

THE FLORIDA PEDIATRICIAN

The Newsletter of the Florida Chapter AAP and the Florida Pediatric Society

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Louis B. St. Petery, Jr., M.D.
1623 Medical Drive, Suite C
Tallahassee, FL 32308
(Ph)904/877-9131
(Fax)904/878-5328

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ANNUAL MEETING - AN OUTSTANDING SUCCESS

Florida pediatricians and other child healthcare providers were again given the opportunity to hear six excellent speakers at the Disney Contemporary Resort on May 20th and 21st, 1994.

The Florida Pediatric Society, in keeping with its goal of improving healthcare for all of Florida's children, sponsored its General Pediatric Update II this past Spring. Over two hundred registrants earned 12 free CME credits attending lectures that covered topics from otitis media to menstrual irregularity. The speakers were excellent, the facilities superb, and we all had a wonderful chance to renew old friendships and meet new members of the Society.

During this past year, under the leadership of Dr. Ken Morse, the Society, has tried to open its membership to a greater percentage of the Florida pediatric community. The offering of free CME credit to our attendees was a part of that effort. With the support of several pharmaceutical companies, we were able to bring several nationally known speakers to our podium to give us the latest information in their fields.

Dr. Richard Jacobs, University of Arkansas was the first of our speakers. He brought to us the very latest information on the treatment of otitis media and tackled the difficult job of updating us on the latest changes in immunizations. Not only did we hear what the Red Book Committee recommends, but why the changes were made. Dr. Jacobs took two very

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"over 200 registrants...
...12 free CME credits"

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common, often confusing issues and presented clear, concise guidelines to clinical practice. He also said that Arkansas Whitewater was not just a political topic, but afforded great fishing as well!

Dr. Stanley Hand, an Orlando area pediatric ophthalmologist, gave us an excellent overview of newer techniques in visual screening, using the red reflex. I am sure his handouts are tacked on many office walls, to be consulted when a child's red reflex doesn't look quite right.

Dr. Patricia Simmons, of the Mayo Clinic, brought some northern sunshine to our state and gave us two excellent talks on pediatric gynecology. Her 'down to earth' presentations and her humorous anecdotes made her topics fascinating. To quote a popular phrase in pediatrics today, Dr. Simmons could name her talks "Pediatric Gynecology - a kinder, gentler approach."

Dr. William Oh of Brown University took on the task of explaining some of the newer concepts of bilirubin therapy, and also presented the latest guidelines for perinatal care just released by the ACOG and AAP. As a major force in the fast-changing field of perinatology, Dr. Oh's comments were of value to all of us struggling to keep up.

Dr. Ray Caputo of Emory University took on the Herculean task of filling in for Dr. Sid Hurwitz, as well as giving his own talks on pediatric dermatology. His presentations on eczema, acne, and dermatologic emergencies were superb, his slides were outstanding, and his stamina (giving 4 hours of lectures in a row!) was awe-inspiring. Ray left the podium somewhat hoarse and we left the room with a lot of pediatric dermatology knowledge.

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Gainesville, FL

Third Parties
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PRESIDENT'S MESSAGE

I hope you are one of the almost 200 members of the Florida Pediatric Society who attended the annual meeting at Disney World in Orlando. If you were, I think you will agree that we had an educational program that was equal to the best of the nationally-known pediatric scientific programs. We appreciate the many favorable responses from those of you who attended, and Dr. Doug Short is trying hard to utilize suggestions made in your meeting critique. If you were not able to attend the meeting this year, make every effort to join us in 1995. It should be the same time of the month, i.e., the third week in May. In addition to the excellent scientific presentations, there was time allotted for family enjoyment and renewal of old pediatric friendships. We will keep you posted

as the schedule firms up for next year.

As you know, there is much to be done for our state's children in a variety of arenas. We must ensure that our state government leaders continue to hear our voices in regard to the needs of the children as the healthcare system is restructured. Quality is of paramount importance and must not be ignored as funding takes center stage. We must continue to ensure the safety and well-being of our young people as they travel on bicycles and in motor vehicles. The need for a violence-free environment in the schools, on the streets and in our homes must continue to occupy our attention. The list goes on. Each of you works daily through your practice and I am sure in many other ways to see that these needs are met, but I would suggest that your Pediatric Society continues to be the right organization to focus and spearhead these efforts. There is strength in numbers; there is no question about it. The leadership of the Florida Pediatric Society has become increasingly aware that, in order to represent you and your patients effectively in the face of this increasing number of issues, we must enlarge our work force. We are seriously engaged in efforts to obtain full-time staff to assist us with the organization and coordination of our work force. We must find the resources to support such a staff. We have a number of options under consideration, but the most painless and sensible option is to see that each pediatrician in the state becomes a member of the Florida Pediatric Society. If you have a partner or colleague who is not a member, encourage him/her to join the Society. The more members, the more strength and the more resources to get the job done. Membership applications may be obtained from our Executive Vice President, whose address is listed on the front page of this Newsletter.

Thank you for your continued support. Your Executive Committee and I pledge to you our best efforts to ensure the continuance of quality pediatric care in our state - through support of *you* the pediatricians who provide it.

Kenneth H. Morse, M.D.
President, Florida Pediatric Society

CONGRATULATIONS ARE IN ORDER!

District Chairman Joe Zanga has notified the Chapter that **John Curran**, our President-Elect, has just been appointed to the American Academy of Pediatrics **Committee on Child Health Financing**. This is an extremely important committee, and we know that Dr. Curran, with his broad knowledge of the field, will serve well. Congratulations!

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CHAPTER PRESIDENT'S MESSAGE

Summer is generally a quieter time of year for many of us. However, the issue of Health Care Reform continues to impact all of us. In Florida, we are at a standstill regarding the financing of healthcare for all of our citizens. Legislation has been enacted which impacts all of us in our day to day practice of Pediatrics. What has happened in Florida only mirrors what is going on around the rest of the nation, and that of course is the rapid expansion of "MANAGED

HEALTHCARE".

Managed competition is a fact regardless of what happens legislatively in the national healthcare arena. It is the only model that has made it out of committee. Managed Healthcare is being driven by business and the insurance industry. Consequently, we are being inundated by literature and presentations regarding economic integration of hospitals and physicians, IPAs, PPOs, foundations, staff models, etc.

We have no way of knowing what the outcome of such a system will be. Will it be effective? Will it control costs? One thing, however, is certain: there will be a significant loss of freedom for both the patient and the physician.

Prudential Healthcare recently shifted 80% of its 55,000 customers in the Tampa Bay area from their primary care physicians into a closed clinic. Prudential marketed its plan to groups of employees during April and May without mentioning its impending change of physicians. The April renewal went into effect on July 1, the same day as the changeover. Covered employees have expressed their dismay at being tricked and losing their primary care physicians and have referred to Prudential as using a "Bogus List" to entice them to sign up. This is managed care, and we "ain't seen nothin' yet".

Organized medicine at all levels has failed to adequately evaluate and compare a single payor system with managed competition. I fear we are on the verge of failing to protect our patients and to protect ourselves. A single payor system would preserve the most freedom and would be the most cost-effective. Scare tactics have worked against patients and organized medicine.

I fully believe that we, the physicians, and our patients will lose more freedom under managed competition than we would ever lose under a single payor system. And we will do so without any significant savings because any money saved as controls are brought down on us will go to insurance executives, insurance stockholders, attorneys and accountants. A great hoax is about to be perpetrated on the American people.

It may be too late to stop the present legislative packages. We must all, however, seriously investigate and evaluate a single payor system as an alternative to what is being sold in the name of free enterprise. There will be another year. We may have lost the battle but not necessarily the war.

David A. Cimino, M.D.
President, Florida Chapter AAP

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Cost-saver deadline: extended

GENERAL PEDIATRIC UPDATE III

May 19-21, 1995

BUSINESS MEETING

Saturday Luncheon

General Pediatricians * Pediatric Residents
Meet Old/New Friends at Friday night Reception

Our Speakers will be:

James Stockman, M.D.
Victor Strasburger, M.D.
Patricia Simmons, M.D.
Lyle Micheli, M.D.
Michael Muszynski, M.D.
Lawrence Schachner, M.D.

For more info call: **800-648-0450**

EDITORIAL OFFICE

Editor:

Herbert H. Pomerance, M.D.
Department of Pediatrics

University of South Florida College of Medicine
12901 Bruce B. Downs Boulevard, MDC 15CE
Tampa, FL 33612
(Ph)813/974-4217
(Fax)813/974-2293

(Please address all correspondence, including *Letters to the Editor*, to this address)

COMMITTEE REPORTS

Report of the Committee on Substance Abuse

A Call to Arms! Substance use remains a major public health problem in this country, beginning with prenatal exposure and including postnatal exposure, either passive or active. Pediatricians have an opportunity to impact on this problem as they interface with families, children, and adolescents. Recent reviews of this subject provide important information to clinicians. These include:

1. Bartecchi CE, MacKenzie TD, Schrier RW. The human costs of tobacco use (Part 1). *NEJM*, 1994. 330:907-912
2. MacKenzie TD, Bartecchi CE, Schrier RW. The human costs of tobacco use (Part 2). *NEJM*, 1994. 330:975-980
3. Singer L, Farkas K, Kliegman R. Childhood medical and behavioral consequences of maternal cocaine use. *J Pediatr Psychol*, 1992. 17:389-406

Several years ago I was asked by the President of the Florida Pediatric Society to serve as Chairman of the Committee on Substance Abuse. Since that time, the committee has remained relatively inactive, and in fact I am currently the only member of the committee. Spurred on by the enthusiasm generated at the Executive Committee meeting of the Florida Pediatric Society/Florida Chapter American Academy of Pediatrics, on April 16-17, 1994, it seems timely that this committee be activated and begin to take on a life of its own, driven by the ongoing needs of the membership of the Society relative to the issues of substance abuse. While I am deeply committed to and interested in the area of substance use, my expertise centers around prenatal substance exposure. I envision that this committee would address all areas of substance use that pertain to Pediatrics, from prenatal exposure and the effects of drug use on the family and child through adolescent drug use. I know that there are other people around the state who are vitally interested in this subject, and I am sure that there are individuals who would be willing to serve on this committee.

I would therefore like to request that anyone who personally is interested in serving on this committee or who knows someone who might be interested and could lend their expertise, please contact me at the following address:

Marylou Behnke, M.D.
Division of Neonatology
Department of Pediatrics
Box 100926 JHMHC
Gainesville, FL 32610

Phone: (904)392-4195
Fax: (904)392-4533

As you are probably aware, the Society does not have funds to support committee activities. However, in this technological age, I believe that we could meet as a committee via conference call and could communicate through fax and E-Mail in an efficient and cost-effective manner.

Once the committee has formed, we will meet to develop

goals and objectives. We will then be in a position to work with the Society and its membership in addressing the many issues related to substance abuse.

Marylou Behnke, M.D.
Associate Professor of Pediatrics
Chairman, Committee on Substance Abuse
Division of Neonatology
Department of Pediatrics
University of Florida College of Medicine

[*Editor's Note:* We are all indebted to Dr. Behnke for agreeing to be Chairman of this important committee, and for holding it together without any help at all. I am personally aware of what it is to work alone on a job meant for many. In effect, Dr. Behnke is correct. There are folks out there among the membership who have expertise in the subject of substance abuse, and who can be of great help to the membership and particularly to the children of Florida. Drs. Cimino and Morse join me in asking that those who can step forward and volunteer. The job always looks tremendous when one stands alone; it looks much smaller when others join in!]

IMPORTANT: GUIDELINE FOR OTITIS MEDIA

The government has released a new guideline for the treatment of otitis media with effusion, which affects nearly two million children before their first birthday.

The new guideline, *Otitis media with Effusion in Young Children*, is sponsored by the Agency for Health Care Policy and Research of the U.S. Public Health Service, which awarded a contract for its development to the AAP, the AAFP, and the American Academy of Otolaryngology-Head and Neck Surgery.

Copies of the guideline, a quick reference guide, and an English or Spanish language guide for parents is available free from AHCPR Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907, or by calling 800/358-9295. A guideline overview (AHCPR Pub. 94-00620), quick reference guide (94-00623) and parent guide (94-00624) can be obtained by AHCPR Instant Fax by calling 301/594-2800 from a telephone-equipped fax machine.

READERS:

Do you have ideas you would like to share with your colleagues, tips on practice, short-cuts to better care for children, other thoughts? *The Florida Pediatrician* would like to receive guest columns, which will be published as space permits. Columns will be accepted on the basis of suitability for the Newsletter, and may need to be edited with approval of the writer for space and readability. Why not try your hand?

THE "GRASS ROOTS"

THE REGIONAL REPRESENTATIVES REPORT

(Each month we will provide reports from two of our eight regions)

Region II reports: Health care reform is making its impact on many aspects of pediatric activities in Region II. As managed care and CHIPAs move increasing numbers of patients into contractual groups and capitated care drives associations between hospitals and physicians, there has been a great deal of incentive for mergers to occur.

The most exciting event for pediatrics in this Region has been the opening of the new Wolfson Children's Hospital at Baptist Medical Center. This 92 bed facility is magnificent in design and comfort for children and their families. The 72 private rooms are arranged in 4-room "streets" off 12-room "avenues" and 24-room villages with playrooms and meeting houses. There are facilities for parents to sleep in each room. Each village has visitor waiting, shower, and kitchen facilities. Despite the ambience, each room has discreetly hidden full monitoring and head wall support areas. The 20 bed intensive care unit also has parent waiting, kitchen and shower facilities, "quiet rooms" and access to the roof-top forest with topiary.

This structure has provided a centerpiece for consolidation of pediatric services for this city with a 1.2 million person catchment area. The Children's Hospital, University Medical Center, University of Florida, and Nemours Children's Clinic have formed a collaborative agreement that would bring all subspecialty pediatric medical services to the Children's Hospital under Nemours' sponsorship and expand all pediatric primary care services into the Department of Pediatrics at University Medical Center in association with the city Department of Public Health. Nemours Children's Clinic is a pediatric subspecialty clinic of nearly 100 physicians supported by the Nemours Foundation. They have established academic ties to both the University of Florida and the Mayo Clinic and are starting to train fellows from those institutions. Additionally the new University of Florida/University Medical Center Institute of Pediatric Cardiology and Cardiovascular Surgery will move the pediatric heart program to the Children's Hospital.

Baptist Medical Center has also acquired Nassau General Hospital in Fernandina Beach on Amelia Island and Beaches Hospital at Jacksonville Beach. Also, Baptist Medical Center and St. Vincent's Hospital have formed an association and St. Vincent's family practice children's services will be referred to the Children's Hospital. St. Vincent's formally merged with Riverside Hospital.

Elsewhere in the Region, Columbia Health Systems has acquired the Orange Park Humana Hospital and is having discussions with Memorial Hospital in Jacksonville. In St. Augustine, Flagler Hospital and St. Augustine General Hospital have also merged.

Other changes in Region II include Dr. Dave Bailey passing the baton of CMS Director to Dr. Dianne Murphy, the new Pediatric Primary Care Director at University Medical Center. The Department of Family Practice at Baptist Medical Center is now integrating with the Department of Pediatrics. The Naval Hospital in Jacksonville encompasses a military dependent catchment area of nearly 135,000 people. They are looking at managed care plans with contracts to private pediatricians. Presently there are 9 full time pediatricians with 2-3 more coming as both the NAS facility and Mayport Naval Base are scheduled for expansion as other regional facilities are closed.

The Florida Poison Information Center/Jacksonville at University Medical Center has received sufficient funding to join Tampa in taking calls from throughout the state (1-800-282-3171). They are averaging over 4,000 calls per month, 60% of which concern children.

Private practice pediatricians are only beginning to feel impacted by the effects of health reform. The proliferation of

managed care systems (approximately 60% of children in Northeast Florida are covered under some form of managed care) is causing a nightmare of paperwork and changes in referral systems with designated labs or radiological services for outpatients. Many pediatricians are considering associations but only a few have joined into larger groups. Unfortunately, the anxieties and frustrations of the present unstable system are causing some to consider early retirement.

Although we all are examining health reform initiatives at the State and national levels, it appears that the majority of change is coming from the insurance companies through managed care and capitation programs. Most of us feel that Region II is well poised to meet these challenges to provide quality medical care to children.

Lucien K. DeNicola, MD, FCCM
Regional Representative
Region II

Region VI reports: The inspectors are coming! The inspectors are coming! These are words that can strike fear into the heart of any pediatrician still performing all but the most meager of lab tests in his office. If you have not heard these words yet, you will shortly. But do not give up the ship. You can survive your inspection as I did, with a little bit of preparation.

My first contact with my inspectors came when I received a letter in the mail with some forms to fill out. The letter informed me that I would shortly be having an inspection, but neglected to indicate a date. I promptly ignored the letter, foolishly assuming that some follow-up contact would be made to set up an appointment. My next contact was several weeks later when my office manager frantically called to tell me that the inspectors were on the premises and ready to begin. Unfortunately, I was still at the hospital making rounds. The inspectors were quite perturbed when I refused their request to be allowed to just "snoop around" in my absence. I stood my ground and insisted that they make a proper appointment (which is a right granted under the law) even though they threatened that they could not insure my continued reimbursement for lab tests if I missed this opportunity to be inspected.

I heard nothing more for several months until I got a phone call to set up an appointment for the inspection. However, this time they wanted to come right in the middle of my office hours. I managed to convince them to come during my lunch hour. They wanted to tie up my office for 2 hours. I wanted to allow them only 1 hour. We compromised on 1½ hours. When the appointed day arrived, the inspectors arrived on time. They were pleasant, courteous, and helpful. There were supposed to be two but I had 3 because one had nothing else to do while waiting to inspect another doctor's office. They spent most of their time filling out forms and sticking what seemed like hundreds of little stickers with my name and address all over their papers.

One inspector did go over my procedure manual page by page. I think they spent almost as much time reading it as I did writing it! They did not look into my patient records, even though they apparently have the right to. They did not look into my cabinets or refrigerator, unless they peeked while I was eating my sandwich in my consultation room (never in the lab, of course!) They did give me some useful hints on media selection to avoid having to grow multiple types of bacteria in my office to do daily quality controls. They gave me more forms to add to my manual, that included places to sign that I had read it (even though I wrote it) and to re-sign it every time I changed it, and I think still other places to sign it yearly even if I didn't change it. There were still other forms to document my quality control program. Their preferred quality assurance technique was a questionnaire to be distributed to a sample of my patients, asking them what they liked and

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A STATEMENT COMMITTEE ON FETUS AND NEWBORN

Reducing the Perinatal Transmission of the AIDS VIRUS

Earlier this year, results of an important study were released that suggest we can significantly reduce the risk of perinatally acquired AIDS in newborns. This study was a randomized, double-blind, placebo-controlled, multicenter study, including 477 pregnant women. It was performed by the AIDS Clinical Trial Group and sponsored by the National Institutes of Health in collaboration with the National Institute of Health and Medical Research as well as the French National Agency of Researchers.

The results revealed that Zidovudine (ZDV) therapy given to HIV infected pregnant women with early stage HIV infection can reduce the risk of perinatal HIV transmission to their infants from 25% to 8%. This represents a 67.5% decrease in the transmission rate. The treatment regimen commenced between 14 and 34 weeks gestation and continued through the entire pregnancy with the addition of continuous ZDV infusion during labor. Additionally, the infants received ZDV oral syrup every 6 hours commencing at 8-12 hours of life and continuing until 6 weeks of age.

It should be noted that women enrolled in this study were asymptomatic HIV positive women with CD4+ lymphocyte counts >200, who had received little or no previous antiretroviral therapy. In this group of women, the reduction of HIV transmission was not just significant but striking. However, transmission was still observed in some cases despite drug therapy and it is not known whether transmission can be effectively blocked in women with advanced disease, prior antiretroviral therapy, or with ZDV-resistant virus.

The therapy was well tolerated in both mothers and infants and the only significant side effect was reversible anemia in the ZDV-treated infants. Incidence of birth defects was equal in the ZDV-treated and placebo groups and in line with the expected rate in the general population. Many questions remain regarding optimal and safe recommendations in HIV infected women. While they can be reassured regarding the substantiated potential benefits and short-term safety of the ZDV regimen during pregnancy and the newborn period, they also must be made aware that long-term risks of this therapy are not known.

Worldwide, 3.5 million women are estimated to be HIV infected and the majority of of child-bearing age. It is estimated that an additional 3,000 women are infected daily. HIV currently is the 5th largest cause of death in children less than 15 years of age in the U.S. Approximately 7,000 HIV positive U.S. women give birth each year. Unfortunately, this number will certainly continue to rise.

Currently, recommendations on the use of Zidovudine to reduce HIV transmission from mother to infant are being developed and implemented. A major stumbling block remains the inability to provide routine HIV testing. Major arguments against routine testing have included: violation of confidentiality, no advantage to early diagnosis of HIV infection, social and financial implications of being labeled HIV positive, and the lack of social services and counseling services to deal with the increased number of identified HIV positive individuals. Recent changes in surveillance and treatment of HIV infected individuals argue that early detection of HIV positivity may be important. Undoubtedly a 67.5% reduction in the perinatal transmission rate illustrates the need for comprehensive screening of pregnant women. From a medical and patient care standpoint, it is difficult to explain the rationale for routine syphilis

FROM THE SUBSPECIALTIES THE FLORIDA CHAPTER, SOCIETY OF ADOLESCENT MEDICINE

As of January 28, 1994, the Society for Adolescent Medicine has established a Florida Chapter. SAM is an interdisciplinary organization for individuals with an interest in adolescent medicine. Current officers are Marylyn Broman, President, Dianne Elfenbein, Vice President, Dawn Grinenko, Secretary-Treasurer. New members are currently being sought.

Current agenda for the 1994-5 program year will be KEEPING FIT SAFELY; PROMOTING HEALTHY LIFESTYLES FOR ADOLESCENTS. This program is to have four components:

1. *Nutrition:* Taking a smart look at foods. This is directed to adolescents and answers a need identified by teenagers themselves; It is a goal of Healthy People 2000 as well.

2. *Physical Activity in a Healthy Lifestyle:* General conditioning for an attractive and fit body. Conditioning should serve first the non-athlete, but special consideration should be given to the athlete as well. Preparations for sports to maximize performance, weight training, warm ups, and injury prevention should all be items with which pediatricians, parents and patients are familiar.

3. *Safety:* Prevention of accidents and the tragedies that go with them. A good bicycle helmet law should be passed and proper advertising should be sought to persuade teens to wear helmets. Wearing seat belts should be cool. The problem of drinking and driving needs to remain high in the priorities of behavior to be stopped.

4. *Immunizations:* Teens need Hepatitis-B immunization. The public needs education as to the need for repeat tetanus and diphtheria immunization, MMR, and the advisability of obtaining Hepatitis B shots. They need to understand that the greatest risk for acquiring Hepatitis B is during adolescence and young adulthood. Legislators need to change the current Medicaid funding to cover Hepatitis B for poor teens, as they are at greatest risk.

The Society seeks new members. Applications for membership may be obtained through the Society for Adolescent Medicine, 1701 SW 16th Av, Rm 2184, Gainesville, FL 32608. Dues for physicians are \$25.00; the fee is waived for physicians in training.

Dianne S. Elfenbein, M.D.

(continued from previous column)

Fetus and Newborn

screening but not for HIV infection, given this new information which suggests we can significantly reduce HIV transmission from mothers to newborns. Although the political and social ramifications of universal screening require serious consideration, the savings in terms of human grief and suffering, not to mention the benefits in medical cost reduction, should make us consider implementing comprehensive screening of all pregnant women. As pediatricians, we are well versed in the importance of preventive medicine and must be major advocates for America's children.

At a minimum, I believe we must advocate that all pregnant women be offered HIV screening and told of the importance of screening in preventing transmission to unborn children. I realize this involves significant time, manpower, and energy as current law is specific in regard to informed consent, confidentiality, and pre- and post-counseling. However, we can only reduce the incidence of perinatal HIV transmission by first identifying HIV-positive women.

Arthur J. Vaughn, M.D.
Chairman, Committee on Fetus and Newborn

FROM THE LOCAL PEDIATRIC SOCIETIES

(Each month we will provide news from one or two of the local societies)

THE GREATER MIAMI PEDIATRIC SOCIETY

The Greater Miami Pediatric Society has been in existence for 44 years, since June 6, 1950. It was founded to promote excellence in the care of children and to strengthen the bond among pediatricians in the area through the establishment of scientific educational events. It has prevailed during the last four decades, withstanding the significant changes in both the social and medical arenas. When the society was founded, there were 35 pediatricians in the area. Penicillin and chloramphenicol were the "popular" antibiotics, children were given "detentions" for chewing gum in class, and most important of all, HMOs did not exist! Certainly there were problems threatening the well-being of children, but violent death, drugs, the consequences of irresponsible sex, and the erosion of the family were not as close a threat as they are today.

The decade of the 90s has proven to be a challenging one for the practice of Pediatrics. Furthermore, there is every indication that this trend will continue in to the next century. We pediatricians must stand together to be heard at every level. Involvement is not only our hope, but also our responsibility. Your active participation in this society is an important part of our future.

I hope that this year we will increase our membership. We have 225 members at present. If each of us can bring in one colleague, we will not only double our membership but we will amplify our voice many-fold. Most importantly, if each of us increases our involvement, we will strengthen our ability to make a difference. Please let me know if you feel that there are issues, even small ones, that the society should become involved in. Remember that the society can be an effective voice for pediatricians and their patients.

Our Fall meeting, the Michel Gilbert Lecture, will be held at Miami Children's Hospital on September 22nd. It will be a joint meeting with the Cuban Pediatric Society, and the Presidents of the Florida Pediatric Society and the Florida Chapter of the American Academy of Pediatrics will be joining us. This has never occurred before. The speaker will be Dr. Terrance J. Davis, and he will discuss "The Practice of Pediatric Cardiovascular Surgery in the 90s". There will be no business meeting, to stay within time constraints. This promises to be a stimulating experience and a solid step forward for pediatric societies at the local and state levels.

The Christmas meeting will be on December 14th, at the Biltmore Hotel. The Spring meeting, the McKibbin Lecture, is still in the planning process. The Annual Meeting (Dinner Dance) will be in the Penthouse of the Grand Bay Hotel on June 3, 1995. Please mark your calendars!

Remember that membership dues are due in September. Your promptness is very important, since pharmaceutical industry contributions to the society have diminished. We depend upon member dues.

The University of Miami/Jackson Memorial Hospital Pediatric Alumni Association will host a reception at the upcoming AAP meeting in Dallas. The reception will be in the President's Room at the Hyatt Regency, from 6 to 7 PM. If you are planning to be there, join in.

The Executive Committee continues to work on Society issues. Dr. Efen Salinero is our President-Elect. We continue to be indebted to Drs. Press and Schobel for their ongoing excellent work. Drs. Howell and Rodriguez-Torres continue to offer their extensive experience. Dr. Bob Grayson is a pleasure to work with and brings the perspective of someone so experienced, involved, and caring. I look forward to this year and hope to help the society to become stronger and involved in the important issues of Pediatric health care.

Ovidio B. Bermudez, M.D.
President

(continued from page 1)

ANNUAL MEETING:

Dr. Joe Bellanti joined us on Saturday and delivered two outstanding talks on pediatric immunology. As one of the leading authors in the field, from Georgetown University, Dr. Bellanti helped us better understand which patient requires an immunologic evaluation and reviewed the test to be done in that work-up. I have referred to his handouts several times since (when mother asks "why does my child have so many ear infections?")

The Society wishes to thank all who attended this year's meeting and made it so great. We will sponsor a General Pediatric Update III next year, to be held at the Contemporary Resort on May 19, 20, 21, 1995. Our speakers will be James Stockman, M.D., Victor Strasburger, M.D., Patricia Simmons, M.D. (she was so good we had to have her back), Lyle Micheli, M.D., Michael Muszynski, M.D., and Lawrence Schachner, M.D. Another great line up! Hope to see you there - and bring a friend.

Douglas J. Short, M.D.
Program Coordinator

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Region VI:

disliked about my office and personnel. That sounded fair, although I am not exactly sure what it has to do with how well I do lab tests. The most impressive thing about my inspection and a measure of what our Academy can do for us is that, when the inspectors saw my proficiency testing manual from the AAP program, they didn't even look to see if there was anything inside it. They just checked off the box on their checklist for proficiency testing. Oh, by the way, I did pass my inspection, and in less than 1 hour. Good luck on yours.

Jerome H. Isaac, M.D.
Regional Representative
Region VI

MEMBERSHIP ALERT!

Do you know any pediatricians, Fellows of the Academy or not, who appear to have been overlooked by the Society, and are therefore not members? **Contact the Executive Vice President.** There are several kinds of membership in the Society:

Fellow: A Fellow in good standing in the American Academy of Pediatrics - automatic membership on request.

Member: A resident of Florida who restricts his/her practice to pediatrics.

Associate Member: A physician with special interest in the care of children.

Military Associate Member: An active duty member of the Armed Forces stationed in Florida and limiting practice to pediatrics.

Inactive Fellow or Member: Absenting self from Florida for one year or longer.

Emeritus Fellow or Member: Having reached age 70 and having applied for such status.

Affiliate Member: A physician limiting practice to pediatrics and in the Caribbean Basin.

Allied Member: A non-physician professional involved with child health care may apply for allied membership.

Honorary Member: A physician of eminence in pediatrics, or any person who has made distinguished contributions or rendered distinguished service to medicine.

Resident Member: A resident in an approved program of residency.

Medical Student: A student with an interest in child health advocacy.

LETTERS TO THE EDITOR

(Please send letters to the Editorial Office. Letters may be edited for length to conform to space constraints, or to improve readability.)

To the Editor:

The Department of Transportation of the State of Florida has produced an excellent brochure on truck safety. It is called **The Truck Bed is for Cargo...Not for Passengers**. Not only is this message given and repeated, but there are tips on proper stowage of cargo, the dangers of riding in the cargo bay, some statistics on crashes involving passengers in cargo areas of trucks, and a catchy slogan: **Use the Rules of Common Sense! FIND A SEAT AND BUCKLE-UP...Don't ride in the Back of a Pick-Up Truck!**

The statistics for our state are bleak, and too often it is the children who are placed in the cargo bay. We can do a lot to help.

The brochure is available *free* on request from the State of Florida Department of Transportation. Shouldn't you have a supply in your waiting room?

Sincerely,

Gary M. Bong, M.D.
North Miami, FL

To the Editor:

The Academy's Committee on Injury and Poison Prevention has developed a physician's resource guide on water safety that is now available. The guide includes the Academy's policy statement on drowning; a fact sheet; a brief statement on epidemiology; a table that outlines age-related counseling guidelines for water safety; samples of the TIPP slips on water safety; an organizational listing of available materials; the Academy's model legislation on pool barriers; a section on community intervention; and a diagram of detailed four-sided fencing requirements. Fellows of the Academy may request a copy of the resource guide free of charge (limited quantities available). To order a copy contact 800/433-9016, x6780.

Michelle Zajac Esquivel, Project Manager
Division of Child and Adolescent Health



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The Florida Pediatrician
American Academy of Pediatrics
141 Northwest Point Boulevard
PO Box 927
Elk Grove Village, IL 60009-0927

UPCOMING CONTINUING MEDICAL EDUCATION EVENTS

THE FLORIDA PEDIATRICIAN will publish *Upcoming Continuing Education* events planned in the State. Meeting planners are requested to send notices to the Editor as early as possible, in order to accommodate press times in February, May, August, and November.

Program: Space Coast Pediatric Conference
Dates: October 14-15, 1994
Place: Radisson Suite Hotel Oceanfront, Melbourne Beach, FL
Credit: 10 hours Category 1 for AMA Physicians Recognition Award
Sponsor: University of South Florida Department of Pediatrics
Inquiries: USF Dept of Pediatrics, MDC 15CE, Tampa, FL 33612

Program: Current Advances in Pediatrics
Dates: October 14-16, 1994
Place: Pan-Pacific Hotel at Disneyland, Anaheim, CA
Credit: 10-14 hours Category 1 AMA Physician Recognition Award or PREP
Sponsor: California Chapter 4, American Academy of Pediatrics
Inquiries: California Chapter 4, AAP, PO Box 1297, Orange CA 92668

Program: 12th Annual Care of the Sick Child Conference
Dates: November 8-11, 1994
Place: The Hilton, Walt Disney World Village, FL
Credit: 20 hours Category 1 for AMA Physician Recognition Award
Sponsor: Orlando Regional Healthcare System
Inquiries: Arnold Palmer Hospital c/o Care Sick Child, 1414 Kuhl Av, Orlando, FL

Program: Joe DiMaggio Children's Hospital at Memorial
Fifth Annual Pediatric Symposium
Dates: November 11-13, 1994
Place: Pier 66 Resort and Marina, Ft. Lauderdale, FL
Credit: 11 hours Category I for AMA Physician Recognition Award
Sponsor: Joe DiMaggio Children's Hospital at Memorial
Inquiries: Denise M. Causa (305)985-5837

Program: Innovations in Pediatric Hematology/Oncology Care
Dates: November 17-19, 1994
Place: Sheraton Plaza Hotel, Orlando, FL
Credit: (not determined)
Sponsor: Florida Association of Pediatric Tumor Programs
Inquiries: Susan Easter, (813)632-1309

Program: Masters of Pediatrics: A Leadership Conference Exploring Contemporary
and Future Pediatrics
Dates: January 19-23, 1995
Place: Fontainebleau Hilton, Miami Beach, FL
Credit: 23.5 hours Category I for AMA Physician Recognition Award
Sponsor: University of Miami School of Medicine Department of Pediatrics
Inquiries: Fran Fabrikant, (305)547-3994

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