

# The AAP & ALAPE: The Issues That Bind Us



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**Executive Director/CEO**  
**American Academy of Pediatrics**  
**November 2009**

# Objectives

- **Provide an overview of the American Academy of Pediatrics and its Agenda for Children**
- **Identify major health issues facing children today**
- **Highlight AAP efforts to address those issues**
- **Express urgency of pediatrician's united efforts**

# AAP Founded in 1930



# **The Mission of the AAP**

**To attain optimal physical, mental, and social health and well-being for ALL infants, children, adolescents, and young adults. To accomplish this mission, the Academy shall support the professional needs of its members.**

# The AAP Today

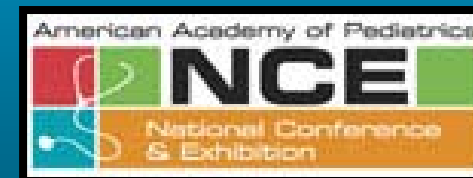
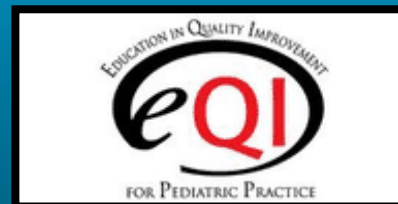
- 60,000 members
- 66 state and local chapters
- 30 national committees
- 49 sections
- 6 councils
- Offices in Elk Grove Village, IL & Washington, DC
- 380 staff

# AAP Core Functions

- **Education**
- **Policy Development**
- **Advocacy**
- **Research**
- **Service to Members**

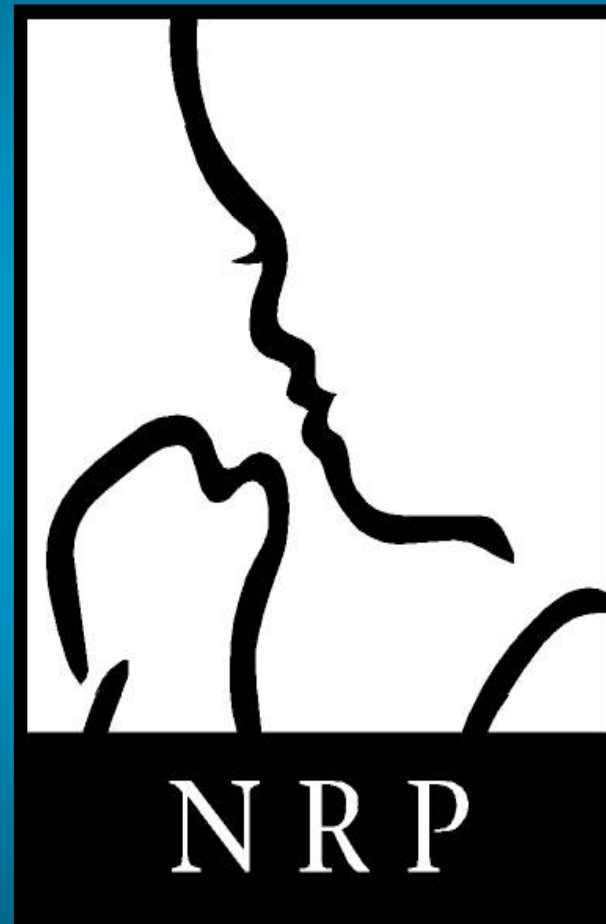
# Education

Our educational programs and products are world-renowned...



# Neonatal Resuscitation Program (NRP)

- 124 countries
- 26 languages (all editions)
- 2.4 million trained
- 28,000 active instructors



# AAP Success Stories

- CHIP reauthorization
- Largest publisher of professional pediatric materials
- Back to Sleep
- Hearing Screening
- Pediatric Medical Device Safety & Improvement Act
- International Activities/NRP
- FDA advisory against cough/cold meds



# AAP Agenda for Children 2009-2010

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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- Planning
- Implementing
- Integrating

# Immunizations & Vaccine Refusal



BY CHRISTOPHER J. GEARON

## Decision Support for Parents

A coalition of medical and advocacy groups aims to address the concerns of parents and restore the public's confidence in vaccines by providing accurate information.



**F**OR MANY BABY BOOMERS, the risk of being permanently disabled, living with an iron lung, even dying from the contagious poliovirus was as real in the 1950s as were air raid drills and community bomb shelters. Everyday threats of severe illness, disability, and death from measles, pneumococcus, and other contagious diseases were top-of-mind for their parents. Thanks to vaccines, children—and their concerned parents—no longer have to worry about such threats. That's why a recent pushback by a small but growing number of parents—questioning the value of vaccines, delaying, even refusing to have their kids vaccinated—has pediatricians and public health officials concerned.

The issue hit a tipping point last year, when American Academy of Pediatrics (AAP) officials learned that an upcoming storyline in a primetime ABC television show would perpetuate misinformation about unsubstantiated vaccine-related adverse events. A high-profile television show falsely proclaiming such a link could be "devastating to the health of our nation's children," says AAP Past President Renee R. Jenkins, M.D.

The AAP—along with the Association of State and Territorial Health Officials (ASTHO) and several other groups—called on ABC to cancel the episode. "Many people trust the health information presented on fictional television shows, which influences their decisions about health care," Jenkins, then president of the 60,000-member AAP, reminded Disney-ABC Television Group President Anne Sweeney in a strongly worded Jan. 25, 2008 letter. "In the United Kingdom, erroneous reports ... prompted declines in vaccination and the worst outbreak of measles in two decades, including the deaths of several children." Last June, the United Kingdom's Health Protection Agency declared that measles was again an epidemic.

In the end, the show went on. ABC ran a subtle disclaimer

at the end of the program.

AAP's demand, however, galvanized pediatricians.

"It may have been the biggest thing the Academy leadership did since I've been involved," says current President David T. Tayloe Jr., M.D. At its annual leadership meeting two months later, AAP made addressing growing misinformation about vaccines its top priority.

The show "served as a wake-up call for all of us," says Paul E. Jarris, M.D., ASTHO's executive director.

AAP last spring formed the Immunization Alliance, a campaign to ensure America's children receive recommended immunizations on time and provide parents and caregivers with the knowledge and information they need to make fully informed decisions about vaccinations. "Two dozen medical, public health, and parent organizations have signed onto the Alliance, including AHAIP. The Alliance wants to improve upon the nation's impressive track record of achieving high rates of immunization, preventing many diseases from harming and killing people in the United States—provide—and encourage others to provide—accurate information about the importance and safety of vaccines; and address the concerns of worried parents

Pediatricians, public health officials, and health plans have picked up on a disturbing trend in the last 18 to 24 months. Parents are increasingly rejecting scientific evidence about the value of vaccines, leading them to resist or refuse to immunize their children. Meanwhile, the Association of State and Territorial Health Officials (ASTHO) reports some recent outbreaks of mumps, chickenpox, and measles. The pushback is being fanned by misinformation, including that from Hollywood, and by the quite understandable concerns of young parents who have never seen the diseases against which vaccinations protect. "We can't allow children to suffer because of opinions not based on sound science," says Tayloe.

### The Value of Vaccines

Since Edward Jenner paved the way for development of vaccines by observing in the 1790s that milkmaids who had contact with cows did not get smallpox, most organized industrial countries have become much safer. Vaccines have saved millions of lives, untold suffering, and significant health care costs. Smallpox has been eradicated worldwide, while endemic transmission of poliovirus and measles and rubella viruses has been eliminated in the United States. Deaths due to diphtheria, mumps, pertussis, and tetanus have fallen by 99 percent as of 2004, while most other vaccine-preventable deaths targeted since 1980 have fallen by 80 percent or more.

"Vaccines are the single most powerful, cost-effective public health intervention ever developed," often Jenkins. Several cost-benefit analyses reveal that vaccination against common childhood diseases reaps large benefits, saving more than \$18 in medical and indirect costs for each \$1 spent on immunization. Thanks to childhood and adolescent vaccination, each U.S. birth cohort dodges 14 million cases of vaccine-preventable diseases (VPD) and 37,000 preventable deaths, saving society an estimated \$43 billion.

"These achievements are largely due to reaching and maintaining high vaccine coverage levels from infancy throughout childhood by successful implementation of the infant and childhood immunization program," concluded a study led by the Centers for Disease Control and Prevention (CDC) that appeared in the *Journal of the American Medical Association*, Nov. 14, 2007.

"Immunization rates have never been higher," says Lance Rodewald, M.D., director of the division of immunization services at the CDC's National Center of Immunization and

# Immunizations & Vaccine Refusal



**Court rules autism not connected to vaccines**  
By Rita Rubin, USA TODAY

A special U.S. court ruled Thursday against three families' claims that a vaccine caused their children's autism.

The three are among more than 5,500 cases that have been filed making that allegation with the National Vaccine Injury Compensation Program.

"The overall weight of the evidence is overwhelmingly contrary to the petitioners' causation theories," George Hastings, the special master appointed to rule on a petition filed by the parents of Michelle Cedillo of Yuma, Ariz., wrote in his 183-page decision.

Enlarge Family photo  
Angela and Rolf Hazlehurst with their children.

Mix it  
Other ways to share:  
Yahoo! Buzz  
Digg  
Newsvine  
Reddit  
Facebook  
What's this?

## The New York Times

### Court Finds No Link Of Vaccine And Autism

By DONALD G. MCNEIL JR.  
Published February 12, 2010

In a blow to the movement arguing that vaccines lead to autism, a special court ruled on Thursday against three families seeking compensation from the federal vaccine-injury fund.

Both sides in the debate have been awaiting decisions in these test cases since hearings began in 2007; more than 5,000 similar claims have been filed.

In the three cases, each decided by a judge called a special master, the court found that the families had not shown that their children's autism was brought on by substances in the vaccines -- either the measles virus in the measles, mumps and rubella vaccine, or its combination with thimerosal, a mercury-based preservative that was used in most childhood vaccines until 2001.

In a case pitting the family of Michelle Cedillo, a severely autistic child, against the Department of Health and Human Services, the judge ruled that the Cedillos had "failed to demonstrate that thimerosal-containing vaccines can contribute to causing immune dysfunction, or that the M.M.R. vaccine can contribute to causing either autism or gastrointestinal dysfunction."

In his decision, the special master, George L. Hastings Jr., ruled that the government's expert witnesses were "far better qualified, far more experienced and far more persuasive" than the Cedillos'. Although the family had to show only that the preponderance of

## THE WALL STREET JOURNAL.

### Shot of Good Sense

Science got a booster shot this week when a special court in Washington confirmed what scientists and pediatricians have been saying for years: Vaccines are not a cause of autism in children.

The verdict, which came in a case seeking compensation from the federal Vaccine Injury Compensation Program, should help reassure parents who haven't been sure whom to trust about their child's health. "It was abundantly clear that petitioners' theories of causation were speculative and unpersuasive," the court wrote.

For more than a decade, an activist lobby of parents with autistic children has contended that a vaccine routinely given to children in their normal course of inoculations was responsible for the onset of autism. To blame, they believed, was the combination of a measles-mumps-rubella shot with other shots containing a mercury compound called thimerosal. Politicians and celebrities have promoted the cause, sometimes hinting at a government-science-medical conspiracy.

The debate has been impervious to evidence. The vaccine theory was popularized in part by a 1998 study in the British medical journal *The Lancet*. Six years later, 10 of the 13 authors of the study recanted their findings. Four years ago, a major study by the Institute of Medicine also found that the vaccines were not associated with autism.

Meanwhile, the scare over vaccines has led some parents to refuse to inoculate their children, endangering those kids and their friends and classmates. We're glad to see the court resist political and media pressure in favor of the scientific evidence.

2.14.10

# AAP Immunization Resources

CISP: Childhood Immunization Support Program - Windows Internet Explorer  
http://www.cispimmunize.org/

File Edit View Favorites Tools Help

CISP: Childhood Immunization Support P

AAP Families Clinicians Illnesses Resources

IMMUNIZATION INITIATIVES Q & A IMPORTANT TOPICS INFORMATION & SUPPORT VACCINE PREVENTABLE NEWSLETTER & RESOURCE LINKS

Immunization Information for Parents Important Information for Clinicians

The information provided throughout the Academy's CISP Web site should not be used as a substitute for the medical care and advice of your pediatrician. Variations in treatment may be recommended by your pediatrician based on individual facts and circumstances.

vaccinate your baby.org  
GET THE FACTS  
VACCINES SAVE LIVES.

Every Child by Two has launched a [Web site](#) that is a central resource of vaccine information for parents and others who want to get the facts about vaccines. Actress Amanda Peet discusses her reasons for making sure that her daughter received all recommended vaccines. (6/1/08, Box 94)

Vaccines - In the News

- Article: Measles not worth the risk (12/9/08)

**NEW** CDC Warnings of Growing Resistance to Oseltamivir  
Early CDC influenza surveillance data, which indicate growing resistance to oseltamivir (Tamiflu®) by circulating H1N1 influenza A strains isolated so far this year, have led the CDC to issue [interim recommendations](#) for the use of antiviral therapy. Pediatric doses of all influenza antivirals are available in the [AAP Policy Statement](#). (Box 94, 12/01/08)

**NEW** 2009 Immunization Schedule (1/4/09)

- Childhood Schedule (PDF, 67 KB)
- Adolescent Schedule (PDF, 67 KB)
- Catch-up Schedule (PDF, 62 KB)

AAP Recommendations/Policy

- Influenza Recommendations 2008-2009 (5/11/08)

www.cispimmunize.org

American Academy of Pediatrics  
POLICY STATEMENT  
Prevention of Influenza: Recommendations for Influenza Immunization of Children, 2008-2009

**ABSTRACT**  
The purpose of this statement is to update current recommendations for routine use of influenza vaccine in children and adolescents, which originally were published in a complementary document in Pediatrics in April 2008.  
Pediatrics 2008;122:1139-1141

**INTRODUCTION**  
The American Academy of Pediatrics (AAP) recommends annual influenza immunization for the following groups:  
1. All children, both healthy and with high-risk conditions, aged 6 months through 18 years  
2. Healthy children and out-of-home care providers  
3. Healthy adults younger than 5 years of age  
4. Any family who will be pregnant during influenza season  
5. Health care professionals

**KEY POINTS RELEVANT FOR THE 2008-2009 INFLUENZA SEASON**

- The recommended age range of children for annual influenza immunization has been expanded to include all children 6 months through 18 years of age, which means vaccinating:
  - All children at higher risk for influenza complications (eg, those with chronic medical conditions or immunosuppression)
  - All healthy children 6 months through 18 years of age
  - All adults 6 months through 18 years of age, in the 2008-2009 influenza season, but it should be routine no later than the 2009-2010 season.

This expansion targets all school-aged children, the population that has the greatest disease burden and it is significantly higher risk of acquiring influenza-related and fatal complications with the 2009 H1N1 influenza, reducing influenza transmission among school-aged children will, in turn, reduce transmission of influenza to household contacts and community members.- Household members and out-of-home care providers of all children at high risk and all children and all healthy children younger than 5 years should receive influenza vaccine each year. Immunization of close contacts of children at high risk is essential to reduce the risk of exposure to influenza for these young children, who are at especially high risk of influenza infection, hospitalization, and complications. The risk of influenza is especially high in healthy children younger than 5 years of age because of their immune system's immaturity. In healthy children younger than 5 years of age, exposure to influenza as a result of influenza illness with household members or out-of-home care facilities can reduce younger than 6 months and too young to be immunized. Influenza vaccine has not been approved for use in infants younger than 6 months.

12/01/08 Volume 122, Number 12, December 2008 1139



American Academy of Pediatrics  
POLICY STATEMENT  
Recommended Childhood and Adolescent Immunization Schedules—United States, 2009

**INTRODUCTION**  
The 2009 recommended childhood and adolescent immunization schedules have been approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians. There are 7 updates for children through 18 years of age, 12 updates for young adults, and a pending recommendation for children and adolescents who are late and catch-up recommendations for children and adolescents. The risk of influenza is especially high in healthy children younger than 5 years of age because of their immune system's immaturity. In healthy children younger than 5 years of age, exposure to influenza as a result of influenza illness with household members or out-of-home care facilities can reduce younger than 6 months and too young to be immunized. Influenza vaccine has not been approved for use in infants younger than 6 months.

**KEY POINTS**

- Influenza vaccine now is recommended for annual administration to children 6 months through 18 years of age. Influenza vaccine also is recommended for all eligible close contacts of children 6 months through 18 years of age, through 18 years of age, and contacts of children 6 months through 18 years of age who have an underlying medical condition that predisposes them to influenza complications.
- A second oral rotavirus vaccine has been licensed by the US Food and Drug Administration. The timing schedule for the 2-dose oral rotavirus vaccine has been harmonized. The first dose of either vaccine should be administered at 6 weeks through 18 weeks of age. Immunization should not be initiated for infants 18 weeks of age or older. The oral dose should be administered by 8 months 0 days of age ([www.aap.org/vaccines/rev/prevaccines/rotavirus/08050809025](#)).
- Most of the licenses for the individual vaccines have been revised to provide additional information and to clarify recommendations provided in the schedule.

Classically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete VAERS forms can be obtained on the Internet at [www.vaers.hhs.gov](#) or by calling 800-822-7947. Statements from the Advisory Committee on Immunization Practices with details of recommendations for individual vaccines, including recommendations for children with high-risk conditions, are available at [www.cdc.gov/vaccines/imz/ACIP-09-08-09](#). Additional information can be found in the Red Book: Child and Adolescent Immunization Schedule, 2009, and the Red Book Online, [www.aap.org/redbook](#). Information on new vaccine releases, vaccine supplies, vaccine recommendations resulting from vaccine shortages, and information on specific vaccines can be found at [www.aap.org/redbook/immunization/08050809025](#) and [www.aap.org/vaccines/rev/08050809025](#).

**COMMITTEE MEMBERS (ALPHABETICALLY)**  
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Henry G. Karpman, MD

12/01/08 Volume 122, Number 12, December 2008 1140

# AAP Autism Resources

**AUTISM A.L.A.R.M.**

**Autism is prevalent**

- 1 out of 100 children are diagnosed with a developmental disorder and/or behavioral problem
- Approximately 1 in 150 children are diagnosed with an autism spectrum disorder
- Developmental disorders have a life span and may be easily missed

**Listen to parents**

- Early signs of autism are often present before 18 months
- Parents (and/or) have concerns that something is wrong
- Parents generally (80%) give accurate and quality information
- When parents do not spontaneously raise concerns, ask if they have any

**Act early**

- Early screening and surveillance is an important part of your practice as endorsed by the AAP
- Know the subtle differences between typical and atypical development
- Learn to recognize red flags
- Use validated screening tools periodically, preferably early
- Improve the quality of life for children and their families through early and appropriate interventions

**Refer**

- To early intervention or a local school program (do not wait for a diagnosis)
- To an autism specialist, in cases of suspicion, comorbidity (or a definite diagnosis)
- To undergo and/or use a hearing impairment
- To local community resources for help and family support

**Monitor**

- Schedule a follow-up appointment to discuss concerns more thoroughly
- Look for other available services to be associated with autism (eg, seizures, GI, sleep, behavior)
- Educate parents and provide them with up-to-date information
- Advocate for families with local early intervention programs, schools, support care agencies, and community organizations
- Continue some focus and watch for additional or late signs of autism and/or other developmental disorders
- Continue to provide a medical home

For more information: [www.aapandfamily.org](http://www.aapandfamily.org)

**Autism**  
Caring for Children With Autism Spectrum Disorders

**Autism**  
Caring for Children With Autism Spectrum Disorders

**Resource Toolkit for Clinicians**

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02008  
W08087/Mar2008

**Is Your One-Year Old Communicating with You?**

**Understanding Autism Spectrum Disorders (ASD)**

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# Mental Health/ADHD

## The New York Times

WELL

### Weighing Nondrug Options for A.D.H.D.

By TARA PARKER-POPE

Published: June 17, 2008

About 2.5 million children in the United States take stimulant drugs for attention and [hyperactivity](#) problems. But concerns about side effects have prompted many parents to look elsewhere. Two-thirds of children with [attention deficit hyperactivity disorder](#), A.D.H.D., have used some form of alternative treatment.

[Enlarge This Image](#)



Stuart Bradford

The most common alternative treatments are [diet changes](#), like [food additives](#). A number of children with the disorder have been treated with these, and others have tried [herbal supplements](#). Some have used biofeedback.

While some studies suggest that there is little solid evidence, it is unfortunate, because these aren't an option for many children.

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## THE WALL STREET JOURNAL

WSJ.com

WORK & FAMILY | APRIL 17, 2008

### The Creative Energy Behind ADHD

By SUE SHELLENBARGER



While many viewers get emotional watching to deserving families on "Extreme Makeover: Home Edition," Pennington, cries for different reasons. As the worst kid in his school, she says, "I have come."

That's because Mr. Pennington has attention deficit hyperactivity disorder. About 7.8% of children ages 4 to 17 have been told that they have or might have ADHD, the Centers for Disease Control and Prevention says. The behavior disorder, which often starts in school and in life, can be "impairing," says the American Academy of Pediatrics' clinical practice guidelines.

Many frazzled parents of hyperactive kids have turned to ADHD didn't cripple such noteworthy sufferer or Kinko's founder Paul Orfalea. How can

### Pediatricians nix heart tests before ADHD drugs

Posted 7:00-2008 1:24 PM | Comments: 3 | Recommend

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Enlarge | By Joe Kessler, Getty Images

CHICAGO (AP) — The nation's largest pediatricians' group says it is getting attention-deficit drug heart screening with electrocardiograms, challenging advice from heart doctors' association.

The new policy from the American Academy of Pediatrics renews a debate about the safety of the powerful stimulants used to treat half of the 4 million U.S. child with attention-deficit disorder.

HEALTH BLOG: Echocardiogram may help reduce sudden death in young athletes

As Seattle heart specialist Peter Hesslein put it, the dispute among influential doctors "is more than a tempest in a teapot."

ADHD drugs like Ritalin, Adderall and Concerta can help children focus more, behave less impulsively and perform better in school. But they also can increase blood pressure and heart rate and carry warnings about risks for sudden death in patients with heart problems.



# AAP Mental Health/ADHD Resources

AAP Mental Health - Windows Internet Explorer

http://www.aap.org/mentalhealth/index.html

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## Children's Mental Health in Primary Care

### At Issue

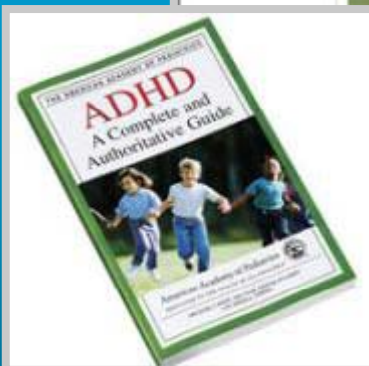
More than 14 million children and adolescents in the United States, or 1 in 5, have a diagnosable mental health disorder that requires intervention or monitoring and interferes with daily functioning.<sup>1</sup> While many children with mental health disorders are not being diagnosed, primary care clinicians have been identifying children with emotional and behavioral disorders at an increasing rate. The need for primary care clinicians to manage children with mental health concerns only will continue to increase in the future. Primary care clinicians are, and will continue to be, an important first resource for parents who are worried about their child's behavioral problems.

1. US Department of Health and Human Services (USDHHS). Mental Health: A Report of the Surgeon General. Washington, DC: US Government Printing Office; 2000. Available online at <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

### Children's Mental Health News

Done

Internet 100%



American Academy of Pediatrics

**POLICY STATEMENT**

**Cardiovascular Monitoring and Stimulant Drugs for Attention-Deficit/Hyperactivity Disorder**

James H. Park, MD, Richard A. Finkelstein, MD, Timothy J. Anders, MD, for the Board on Health Care Services, the Section on Cardiology and Cardiac Surgery

**INTRODUCTION**

A recent American Heart Association (AHA) statement recommended electrocardiogram (ECG) routinely for children before they start medication to treat attention-deficit/hyperactivity disorder (ADHD). The AHA statement focused the attention on the group considered to be at greatest risk of children with heart disease. However, the recommendation to obtain an ECG before starting medication for treating ADHD contradicts the quality-controlled and evidence-based recommendations of the American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics (AAP). These organizations have concluded that routine cardiac tests (ECG) to screen medication for ADHD is not a valid practice, contrary to data on higher risk events in the pediatric population of children and adolescents. Both of these groups also noted the lack of any evidence that the routine use of ECG screening before beginning medication for ADHD treatment would prevent sudden death. The AHA statement pointed out the importance of careful clinical but clinically important cardiac monitoring in children and adolescents. What is a goal that the AAP shares. The primary purpose of the AAP statement is to prevent cases of ECG that involve electrocardiogram medications. The recommendations of the AAP are the rationale for these recommendations are the subject of the statement.

**BACKGROUND**

ADHD affects 6% to 8% of children and adolescents<sup>1</sup> and stimulant medication has been shown to be effective for treatment of the disorder. Studies estimate that in the pediatric population as a whole,<sup>2</sup> and recently to prevent and potentially prevent sudden cardiac death by general population in the pediatric population. Despite the absence of scientific data to establish an increased risk of sudden death in pediatric receiving stimulant medication for ADHD,<sup>3</sup> much attention has been directed to warning about and screening for causes of sudden death in the population.

Subsequent evidence raises questions regarding the efficacy and safety of ADHD treatment, including both behavioral and behavioral therapies. Limiting children's access to effective treatment for ADHD could have serious implications, especially for the high-risk group of children with comorbid cardiac conditions. Therefore, the evidence supporting any recommendation that any child undergo a routine ECG to identify possible underlying cardiac

**STATEMENT OF THE PROBLEM**

The AAPA scientific statement is controversial because of its excessive recommendations for children without heart disease and the lack of information on the methods used to arrive at its recommendations. Utilizing the evidence recommended that in addition to a careful history, family history, and physical examination, an ECG be done to further the likelihood of identifying significant cardiac conditions that may be associated with ADHD (hyperactive disorder), QRS prolongation and Wolff-Parkinson-White syndrome) that might place the child at risk.<sup>4</sup> However, the AAPA statement does not mention a single case of sudden death in children with ADHD who were screened for cardiac disease. In fact, the statement is the opposite of the evidence. "We would agree with the conclusion that a

# H1N1, Emergency Preparedness

- Disasters are inevitable, our response is *not*
  - New situations bring challenges, questions
  - Ongoing efforts to strengthen emergency preparedness
  - Opportunities to reinforce key pediatric perspectives
- H1N1 Activities
  - Pediatric experts identified to help with response
  - Resources for practices
  - Special sessions on H1N1 at the NCE
  - Advocacy Flash, message to Chapters

# Obesity

- **AAP Obesity Leadership Workgroup**
- **Alliance Healthcare Initiative**
- **Chapter activities**
- **Practice challenges**



# AAP Obesity Resources

The screenshot shows a Windows Internet Explorer browser window displaying the AAP Obesity Resources website. The address bar shows the URL <http://www.aap.org/obesity/index.html>. The website header includes the American Academy of Pediatrics logo and navigation links: Home, Parenting Corner, Health Topics, Bookstore & Publications, Professional Education & Resources, Advocacy, Members, and About. The main content area features a banner for "PREVENTION AND TREATMENT OF Childhood Overweight and Obesity" with three circular images of children. Below the banner are navigation buttons for "ABOUT OBESITY", "WHAT AAP IS DOING", and "HELPFUL LINKS", along with a search bar. The "AAP Mission Statement About Obesity" section welcomes visitors and outlines the site's purpose. A "Spotlight" section highlights a report titled "F as in Fat: How Obesity Policies Are Failing in America 2009". At the bottom, there are three image-based sections: "What health professionals can do", "What families can do", and "Partner with the community". The browser's taskbar at the bottom shows the Start button, several open applications, and the system tray with the time 9:59 AM.

AAP: Prevention of Pediatric Overweight and Obesity - Windows Internet Explorer  
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PREVENTION AND TREATMENT OF  
Childhood Overweight and Obesity  
ABOUT OBESITY | WHAT AAP IS DOING | HELPFUL LINKS | Search  
AAP Mission Statement About Obesity  
Welcome to the American Academy of Pediatrics Web site dedicated to the prevention of childhood overweight and obesity. The purpose of this site is to bring awareness to the serious health problem of childhood overweight and obesity; empower pediatricians and families to take action in their homes, offices and communities to prevent childhood obesity; and to support pediatricians, families and community advocates in improving the health status of those children who are already overweight and obese.  
The Academy acknowledges the Robert Wood Johnson Foundation (RWJF) for its generous support for the integration and coordination of the Academy's obesity initiatives.  
Print Version  
Spotlight  
F as in Fat: How Obesity Policies Are Failing in America 2009  
A report released by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) highlights state obesity rates and policies.  
Click here to read more  
What health professionals can do >  
What families can do >  
Partner with the community >  
http://www.aap.org/obesity/index.html  
Start 2 Novell Gr... Alder-ALAPE... AAP H1N1 Sli... Microsoft Word AAP: Preve... 97% Internet 100% 9:59 AM

[www.aap.org/obesity](http://www.aap.org/obesity)

# Helping Babies Breathe



# International Child Health



- **AAP: largest pediatrician organization in the world**
- **97% of children live outside the US**

# American Academy of Pediatrics



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