



INAAP Monthly News & Updates

May 2017

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Letter from the President

As you read this newsletter, I will be 10 miles into a 5 day hiking trip with my husband and four children. Given this, and the recent tick related illnesses reported throughout our state, I appreciate Dr. John Christenson's willingness to write up a summary on the basics of tick-borne disease evaluation and management for this month's newsletter.

Up-to-date information and updates like the one provided by Dr. Christenson are some of the many benefits of being an INAAP member. Sharing this information with our members throughout the state benefits all our pediatricians, as well as our patients.

If there is a topic you're interested in tackling or an update you'd like to share with our members, we'd love to hear from you. Email Chris Weintraut at cw@inaap.org to get started!



Dr. John C. Christenson Provides the Latest on Ticks and Mosquitoes

Ticks are out in force already. As of June 12, 2017 there have been several cases of ehrlichiosis throughout the state. Two cases of severe Rocky Mountain Spotted Fever have been managed locally with one resulting in death. We are receiving daily calls from practitioners in the community with children with known tick exposures, some with febrile illnesses including non-specific signs and symptoms such as muscle pain, joint pain, fatigue, and on occasion the presence of some type of exanthem. So far most of these children do not have a "classical" erythema migrans [EM] exanthem or a rash characteristic of RMSF. How do we handle these children? Does everyone need serologic testing to confirm diagnoses? Do we observe them a few days to see if they develop other signs or

symptoms? Or do we just go ahead and treat them with doxycycline? Does the absence of thrombocytopenia eliminate the likelihood of RMSF? Is prophylaxis indicated for all children with a tick bite? Does Lyme disease exist in Indiana? The Indiana Chapter of the American Academy of Pediatrics thought a brief review addressing some of these questions would be beneficial for its members and parents. It is impossible to cover in great detail all tick-borne pathogens, but with greater awareness in the community at this time, it seemed reasonable to address the most

common conditions seen in our region. Suggested references are listed at the end of this summary.

Rocky Mountain Spotted Fever [RMSF] caused by the bacteria *Rickettsia rickettsii* is endemic in Indiana. In our region, the American dog tick, *Dermacentor variabilis* is a major vector in the eastern and central US. The brown tick *Rhipicephalus sanguineus*, a common tick throughout the US, is responsible for RMSF in Arizona. RMSF is most prominently reported in North Carolina, Tennessee, Kentucky, Missouri, Arkansas and Oklahoma.

Amblyomma americanum, the lone star tick, is responsible for most cases of Ehrlichia, the cause of the human monocytic ehrlichiosis, a condition that may mimic RMSF. This tick is endemic in southern parts of Indiana. Most cases occur in Arkansas, Oklahoma, TN, and Missouri.

Lyme disease, caused by *Borrelia burgdorferi*, is reported in Indiana. *Ixodes scapularis*, the blacklegged tick, are widely distributed in this region. Every summer we hear of [and see] many cases of EM in Indiana. We have seen many patients with Lyme arthritis, and several with CNS manifestations of infection such as facial palsy and aseptic meningitis. This past year we saw a patient with serious carditis. I have personally seen patients who live south of Bloomington. Most cases of tick-borne infections occur between April and September.

ROCKY MOUNTAIN SPOTTED FEVER

Patients with rickettsial infections such as RMSF and ehrlichiosis must have fever. While they may lack other features, fever must be present. Afebrile children with rashes are likely to have some other condition such as contact dermatitis, allergic reaction or mild viral infection. Not all patients will have a known tick bite or exposure [~50% of patients]. Fever, myalgia, headaches, nausea, vomiting, decreased appetite and abdominal pain are observed in children with RMSF. The rash usually appears in the first week of symptoms. Erythematous macules are usually noted first on the ankles and wrists. From these they tend to "migrate" up the extremities and towards the trunk. The rash also migrates towards the palms and soles. While the "classical" exanthem develops in most children, some will have atypical rash on distribution or lack the rash altogether. Exanthems are difficult to assess in children with dark skin. The "classical" petechial rash that involves the palms and soles is a late manifestation of the disease and is a marker of severe disease and/or poor prognosis. The small vessel vasculitis of RMSF can affect any organ resulting in hepatic and renal dysfunction, ARDS, coagulopathy, myocarditis, and meningencephalitis. Multiorgan dysfunction is a marker of severe disease. The presentation of RMSF can be insidious in its progression over several weeks or it can be very acute. Thrombocytopenia, +/- leukopenia, and elevated liver transaminases can be observed in most patients. Hyponatremia can be seen in a few patients. Once RMSF is suspected, therapy needs to be started immediately. A delay in effective therapy past the 5th day of symptoms is associated with increased morbidity and mortality [as high as 30%]. Early effective therapy will diminish the severity of the infection and leads to defervescence within 48 hours.

Children WILL NOT develop signs and symptoms of RMSF just hours after a tick exposure. The median incubation period is ~1 week [range, 2-14 days]. It is critical that clinicians consider the incubation period when determining the likelihood of the infection. However, clinicians must remember that a large number of patients do not have a history of tick exposure. Serologic and PCR technology can be utilized to confirm the diagnosis of RMSF. Negative test results do not rule out the infection. PCR of blood may detect the infection earlier. It takes close to 7-10 days for antibodies to start to rise. Acute and convalescent titers usually have a high sensitivity and specificity. Therapy should not be delayed waiting for laboratory confirmation in a patient with suspected RMSF. Doxycycline at 2.2 mg/kg/dose every 12 hours [max. 100 mg bid] is the recommended agent irrespective of age.

[CONTINUED - Full Article Here](#)

**Free Adolescent Immunizations
Seminar and Fluoride Varnish
Training - Friday June 30th at
Purdue University**



RSVP Deadline June 26th

INAAP will be hosting an adolescent immunization seminar on Friday, June 30th at Purdue University in West Lafayette, Indiana.

The seminar will address a broad range of topics relating to adolescent immunizations, with a focus on how to make a strong recommendation for the HPV vaccine. Other areas of focus will include: epidemiology, issues related to vaccine avoidance, and ways to improve compliance with vaccine schedules, discussion of vaccines in the adolescent platform, and updates on vaccines in development. Participants can earn 20 MOC part II Points and 2 hours of CME.

INAAP will also be providing an optional session on fluoride varnish. Get trained to provide fluoride varnish in your practice, and get all the information on billing and reimbursement.

A flyer for the seminar, along with the full course description is available [HERE](#).

Registration is free, but RSVP is required. To RSVP, email Chris Weintraut at cw@inaap.org.



INAAP Thanks Kyle Baugh for Two Years of Service

INAAP staff member Kyle Baugh will be saying goodbye to the organization at the end of June after two years of service. Though everyone involved with INAAP is sad to see Kyle go, we are also thrilled because she is set to start medical school at IU School of Medicine in Bloomington, Indiana this fall.

Kyle has been an invaluable friend and resource to the organization, and served as interim executive director from August 2015 to March 2016. She has worked tirelessly behind the scene to further INAAP's goals, and will be sorely missed. Please join us in wishing her well in her future endeavors!

Upcoming INAAP Meetings

There are several upcoming meetings for those who want to learn more about INAAP's efforts, or who are looking to get more involved.

So far in June, INAAP has hosted two committee teleconferences that saw increased participation from across the state. There is one more teleconference scheduled for this month, and our committees will then convene again in August.

Additionally, our next in-person meeting will be at the end of July (see below for more details).

If you haven't been involved in one of our child-health committees before due to distance or the timing of the meetings, now is the perfect time to join! Information on the three committees is as follows:



Preventive Health (teleconference)

Rick Reifenberg, MD, FAAP, rreifemb@IUHealth.org (co-chair)
Cynthia Robbins, MD, MS, FAAP cyrobbin@iu.edu (co-chair)
Next Meeting: **Wednesday, June 21st at 6:00 pm**

INAAP General Meeting (In Person)

Held at the Joseph Maley Foundation
7128 Lakeview Pkwy W Dr, Indianapolis, IN 46268
Next Meeting: **Wednesday, July 26th at 6:00 pm**

Early Brain & Childhood Development (teleconference)

Chair: Katie Swec, MD, FAAP, kathleenswec@gmail.com (chair)
Next Meeting: Tuesday, **August 8th at 12:10 pm**

Perinatal and Infant Mortality (teleconference)

Tony GiaQuinta, MD, FAAP, indypeddoc@gmail.com (co-chair)
Emily Scott, MD, FAAP, escott1@IUHealth.org (co-chair)

Teleconference Information for all committees will be the same, and is included below. If you want to learn more about the work being done by each committee, feel free to call and listen in! You can use either your computer (with mic and speakers) or your phone.

Teleconference Information:

Using a computer: <https://www.uberconference.com/inaap>

Using a phone: Dial-in number: 857-216-4676, PIN: 52460



Medicaid Day of Action - June 22nd

The American Academy of Pediatrics is calling on all its members to take action this coming Thursday, June 22nd, to help protect children's access to quality health care.

Right now is a critical window to influence the Senate health care proposal, and the most effective way to do so at this point in the process is with phone calls. Each call is logged,

and the net effect is for Senators to get the message that their constituents feel strongly about protecting Medicaid.

How to Call Your Senators & What to Say

On June 22nd, pick up the phone and call using the information below!

Senator Joe Donnelly Office Numbers

Washington, DC:(202) 224-4814

Evansville:(812)425-5813

Fort Wayne:(260) 420-4955

Hammond:(219) 852-0089

Indianapolis:(317) 226-5555

Jeffersonville:(812) -284-2027

South Bend:(574) 288-2780

Senator Todd Young Office Numbers

Washington, DC:(202) 224-5623

Indianapolis:(317) 226-6700

New Albany:(812) 542-4820

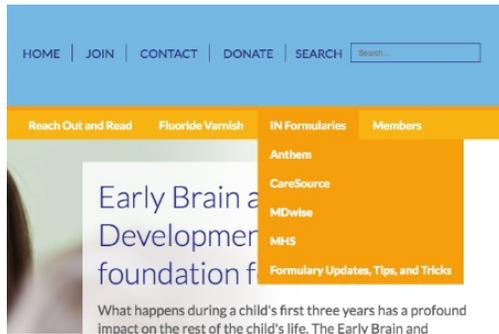
Start with their DC office and if you can't get through, try the district office closest to where you live. If you have time, ask for a local meeting in the state. If you don't have time to meet, say the following when you call:

- Hello. I am pediatrician from {your town} and a member of the American Academy of Pediatrics. I am calling today to urge {Senator Donnelly/Young} to oppose any funding cuts or caps to Medicaid in your health care bill.
- Medicaid covers children from low-income families and children with special health care needs. It's a lifeline program for 564,000 children in our state.
- I am deeply concerned with any proposal to cut or cap federal funding for Medicaid in any way. Doing so would shift costs to states, likely leading to enrollment and benefit cuts, and leaving children worse off.
- Insert brief anecdote if you have one of a patient on Medicaid who would be impacted.
- Through Medicaid, children are guaranteed benefits that cover a comprehensive array of medically necessary services, including developmental, vision and hearing screenings. Pediatricians recommend these services because they help diagnose, treat and prevent complex conditions right away, saving money and lives. Capping Medicaid funding means these services could be rolled back or eliminated altogether.
- Please protect children's health care coverage and oppose any funding cuts or caps to

Medicaid in any health care bill you consider.

Additional information on how you can be involved in the day of action, including social media messaging and letters to the editor can be found here:

[DAY OF ACTION INFORMATION](#)



Update - Work Continues on Formulary Concerns

INAAP leadership will meet with FSSA again on July 6 to continue the discussion about how to resolve the numerous issues that have been identified with the Medicaid formulary changes that went into effect on January 1st.

Though we are making progress, we still need your help. Please continue to send us examples of

issues you are having with the formularies so we can work towards a resolution. Please send details of any issues to Chris Weintraut at cw@inaap.org.

Reminder: the formularies for all four managed care providers in Indiana are now available straight from the home page of INAAP's website. The formularies will be updated monthly, and should provide easier access to each list. Additionally, INAAP has posted a document detailing its current efforts with Indiana Medicaid, as well as "tips & tricks" on how to navigate some of the specific problems that have arisen since January. The list is meant to be a "living document," and will be updated as INAAP learns new information.

[INAAP Website](#)



Dr. Jaime Stelzer - INAAP's New Central Region Representative

INAAP is pleased to announce that Dr. Jaime Stelzer has agreed to serve as Regional Representative for the Central Region of Indiana. Dr. Stelzer is board certified in pediatrics, and has a special interest in childhood asthma and preventive care. Dr. Stelzer practices in Anderson, Indiana as part of Community Anderson Pediatrics.

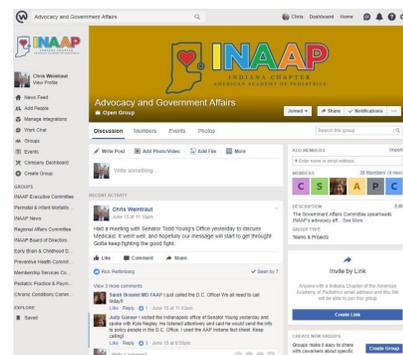
As a Regional Representative, Dr. Stelzer is tasked with presenting the interests, questions and concerns of members in her area to the INAAP Regional Affairs

Committee. Dr. Stelzer will also serve as a liaison between INAAP and the community where she serves.

Join Us on Workplace - A Place for INAAP Members to Collaborate

INAAP recently implemented "Workplace," a communication and collaboration platform produced by Facebook. The platform allows members to share thoughts, questions, documents, and other information quickly and easily.

Only INAAP members are permitted to join, so Workplace is the perfect place to bounce ideas off of other pediatricians and nurse practitioners throughout the state. Having those questions and collaborations stored in a central place will also serve as a resource to new members.



We highly encourage INAAP members to join. The platform will be more effective the more members we have involved. If you are interested in joining Workplace, contact Chris Weintraut at cw@inaap.org. He will send you an invitation and get you set up!



INAAP's Fluoride Varnish Training Available at www.inaap.org

INAAP is pleased to announce that it has developed a fluoride varnish training video that has been approved by Indiana Medicaid and that is now available through the INAAP website. Watching the training video will provide you and you with everything

you need to know to successfully implement fluoride varnish into your practice.

The 17-minute training video is only available to INAAP members. If you would like to access the video but do not have your log-in information for the website, please contact Chris Weintraut at cw@inaap.org.

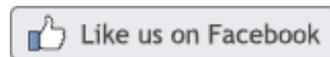
[INAAP Fluoride Training Video](#)



Reminder on the Importance of Social Media

Over the past year, INAAP has made a concerted effort to increase the quality and scope of its social media messaging. We are now posting a variety of information for both practitioners and families on a daily basis. INAAP currently utilizes both facebook and twitter, but needs your help to spread our message. If you haven't done so already, we encourage you to use the links at the bottom of this article to like us on Facebook and follow us on Twitter. The more followers we have, the more effective we can be at spreading our message.

STAY CONNECTED:



Support INAAP Through Amazon Smile

Did you know that you can help support INAAP with every purchase you make from Amazon? The Amazon Smile program gives a percentage of every purchase back to participating nonprofit organizations, and those donation can really add up during the holiday season. It's just like using Amazon, but with an added philanthropic benefit. Make sure the purchases you would make anyways this holiday season help support INAAP by using the link below!

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