirus activity coincide with increasing use of rotavirus vaccine," Dr. Tate and her colleagues wrote. However, because

only an estimated 31% of children younger than 2 years had received the vaccine in early 2008, the substantial decline in the length and magnitude of the rotavirus season across the country suggests "indirect benefits to unvaccinated individuals from reduced viral transmission in the community (i.e., herd effects)," they said.

The study was limited by the voluntary nature of the surveillance system and by the fact that rotavirus testing is not standard practice. Continued surveillance will be needed to confirm the trends found in this study, the authors noted.

The investigators reported no relevant financial conflicts of interest. ■