

The Wisper

March 2002

FROM THE PRESIDENT

Joanne A. Selkurt, MD, FAAP

No, there is not a typo in the masthead of the newsletter. We decided to make it blatantly obvious that this newsletter is a Wisconsin product. My automatic spell check has a real problem with it.

The winter Executive Committee meeting was well attended and generated such lively discussion that a task force was formed to deal with the problems of medical and dental access which includes the issue of reimbursement. If interested in getting involved contact the co-chairs Karen Pletta or Sue Bernstein. Sharon Fleischfresser, Dick Aronson, and Sue Bernstein were the WI AAP representatives to the WI team chosen to attend a AAP conference on developing "medical homes" recently held in Phoenix.

The Board of Directors met with Ken Slaw of the AAP office and revisited our strategic plan. The final version is about ready to hit the press and will be distributed electronically for those interested. One of the continuing priorities this year will be to continue to stay on top of legislative issues that impact children and pediatricians. An educational program to be delivered to pediatricians' offices is being developed by the Chapter working with the WI members of the AAP Section on Allergy & Immunology, the WI Allergy Society, and the IL Chapter. The involvement of community pediatricians in public health and school districts will be further encouraged with regional meetings between pediatricians and their local school nurses and public health department directors; the first to be piloted this spring. A major effort at membership recruitment and retention will be undertaken which includes moving one of the three Executive Committee meetings each year out into the state inviting local pediatricians to take part.

Make plans to attend the Chapter Scientific Annual Meeting on April 27th at

the Kalahari Resort in the Wisconsin Dells. Topics will be pertinent to all of us who see adolescents in our practice or in our homes. Can't beat the price as its free to members and you are only asked to pay for your food. See Program and Registration Form on Page 7.

WIAAP Chapter State Legislative Report Timothy Corden, MD, FAAP

Pediatrician's Voices Make a Difference

The legislative session is nearing an end, but the WIAPP is still following many issues closely.

AB 672: "Ritalin bill". The bill was introduced in an effort to decrease the use of stimulant therapy for ADHD. The WIAAP has come out strongly against this bill for many reasons. The bill sets a dangerous precedent for legislative involvement concerning the treatment of a specific medical disease, and would sway parents away from the most effective therapy currently available for the treatment of ADHD, as set forth by the rigorous evidence based guidelines published by the AAP in October of 2001. AB 672 is currently under consideration by the Assembly's Committee on Health chaired by Rep. Underheim. All Committee members have been visited and informed of the WIAAP's strong disagreement with this bill, and it appears that most members agree with the chapter's position. During my visits to the Capitol, many of the legislators commented that they have heard from pediatricians in their districts about this bill – thank you all, your voice is helping make a difference. Testifying at the public hearing February 13, 2002: Drs. Aaron Friedman and Tim Corden.

AB 163: "Boxing Bill". The Assembly passed a bill that calls for USA Boxing, a national boxing organization, to take over the regulation of amateur boxing here in the state of Wisconsin. WIAAP has come out against this change, because it would lower the allowable age for participation in sanctioned boxing matches from the current 14 years of age to 8 years of age. The bill came out of the Assembly with a great deal of momentum. USA Boxing is a very active organization and brought in a group of boxing champions to advance their cause in the Assembly. The bill is currently in a Senate committee chaired by Senator Meyer. WIAAP and SMS representatives are trying to work with the legislators to amend the bill, raising the age of participation.

AB 698: "Partner STD Bill": Sheldon Wasserman, representative from the Milwaukee area and a practicing Ob/Gyn physician, introduced a bill that would allow physicians to write a one-time prescription for antibiotics to the partner of patients diagnosed with an STD. The WIAPP strongly supports the bill and registered in favor of it at a public hearing on February 13, 2002.

AB 822: "Bicycle Helmets": After the defeat of SB 113, the chapter approached Rep. Urban, a physician from the Milwaukee area, to introduce similar legislation in the Assembly. He agreed and drafted bicycle helmet bill AB 822. The bill calls for all children 14 years of age and younger to wear an approved helmet while riding or being carried on a bicycle on public roads and bike paths in Wisconsin. First-time violators are given a warning and a copy is sent to their parent or guardian. A second violation results in a \$30 fine.

With little time left in the current legislative session, it appeared unlikely for this bill to move forward.

(Continued on Page 6)
(WIAAP Legislative Report continued)

Immediately after the bill was

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District VI Update

Kathryn P. Nichol, MD, FAAP

The BOD had a longer than usual session as we tried combining the Advisory Committee meetings with the BOD meeting with a mini retreat conducted between the two events. We will evaluate whether this is a more productive process or not.

There were a number of major issues that were discussed that I think will be of interest to District VI members. A task force was created to look at existing committee structure within the Academy to determine if there were any opportunities for increasing efficiency, enhancing communication, decreasing duplication and creating more synergy by merging committees. I had the privilege of chairing that task force, and was very ably supported by Joe Zanga, a previous AAP President, Ken Schonberg, past Chairperson of the Committee Management Committee, and Roger Suchyta, a member of the executive staff of the AAP. Our recommendations were presented to the full Board, senior staff and representatives from both Committees and Sections. There was considerable valuable discussion, but the overwhelming sentiment was that another task force should be convened looking at both Committees and Sections and addressing the same question: Are there opportunities to create synergy, increase efficiency, enhance communication and decrease duplication by having some committees and some sections be more closely aligned. In addition, how can the committees, who create most of the AAP policy, and the sections, who are responsible for many of the educational sessions, particularly at the NCE, be more closely aligned with chapters, and their needs. That assignment will be occurring very soon, and my guess is there will be a very short time line attached to the charge.

There are a number of issues related to immunizations which were also discussed by the BOD. As you know, we are experiencing shortages of some vaccines, and it is making it very difficult to immunize children in a timely fashion, and in accordance with the AAP recommendations. There is considerable effort and energy being expended in an attempt to improve that situation. There is also much concern about the CMS proposed changes in administrative fees that physicians will be allowed to charge. Here, too, the AAP leadership is very actively trying to make the case that pediatricians spend significant amounts of time instructing patients about the risks and benefits of each vaccine administered. Lou Cooper and Steve Edwards along with leadership from the Committee on Infectious Diseases have met in Washington DC with those responsible for promulgating the regulations which could so effect primary care physicians.

Cathy DeAngelis, MD and Harry Laws, MD joined the BOD for an in depth discussion about the changing face of industries relationship with medicine. Cathy is a pediatrician (she was at the UW before going to Johns Hopkins) who is presently editor of JAMA. Dr. Laws is a pediatrician with Eli Lilly and Company. He made it very clear that the days of unrestricted grants from the pharmaceutical industry to medicine were soon to be a thing of the past. Cathy, of course, is dependent to some extent on ads to support JAMA. Much of the discussion centered on how we could continue to work together without compromising the objectivity that is so necessary. The discussion, as you can imagine, did not result in immediate solutions, but there will be more contact and attempts to develop ethical strategies that are mutually beneficial to both groups.

A major responsibility of a BOD is to set the vision for the organization, so we revisited the strategic plan, and prioritized the objectives, so we can direct staff to better allocate resources. I think you will be pleased to know that promotion of access/quality/reimbursement remained the top priority. There was a strong feeling among the BOD members that the AAP needs to invest additional resources in districts, chapters and sections to help them better enhance their efforts to advocate for children and AAP members. *(Continued on Page 3)*
(District VI Update Continued from Page 1)

There were many other issues that were dealt with, but I wish I could more

adequately describe the commitment I feel at each of these meetings on the part of the BOD and the staff to make decisions and support projects that will improve the health and well being of the population we serve, and will advocate for pediatricians and their unmet needs.

Looking forward to our District meeting coming up very soon.

BREASTFEEDING RESOURCE: Wisconsin DHFS Breastfeeding Cards

Karen Pletta, MD, FAAP

Patient handouts are helpful for many topics in pediatricians' offices including breastfeeding. The Wisconsin department of health and family services has developed cards that review several topics regarding breastfeeding. These cards were the result of a collaborative effort by many statewide breastfeeding groups including WI AAP. The goal was to provide consistent information about breastfeeding for physicians and patients. They were written at the patient level and are available in English or Spanish. WI DHFS generously agreed to send us a sample card to include in the Wisper such that WI AAP members are aware of this resource.

Thank you to all of the WI AAP members that responded to my email to ask for your preferred sample. The highest number of requests were for two cards: #1: Common concerns and #4: Breastfeeding in the first few weeks. Therefore, WI DHFS has sent both cards for WI AAP pediatricians that you should find enclosed in the WI AAP Wisper.

The below is a summary of the available breastfeeding cards/topics. Information on ordering can be found by calling WI DHFS document services at 608-266-3358 or via email at docsales@doa.state.wi.us. The cards are reasonably priced at: 50 = \$8.00, 100 = \$11.75, 500 = \$41.05.

Breastfeeding 1 – Breastfeeding information from someone who knows. Answers to common breastfeeding questions from a mother to an expectant mother. Topics include worried about making enough milk, worried that breastfeeding will hurt, embarrassment to breastfeed in public and how much time it takes to breastfeed.

Breastfeeding 2 – Breastfeeding can fit into your life from someone who knows. Answers to common breastfeeding questions from a mother to an expectant mother. Topics include diet, smoking, alcohol and medications.

Breastfeeding 3- The best start. Benefits of breastfeeding for baby, mom and the entire family.

Breastfeeding 4 – Breastfeeding in the first few weeks. Information on getting started breastfeeding, how often to breastfeed, signs of hunger, a good latch on and ending a feeding.

Breastfeeding 5 – Making enough milk for your baby. How to tell if baby is getting enough breastmilk, growth spurts and increasing milk supply.

Breastfeeding 6 – Breast soreness. Information for preventing and treating sore nipples and uncomfortably full breasts.

Breastfeeding 7 – The sleepy baby. Tips for waking a sleepy baby and for calming a fussy baby.

Breastfeeding 8 – Breastfeeding and work or school. Information on continuing to enjoy the ease and special closeness of breastfeeding while away from baby.

Breastfeeding 9 – Collecting breastmilk. Tips for collecting breastmilk including hand expression and choosing a breast pump.

Breastfeeding 10 – Storing, thawing and warming breastmilk. Information on safe storage and preparation of breastmilk based on AAP recommendations.

Breastfeeding 11 – Breastfeeding an older baby. Suggestions for nursing strikes, teething and weaning.

Chapter Membership Update

Carl Eisenberg, MD, FAAP

The WIAAP's Membership Committee is growing but additional volunteers would be welcome.

We are making progress in our membership efforts. According to the AAP's Chapter Membership System the WIAAP has

1. increased the number of paid FAAP's who belong to the WIAAP from 332 to 377,
2. increased the total paid membership from 466 to 553, and
3. increased the number of the Resident Fellows from 107 to 112.

Included in the above numbers are the 81 new members the WIAAP has added this fiscal year, i.e., since July 1, 2001. Carolyn and Abraham Rodriguez (a new member of our Membership Committee) intend to contact these new members this winter.

The AAP's Chapter Membership System has also identified 22 potential members who reside in WI; the Committee will approach these individuals as well. If any of you have a colleague who would like to join, please remind them to check off the appropriate box to join the Chapter when the AAP sends out the bill for the next fiscal year. Of course, they would have to pay the \$60 dues too! Remember, there are lot of advantages to membership including: free registration to the Annual Meeting, "The Wisper," and a subscription to the WIAAP-NET.

The Chapter's e-mail D/L (WIAAP-NET) has 176 subscribers right now; of those 135 have confirmed current, accurate e-mail addresses. The project to update the AAP's and WIAAP's membership database continues. If any WIAAP members are not currently subscribed to WIAAP-NET please send your current e-mail address to CEisenberg@AAPSCOT.ORG.

IMMUNIZATION and INFECTIOUS DISEASE NEWS

Tom Saari, MD, FAAP

Rotavirus Vaccine Wisconsin Pediatrician Survey:

The rotavirus vaccine survey sent to 250 of your Wisconsin colleagues before Christmas resulted in an astounding 63% return rate. Practice locations were 26% rural, 45% suburban and 29% urban. Preliminary analysis revealed that only 30% of you never gave rotavirus vaccine while it was available and that 2/3rds of you who did give it gave it routinely to all of your eligible infants. Of those who didn't give rotavirus vaccine, 32% felt that medical management options available to them precluded the need for a vaccine, 25% felt that the cost was too high, 20% had no clinic guidelines for use of rotavirus vaccine available, 20% felt the vaccine risks outweighed the medical benefit and that nearly 40% of you sat on the fence waiting to see what might happen in the first year before offering it to your patients. How prophetic!! 84% of you would not use the original Rotashield[®] if it were re-released today. Two thirds of you would not use Rotashield[®], even if the AAP and ACIP came forward with a recommendation for routine or permissive use in the face of a known vaccine associated intussusception rate of 1:10,000 first doses.

When asked to compare their expectations of rotavirus vaccine safety to existing vaccines, 45% identified IPV as their ideal with 20% indicating DtaP and 16%, MMR, as acceptable models. MMR is of interest because it is associated very rarely (maybe 1 in a million doses) with vaccine associated encephalitis, uncommonly (1 in 35,000 doses) with a ITP type picture and more commonly (1 in 3,000) with a benign febrile seizure. This would suggest that rotavirus vaccine related intussusception is considered by practicing pediatricians as a more serious adverse event, perhaps more on a par with MMR associated ITP but occurring more frequently.

Gastrointestinal disease sequelae resulted in out of hours OPD visits an average of 13 times per year for the general pediatrician with slightly more OPD visits (14) in rural practices. On an average, only 4 Wisconsin children per pediatrician per year needed hospitalization for gastrointestinal disease complications with, again, a slight increase (6) in rural settings. Overall, hospitalization rates (usually the main economic factor that drives medically related cost / benefit ratios for vaccines) are surprisingly low. This may indicate that oral hydration and ER and office-based IV hydration is being utilized to prevent AGE hospitalizations.

You identified the following factors that would influence you to accept a reintroduction of a rotavirus vaccine. 98% of you would be concerned about future adverse events, 84% felt the ability of a vaccine to reduce hospitalizations and afterhours visits was important and 69% were concerned about potential high cost. 50% of polled Wisconsin pediatricians felt the lack of local facilities and surgical and radiological expertise to diagnose and manage a vaccine related case of intussusception in a 2 month old was a disincentive. 64% of rural pediatricians were particularly concerned about this situation.

74% of surveyed pediatricians felt rotavirus disease was a significant problem in the USA while 96% identified this organism as a major problem in the developing world. 91%

indicated any new rotavirus vaccine must be proven safer than Rotashield[®].

The Wisconsin survey was run in parallel to a nearly identical survey of 480 pediatricians who practice in Georgia where a 48% response rate was achieved. 36% of Georgia pediatrician had never used Rotashield[®], and none of them were aware of the vaccine associated intussusception rate of 1 in 10,000 first doses. For the most part, the Georgia responses were identical to those from Wisconsin pediatricians.

This information will be shared at the time of the ACIP meeting in February and the AAP-COVID meeting in March as future recommendations are considered for 2 new rotavirus vaccines currently in clinical trials. A more complete report of the results of this survey looking regional differences will be forthcoming.

The 2002 Immunization Schedule

Hepatitis B Birthdosing: As expected, the Harmonized Immunization Schedule for 2002 has highlighted birthdosing with hepatitis B dose #1 as the preferred time to protect all infants. The reasons for this have been reviewed in previous Whisper articles. The AAP considered HBV birthdosing as preferred and "optimal" from the onset of its original recommendations in 1992 and it has taken the CDC and the AAFP (co-signators to the Harmonized Schedule) 10 years to acknowledge and accept the wisdom of that decision. The onus is now on the pediatrician and the family practitioner who wishes to initiate hepatitis B protection for their newborns after discharge from the hospital to be certain that the infant's mother has been tested for HbsAg and that she is confirmed to be HbsAg negative. Several more Wisconsin hospitals that had suspended routine HBV birthdosing following the thimerosal alert have resumed this practice. Remember, Wisconsin hospitals have access to free VFC vaccine from the State Immunization Program and many have taken advantage of the offer. For those of you who may experienced some temporary shortages of the Merck HB Recombivax[®], all HBV vaccines are interchangeable and there should be plenty of the GSK Engerix B available for substitution.

Influenza Vaccine for Healthy Children: The addition of influenza vaccine to the routine childhood immunization schedule is the beginning of a campaign to protect all children, including healthy ones, as an important part of preventing propagation of influenza in the community as a whole. Infants under 2 years of age are as likely to be hospitalized for the complications of influenza as those over 65 years of age. Young children under age 5 years are 20 times more likely than adults to contract influenza and pass it onto others (including high risk adults and children). Influenza pandemic planning, especially in the event of major antigenic shifts, will increasingly rely on immunizing children as the most efficient method to blunt spread of particularly virulent strains of influenza virus through the community.

Vaccine Shortage Report:

PCV7 Vaccine: supplies are gradually improving as Wyeth continues to build production and shipping volume of PCV7 to a projected peak of 2 million dose per month this Spring. National birth cohort needs depend on about 1.5 million doses per month being available and a significant backlog of infants behind in their

scheduled PCV7 vaccine will claim a good portion of any extra. Wisconsin VFC PCV7 supplies have also improved but are tenuous from month to month. You should have all received a revised PCV7 priority schedule published by WCIP in December that included a 2 dose primer recommendation that depended on your assessment of your clinic's estimated month-to-month PCV7 vaccine supply. Wisconsin has defined shortages as moderate, severe and extreme as determined by the actual vaccine supplies you have on hand. WCIP's recommendations are more comprehensive than the revised ACIP and AAP recommendations released in November and are more reflective of the severity of shortages many of you have experienced. I would recommend you expand your use of PCV7 gradually and keep vaccine in reserve. There is no guarantee improved shipments will be sustained. Wyeth is the sole-source provider of PCV7 and unless a stockpile of vaccine is established (something the CDC may require in the future), they will be vulnerable to supply interruptions for a myriad of reasons. If you have not received the latest WCIP recommendations for prioritizing PCV7 use, contact the Wisconsin Immunization Program at (608) 266-1339 or myself to get a copy.

Varicella Vaccine: Merck has experienced a combination of FDA required upgrades for their production facilities affecting most of their vaccine lines and a change in distribution methods for some of their vaccines. This has resulted in delays for varicella vaccine shipments that has grown currently to 10 weeks. This situation may not improve until May or June. Of major concern has been the impact shortages of varicella vaccine may be having on the 32 states like ours that have implemented a varicella immunity requirement for day care and school aged children. Schools and the State Immunization Program are monitoring the situation. It is hoped that if varicella vaccine supplies normalizes by early summer, no interruption in the progressive Wisconsin requirement for proof of varicella immunity will occur. I would strongly recommend you reserve varicella vaccine for use in children attending day care and kindergarten to keep them compliant with Wisconsin's requirement. Delay immunizing all others until sufficient vaccine is available. This will maximize the benefits of interrupting disease transmission in key populations when vaccine is in short supply. Please, please, please do not issue bogus medical waivers to keep a patient compliant. Schools are aware of the vaccine shortage and enforcement will, in most situations, be non-existent.

MMR Vaccine: Merck's MMR supplies have been affected for the same reasons as varicella vaccine. Shipments are now running at least 6 weeks behind and Merck now says that there will not be a normalization in MMR availability until August of this year. School systems have only recently been appraised of this shortage and the State is in the process of deciding how to deal with the impact protracted MMR shortages will have on meeting 2 dose MMR requirements for school entry. In the meantime, I strongly recommend that first priority be given to infants 12-15 months of age receiving their first dose of MMR. Again, please do not misuse medical waivers as a means to keep a patient compliant when you have no vaccine to give. I believe there will be an extended grace period until next fall when supplies of MMR are expected to be back to normal.

DTaP Vaccine: GSK continues to expand their supplies of Infanrix^R and remains the only dependable DTaP supplier in the

market. They anticipate being able to supply the entire US annual DTaP requirement by this Fall. The only other US supplier, Aventis, continues to have reduced availability of their Tripedia.

Td Vaccine: A gradual improvement of Td is occurring but a decision to stockpile sufficient supplies of this crucial vaccine before increasing general release to the private and public sector is being considered. This means that liberalizing use of Td for adolescent boosters may not occur until the end of this summer.

Hepatitis B Vaccine: Supplies of Merck's hepatitis B vaccine have also been affected by the FDA action. But the extent of impact on providers has been blunted by the availability of GSK hep B vaccine, Engerix-B^R, which is completely interchangeable with Recombivax^R in all age groups.

HEDIS Reports and Immunization Shortages: Clinics that participate in the HEDIS program that uses immunization completion rates as a measure of quality assurance were notified that immunization data from 2001 will not need to be compiled because of factors beyond their control.

New Vaccines:

MMR-V Vaccine: GlaxoSmithKline has applied to the FDA for approval of their new MMR-V vaccine. Yes, MMR-V, with varicella. This vaccine has the added advantage of being more heat stable and may not require the more extreme cold storage conditions of the Merck varicella vaccine. If approved, this vaccine line will provide the first opportunity for redundancy in the MMR supply in 25 years and an alternative varicella vaccine.

DTaP Vaccine: Aventis is seeking FDA approval for a new 5 component DTaP called "DTaPAcel^R" that may become available at the end of 2002. This would replace Aventis's current 2 component Tripedia vaccine.

Intranasal Cold Adapted Live Attenuated Trivalent

Influenza Vaccine: FluMist will most likely be resubmitted to the FDA this summer in another attempt to have it approved in time for the 2002-03 flu season. Its primary use will be in children at least 2 years of age and older. Its cost will be substantially higher than the injectable vaccine in use today.

Combination Vaccines: DTaPAcel^R will be the backbone for Aventis's DTaP / HIB / IPV combination vaccine that has been used in Canada the past couple of years. This combo is being submitted this year to the FDA for approval for use in infants 2, 4 and 6 months of age.

A DTaP/ HBV/ IPV combo vaccine from GSK is expected to be resubmitted to the FDA this year following additional clinical trials conducted with concurrent administration with PCV7, the main reason it was rejected last year.

WIR (Wisconsin Immunization Registry): The WIR roll out continues with over 7 million immunizations currently loaded from 1.5 million client records from over 150 clinic sites. 3000 immunizations are loaded each day.

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Integration with the RECIN system of the Marshfield Clinic system is proceeding and large medical groups are having interfaces designed to allow their computer systems to dump immunization data into the WIR. Many clinics and HMO that use the EPIC system will benefit from an interface now in operation in Madison. Everyone who has become familiar with

actual use of the WIR have been amazed at its features and practice friendliness. If you are not yet on WIR, contact the Immunization Program at (608) 266-1339 for information.

I want to express my sincere appreciation to all of you who participated in the rotavirus vaccine survey. The response was overwhelming and there were several surprises in the analysis of the data. There was much broader use of rotavirus vaccine in Wisconsin than anyone had anticipated and willingness of the vast majority of pediatricians in this state who would consider use a safer rotavirus vaccine should one become available. (Tom Saari,MD, FAAP tsaari@facstaff.wisc.edu (608) 263-9733)

discussed at a public hearing, however, Rep. Freese suggested the committee move to execute the bill, in order to move it as fast as possible through the process. The bill was approved 10 to 0! Committee members included Reps. Urban, Lippert, Freese, Johnsrud, McCormick, Hines, Carpenter, Wasserman, Schneider, and J. Lehman --- WIAAP thanks them all. The decision to hear the bill on the Assembly floor now resides with the Assembly leadership, Rep. Jensen and Rep. Foti. In the past they have elected not to allow the full Assembly to vote on similar legislation. If the bill does not move forward quickly, it will die in session.

AB 822 was the bill used to illustrate the legislative process during the WIAPP Resident Advocacy Day. Pediatric residents from around the state made visits to the Capitol to discuss AB 822 with the legislators. Thanks to their efforts, the age limit on the law was raised from less than 14 years of age to include children 14 years of age. Way to go residents!! Testifying at the public hearing February 20, 2002: Drs. Murray Katcher and Tim Corden.

Thank you to all the Wisconsin pediatricians who took the time to contact legislators concerning issues relating to children; your voice is making a difference. The chapter also thanks the State Medical Society, with SMS support our concerns are being heard at the Capitol.

Timothy E. Corden, MD
Legislative Co-Chair, WIAAP

Wisconsin Pediatric Resident's Advocacy Day

Jill Funk-Zbinden, MD, Megan A. Moreno, MD

The Wisconsin Pediatric Residents' Advocacy Day was held February 19th in Madison, WI. This exciting event was sponsored by the Wisconsin Chapter of the AAP in collaboration with the State Medical Society of Wisconsin, and was supported by Ross Pediatrics. The conference included residents from both UW Madison and Marshfield Clinic pediatric residency programs. This one-day conference introduced residents to the basics of legislative advocacy and provided hands-on experience in lobbying.

The day began with an introduction to the legislative process. R.J. Pirlot, who serves as Legislative Counsel for the Advocacy and Policy Department at the State Medical Society of Wisconsin, began the day's lessons by outlining skills for understanding and participating in the political process. Vaughn Vance, Chief of Staff for Senator Roger Breske, then illustrated five key tips for influencing legislators. Jim Pugh from the Wisconsin Manufacturers and Commerce discussed an example of a successful legislative effort.

The conference also included lessons from the legislators themselves. State Representative Terese Berceau discussed many Wisconsin legislative issues that could greatly benefit from physician involvement, such as the Wrongful Birth/Wrongful Life issue, and access to health care for the poor. State Representative Mary Ann Lippert took residents through a "cookbook sheet" with tips on contacting legislators. After this political training, the residents learned about the issue for which they would be lobbying. Dr. Tim Corden discussed the details and benefits of the Bike Helmet Bill that is currently pending legislative action. This bill would require all children under 14 to wear a bike helmet and would significantly decrease the number and severity of head injuries in Wisconsin children.

After this intensive training the residents were ready to try out their new skills. Forty residents lobbied Senators and Representatives in the Wisconsin State Capital in support of the bike helmet bill. These meetings were particularly timely since the bill was slated for discussion the next day in the Public Health Committee of the Assembly. Residents met with varying responses from their legislators, however, most were positive in favor of the bill. The next day the committee voted unanimously in favor of the bill!

The residents felt that the day was worthwhile and informative. Most expressed surprise at the relatively easy process of visiting a legislator in the capital. Many residents expressed an interest in staying involved with legislative issues that affect children. The event was a big success and will hopefully be repeated in the future.

CORRECTION - 2001 Membership Dues Deduction

For the tax year 2001, members may deduct \$51.00 as a business expense. An earlier newsletter stated that the full amount of chapter dues (\$60.00) could be deducted. If you have questions, please contact the Chapter office at 608.222.7751.

This Newsletter
Is Being Supported
By
Ross Laboratories

**WIAAP ANNUAL MEETING
April 27, 2002 - Kalahari Resort, Wisconsin Dells**

“ADOLESCENT MEDICINE UPDATE”

Educational Objective: This conference is designed to present relevant information on adolescent issues and to educate pediatricians and other health care providers on current diagnosis and treatment of commonly encountered adolescent problems.

Friday, April 26, 2002

10:00-4:00 **WI Chapter AAP Board/Executive Committee Meeting.** Chapter members invited. Contact Chapter office if planning to attend.

Saturday, April 27, 2002

7:30-8:00 **Registration** (Continental Breakfast)

8:00-8:10 **Welcome and Announcements**
Joanne Selkurt, MD, FAAP

8:10-9:00 **The Adolescent Visit**
Melissa Weddle, MD, MPH, FAAP

9:00-9:50 **Alcohol, Tobacco, and Other Drug Use Update**
Patricia K. Kokotailo, MD, MPH, FAAP

9:50-10:05 **Break**

10:05-10:55 **Common Gynecological Problems and Treatment Part I**
Barbara J. O’Connell, MD

10:55-11:45 **The Teen with School Trouble**
James A. Meyer, MD, FAAP

11:45-1:30 **Lunch & Program**

Presentation: WI Chapter Pediatrician of the Year Award

FEATURED SPEAKER: Renee Sieving, Ph.D., RNC, Deputy Director, National Teen Pregnancy Prevention Research Center, University of Minnesota

*“Promoting Adolescent Health:
Can Protection Offset Risk?”*

1:45-2:00 **WIAPP Annual Business Meeting**

2:00-2:50 **Common Gynecological Problems and Treatment Part II**
Barbara J. O’Connell, MD

2:50-3:20 **Contraception Update**
Steven C. Matson, MD, FAAP

3:20-3:35 **Break**

3:35-4:05 **Update in Diagnosis and Treatment of Gynecologic Infections and STDs**
Wendi G. Ehrman, MD, FAAP

4:05-5:00 **Common Sports Injury Evaluation in a Busy Office Setting**
Gregory L. Landry, MD, FAAP

5:00-6:30 **Social Hour-Medical School & Residency Program Reunions** Light Hors d’oeuvre Buffet
***REGISTRATION (Please Print)**

REGISTRATION (Please Print)

Name: _____

Address: _____

Phone: _____

Register Early & Save	Fee Prior 4/6/02	Fee After 4/6/02
Member WI Chapter AAP	No Charge	No Charge
Non-Member	\$60.00	\$75.00
House Officer	No Charge	No Charge
Medical Students	No Charge	No Charge
Pediatric Nurse Practitioner	\$45.00	\$60.00
Nurse, Educators, Spouses	\$45.00	\$60.00
Luncheon (registrant)	\$20.00	\$25.00
Luncheon (guest)	\$20.00	\$25.00
Hors d’oeuvre Buffet	No Charge	No Charge

Total Amount Enclosed \$ _____

There is no registration fee for WI Chapter AAP members, however, please include the cost of any meal functions with your registration.

Make Checks Payable to WI CHAPTER AAP

**Mail to: Carolyn Evenstad
WI Chapter American Academy of Pediatrics
330 E. Lakeside Street, PO Box 1109
Madison, WI 53701**

**Refunds: For a full refund, cancellations must be received by April 19, 2002; requests after that date will not be accepted.

**Special Needs: Any participant of the WIAAP Meeting requiring special accommodations should call (608) 222-7751, and identify the special need.

Call the Kalahari Resort (1-877-253-5466, by **Monday, March 25, 2002** to guarantee a room, and receive the Chapter group rate. (\$69 Thursday night, \$159 Friday and Saturday nights.)

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Mark Your Calendars

APRIL

* WI Chapter Board of Directors
Executive Committee
Friday, April 26, 2002
10:00 AM
Kalahari Resort, Wisconsin Dells

Wisconsin Chapter
American Academy of Pediatrics
Annual Scientific Meeting
Saturday, April 27, 2002
7:30 AM - 6:00 PM
Kalahari Resort & Conference Center
Wisconsin Dells

VOTE - VOTE - VOTE ! Ballot Enclosed

*****On the Inside*****

****President's Report**

****Ballot for New Officers**

***WIAAP State Legislative Report**

***District VI Update**

***Breastfeeding Resource Update
DHFS Breastfeeding Cards**

***Chapter Membership Report**

***Immunization and Infectious Disease News**

***WI Pediatric Resident's Advocacy Day**

****Annual Meeting Program**

****Annual Meeting Registration Form**