DECEMBER 2019

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations and Firearm Violence Top MNAAP’s 2020 Legislative Priorities</td>
<td>2</td>
</tr>
<tr>
<td>With the 2020 legislative session beginning on Feb. 11, 2020, the MNAAP took the next steps to pursue our legislative agenda when the Board of Directors selected the chapter’s priorities. The chapter will focus on increasing immunization rates and enacting common-sense provisions to reduce firearm violence. The two priorities were identified through a MNAAP policy roundtable discussion with members after reviewing the results of the all-member survey, and were affirmed by the MNAAP Board of Directors.</td>
<td></td>
</tr>
<tr>
<td>Recognizing the significant risk for outbreaks of vaccine-preventable disease, the MNAAP has long argued that Minnesota’s vaccine requirement for school-aged children – among the weakest in the country – needs reform. Minnesota was the scene of a major measles outbreak in 2017, and even larger outbreaks occurred earlier this year in New York and elsewhere. Many states – California, New York, and Maine notably – have strengthened their childhood immunization requirements in the wake of these threats to public health, and Minnesota would be wise to follow their lead.</td>
<td></td>
</tr>
<tr>
<td>Make no mistake, fixing Minnesota’s weak vaccine law will be an uphill battle given the influence of anti-vaccine activists and legislators. The anti-vaccine community is very well organized, and they routinely fill legislators’ inboxes with dozens, even hundreds, of emails. It will take the action of pediatricians, other physicians, health advocates, and parents from across the state voicing their support of strengthened vaccine requirements for us to be successful.</td>
<td></td>
</tr>
<tr>
<td>The MNAAP has once again chosen to tackle firearm violence in the upcoming session. Specifically, the chapter will partner with legislative champions and allied groups to extend background checks to all sales and transfers of firearms, including at gun shows and private sales. In addition, the MNAAP will lobby for passage of a “red flag law” to allow law enforcement to seize firearms from those individuals who may be a danger to themselves or others. Recent legislative sessions have seen chapter leaders testify in support of these common-sense proposals, and our advocacy will continue.</td>
<td></td>
</tr>
<tr>
<td>Member News</td>
<td>15</td>
</tr>
</tbody>
</table>

(Continued on page 6)
LOCAL PEDIATRIC CME EVENTS

**Tuesday, January 14 | 12:15 - 1 p.m.**
“Advocating for Firearm Injury Prevention in the Clinic and at the Capitol” Part 1: Counseling Parents about Safe Gun Storage Practices at the Practice Level
Webinar hosted by MNAAP

**Thursday, January 30 | 12 - 1 p.m.**
Partners in Care: Vascular Anomalies…and other non-craniofacial plastics topics
Webinar hosted by Gillette Children’s Specialty Healthcare

**Monday, February 10 | 12 – 1  p.m.**
Partners in Care: ACL injuries and surgery in the pediatric population
Webinar hosted by Gillette Children’s Specialty Healthcare

**Friday, February 14 | 12:15 – 1 p.m.**
“Advocating at the State Level for Safer Gun Laws” Part 2
Webinar hosted by MNAAP

**Monday, March 23**
Pediatricians’ Day at the Capitol
Hosted by MNAAP

**April 30-May 3**
Child & Adolescent Psychiatry Practical Review for Primary Care Providers and Mental Health Professionals
Grand Superior Lodge, Two Harbors, MN
Sponsored by CentraCare

**Monday, May 11 – Tuesday, May 12**
Mayo Clinic Summer Pediatric Review 2020
Bloomington, MN
Hosted by Mayo Clinic

**Friday, May 15 | 7:30 a.m. – 4:15 p.m.**
Mental Health for Primary Care: The School Age Years
Science Museum of Minnesota
Hosted by Children’s Minnesota

**Thursday, September 10 – Friday, September 11**
2020 Twin Cities Pediatric Update
St. Paul RiverCentre
Hosted by Children’s Minnesota, University of Minnesota, and MNAAP

**More information at**
[www.mnaap.org/local-cme-courses/](http://www.mnaap.org/local-cme-courses/)
When I returned from the American Academy of Pediatrics National Conference & Exhibition (NCE) that was held in New Orleans this year, I felt energized and rejuvenated after listening to the many speakers and mingling with pediatricians from across the United States and other countries. It is abundantly clear that children all over the world are faced with similar challenges including poverty, barriers to access, disparities and trauma to name a few.

I came away from the conference with many useful notes and pieces of information. I am going to share a few of the pearls that I took away from the NCE. I hope you find them interesting and helpful.

Lip tie and Ankyloglossia
- There was no such thing as upper lip tie until 2012.
- 85 percent of people have lip tie
- There is inadequate research to support routine frenotomy for posterior ankyloglossia or upper lip tie for breastfeeding problems.

Asthma
- 50 percent of children have uncontrolled asthma
- 30-70 percent report poor adherence
- Inhaler technique should be reviewed at every visit
- A spacer device can be purchased from Amazon for less than $20. Often the insurance copay is $50.

Dr. Peter Hotez, a pediatrician and a scientist, presented about the anti-vaccine movement and discussed ways to address the concerns of vaccine-hesitant parents. It struck a chord when he stated, “We have to build into our science training how to engage the public. This used to be thought of as grandstanding.”

Implicit Bias:
- Going to medical school does not make you immune to bias.
- Burnout can increase your bias.
- The good news is that bias is modifiable.

You can help build resilience in families dealing with chronic illness. Look the parent/caretaker in the eye and ask, “how are you doing?” Then listen attentively. This seemingly small thing can make a difference in building a family’s resilience.

A good website to check out for gun safety resources is www.besmartforkids.org. It offers a framework to help parents and adults normalize conversations about gun safety and take responsible actions that can prevent child gun deaths and injuries.

Overcoming the Belief in Human Hierarchy

The speaker Gail Christopher stated, “To be biased does not make us racist – it makes us human.” Narrative change is the key. We must change the narrative to achieve racial healing. “Our greatest task is to learn to see ourselves in the face of others.”–Albert Einstein.

Suicide prevention:
- The suicide rate for 10-14 year olds has doubled in the last decade.
- Suicide isn’t a single cause-effect phenomenon.
- Putting caring contacts in place has some of the most robust effectiveness in suicide prevention.

Josh Shipp spoke about his childhood in numerous foster care placements and how he started acting out so that he would get kicked out of each home as quickly as possible. “Every kid is one choice away from being a statistic,” said Shipp. “Every kid is one caring adult away from being a success story.” He shared that it is important for the caring adult to be tough and tender. The child that is struggling must develop the intrinsic motivation to change their own life.

Child Health in the Warming World:
- The climate crisis is a health crisis.
- Addressing climate change is the greatest health opportunity.
- We, as pediatricians, are taking care of children who are on the front lines of this climate problem. “All we have to do to end their world is nothing,” stated Dr. Debra Hendrickson, an environmental analyst who later became a pediatrician.

There is so much to think about – it can easily become overwhelming. So, as we continue to take the best care of children and families that we can, please support each other, be kind to one another and know that the work that we do is a calling and a privilege.
Update on E-cigarette or Vaping Product Use Associated Lung Injury in Minnesota

In the summer of 2019, the pulmonologists at Children's Minnesota treated and reported the first cases of e-cigarette, or vaping, product use–associated lung injury (EVALI) in Minnesota. By the beginning of December 2019, the Centers for Disease Control and Prevention (CDC) had received more than 2,290 reports of EVALI (including 34 deaths) from all state health departments in the continental U.S., Hawaii, and the U.S. Virgin Islands, and the Minnesota Department of Health (MDH) has characterized 125 cases of EVALI (defined as “confirmed” or “probable”) with three associated deaths in at least 26 counties with dozens more cases which are undergoing further review. While this condition has mainly been recognized in adolescents and young adults, it has been reported in people ages 13-75 years.

A recent report of clinician and CDC expert opinion regarding this epidemic was published to help outline common presenting symptoms, clinical workup, course of illness, treatment, and potential associated sequelae. All patients have reported some e-cigarette use in the past 90 days. Most patients report marijuana-derived tetrahydrocannabinol (THC) concentrate vaping, many report use of both THC concentrate and nicotine products, and a minority have reported isolated vaping of nicotine or non-nicotine/non-THC products alone.

Almost universally, patients report respiratory symptoms, such as shortness of breath, cough, and chest pain. The majority of patients have had some mild gastrointestinal symptoms, including: nausea, vomiting, diarrhea, and/or abdominal pain. Common constitutional symptoms include fever, malaise, and loss of appetite. All patients with EVALI have abnormal chest imaging findings, typically bilateral opacification, often with some evidence of subpleural sparing. Laboratory studies often demonstrate high inflammatory markers (c-reactive protein, erythrocyte sedimentation rate, and white blood count), with or without mildly abnormal hepatic injury markers. Apart from cough, lung exam is often unremarkable. Most patients have been hospitalized, roughly one third have required the intensive care unit. Bronchoscopy and on occasion lung biopsy have helped rule out other causes of acute lung injury, however the histopathologic categorization of this injury has been challenging and variable, most often with a combination of acute pneumonitis and diffuse alveolar damage.

Approximately 88 percent of nationally reported cases were treated with systemic steroids, although the natural history of this disease is unknown. Rationale for this treatment approach and how to approach milder cases remains challenging in this field. Notably, the majority of cases in our state were managed for anxiety, depression, or other mental health concerns prior to their severe lung disease.

In follow up, we have witnessed our patients struggle with withdrawal, anxiety, depression, addiction, social navigation challenges, and isolation. Concern for exposure relapse, undertreated (or self-treated) mental health concerns, unknown long-term pulmonary sequelae, and potential secondary adrenal insufficiency have necessitated a multidisciplinary team approach to this disease.

The CDC case definition of this disease has been reliant upon abnormal chest imaging with compatible history and other findings. A thorough work up and absence of other concurrent disease processes (such as infection) qualifies for a CDC surveillance case designation of “confirmed.”

(Continued on page 12)
Adolescent Vaping: Recognizing Addiction and Understanding Treatment and Referral Protocols in Primary Care

In light of the growing issue of vaping-related lung injuries in Minnesota and its impact on the state’s children, MNAAP, together with the Minnesota Medical Association, hosted a free webinar on Friday, Dec. 13 to discuss how primary care providers can address the topic.

The webinar is available on the MNAAP Webinars & Videos page at [www.mnaap.org/webinars-videos/](http://www.mnaap.org/webinars-videos/). This activity has been approved for [AMA PRA Category 1 Credit™](http://www.mnaap.org/webinars-videos/).

"Adolescent Vaping: Recognizing Addiction and Understanding Treatment and Referral Protocols in Primary Care" covers:

- Incorporating vaping questions into anticipatory guidance for well visits and/or social history for acute visits
- Forms of nicotine replacement and contraindications, and alternative treatment options
- Recognizing red flags of possible vaping-associated severe lung injury, and recommended evaluation/management of these patients
- Reporting to MDH: samples that need to be obtained and patients that need to be reported
- Advocating for policy changes

Speakers:

Dr. Lucien Gonzalez, adolescent addiction medicine specialist, University of Minnesota, and chair of the AAP Committee on Substance Use and Prevention

Dr. Anne Griffiths and Dr. Nandini Kataria, Pediatric Pulmonologists at Children’s Respiratory & Critical Care Specialists

Eric Dick, lobbyist for the Minnesota Chapter of the American Academy of Pediatrics

The Minnesota Medical Association designates this enduring activity for a maximum of 1 [AMA PRA Category 1 Credit(s)™](http://www.mnaap.org/webinars-videos/). Physicians should claim only the credit commensurate with the extent of their participation in the activity.
While increasing immunization rates and reducing firearm violence are the chapter’s identified legislative priorities, the MNAAP will be closely tracking dozens of other issues. Efforts to bar the use of conversion therapy for minors, promote health equity, and eliminate teen access to tobacco and e-cigarettes will remain on the chapter’s radar. Each legislative session always brings surprising issues that require the MNAAP’s involvement. In 2018, for example, the chapter was forced to quickly mobilize to oppose efforts to weaken safe sleep requirements in child care settings.

Be sure to mark your calendar for the 2020 Pediatricians’ Day at the Capitol set for Monday, March 23. The MNAAP’s single biggest advocacy event, Pediatricians’ Day at the Capitol is always a terrific day of advocacy and energy. This day is critically important to our advocacy efforts. Visit www.mnaap.org/day-at-the-capitol/ to register and make plans to join us!

(Legislative Priorities, continued from page 1)

Join a MNAAP Work Group!

MNAAP has work groups that meet on a monthly or bi-monthly basis by conference call to share best practices, identify helpful resources and consider advocacy efforts in the following areas:

- Mental health
- Immunizations
- Safety and injury prevention
- Poverty and health disparities

Email debilzan@mnaap.org for more information, or visit www.mnaap.org/take-action for more ways you can get involved with MNAAP.

From nurses who feel like family.

With high-tech, high-touch infusion services from PHS, kids with medical complexities receive care in the comfort of their homes. We work closely with providers to make sure the infusion therapy they prescribe, including TPN, immunoglobulin, enzyme replacement, antibiotics, and more, help their patients thrive.

SEE THE DIFFERENCE  pediatrichomeservice.com/iv

Infusion Nursing & Pharmacy  Enteral Nutrition  Respiratory Therapy & Equipment  Home Care Nursing  Mental Health  Clinical Education

MNAAP -- Dedicated to the health of all children. Visit us at www.mnaap.org
Save the Date!
Pediatricians’ Day at the Capitol 2020

Monday
March 23
2020
1 - 4 P.M.

Christ Lutheran Church on Capitol Hill
105 University Ave.
St. Paul

Register today!
www.mnaap.org/day-at-the-capitol

Each year, MNAAP brings together more than 100 residents, community pediatricians and medical students to discuss and advocate for issues that have a direct impact on the health of Minnesota children.

Join us in 2020!
What We Could Do with a Prophylactic Epstein-Barr Virus Vaccine

Teenage students and their parents often don’t know much about Epstein-Barr Virus infections. But mention the word “mono” and you’ll get an immediate reaction: “that’s bad stuff; something to stay away from.” Exactly. At the University of Minnesota Epstein-Barr Diseases Research Program, our prospective studies have shown that about 50 percent of freshmen at the universities of Minnesota and Iowa are naïve to EBV at the beginning of their first semester, however, 25 percent of them will acquire a primary EBV infection before the end of their second semester. The vast majority of these infections manifest as mono with a median duration of 17 days. For college students, mono is clearly an illness worth preventing. And this is, in part, why we’ve spent nearly the past two decades developing a prophylactic EBV vaccine.

About the vaccine

EBV initiates infection of B lymphocytes by binding its major surface glycoprotein (gp350) to CD21 on the B cell surface. Antibody against gp350 effectively blocks infection of B cells by EBV. Therefore, we have selected EBV gp350 to be the backbone of our vaccine. Because EBV is the first recognized human cancer virus, a whole live virus vaccine is not feasible. Thus, our vaccine is only a piece of the virus, which will be adjuvanted with a derivative of monophosphoryl lipid A. A similar vaccine was safe and prevented mono among Belgian college students, so our vaccine already has a positive track record.

Should this be a pediatric vaccine?

We think so, because a prophylactic vaccine needs to be given before primary infection. Research we’ve done both locally in collaboration with HealthPartners colleagues and nationally using samples from the National Health and Nutrition Examination Survey indicates that an EBV vaccine should be given about the time of school entry in order to protect the majority of vaccinees from getting mono. The high incidence of mono among college freshmen makes them ideal participants for the initial clinical trials, but children would be next in line.

Could EBV vaccine prevent more than mono?

Yes. EBV is the cause of a number of human cancers including Hodgkin’s lymphoma, lymphomas after organ or cell transplantation, gastric adenocarcinoma, and nasopharyngeal carcinoma. EBV is inextricably linked to autoimmune diseases, especially multiple sclerosis, but also lupus erythematosus, rheumatoid arthritis, and, recently, psoriasis. Since a history of mono is a risk factor for Hodgkin’s lymphoma and multiple sclerosis, and an EBV vaccine has been shown to prevent mono, it is logical to predict that a prophylactic EBV vaccine could prevent or reduce the incidence of all of the above-mentioned cancers and autoimmune disorders.

Timelines

The development of a vaccine for human use is a slow process. We began this odyssey in 2002 and it’s still a work in progress. But there has been progress. In 2017, we obtained materials to create our candidate vaccine from an industrial partner. Soluble gp350 has been produced in the University of Minnesota Molecular and Cellular Therapeutics Laboratory and is ready for purification, after which preclinical testing can begin. We don’t want to overpromise, but a likely scenario is to complete purification and preclinical testing by summer 2020, and then apply to the FDA for an investigational new drug (IND) status by the end of 2020. If an IND is granted, we would launch clinical trials in summer 2021.

About the Author

Henry “Hank” Balfour, MD, is professor of Pediatrics, and Laboratory Medicine and Pathology at the University of Minnesota Medical School where he has been researching the prevention and treatment of herpesvirus infections for the past 50 years.
Senior Pediatricians Connect at December Lunch

When an engaging group of MNAAP senior pediatricians gathered together at The Wedge Table in Minneapolis on Dec. 5, the conversation spanned everything from ways to stay connected and give back, to using social media, to memories of their experiences treating vaccine-preventable diseases.

The MNAAP senior pediatricians’ group was recently revived after a brief lapse in regular meetings. (Pictured above from left to right) Gathered in December were (front row) Bea Murray, Karen Olness, Tom Scott, Paula Kelly, Linda Thompson (back row) Carolyn Levitt, Roger Sheldon, Ted Jewett, Mark Nupen, Kris Benson.

The attendees are all retired, and many continue to stay connected with medicine and child advocacy efforts. One member mused that pediatricians currently in practice should consider “what’s next” for them before they retire. “Pick a path before retirement!”

Hoping to gather some pearls of wisdom about the importance of immunizations, the group was asked to think back to their years in practice before vaccines prevented many of life-threatening childhood diseases.

The differences they described (see right) underscore the importance of strengthening childhood vaccination laws in Minnesota.

The group plans to meet again in early March. If you are a senior pediatrician interested in joining, email debilzan@mnaap.org.

Memories of treating vaccine-preventable disease...

“You used to see chicken pox on a daily basis. But now, you show that to a resident and they might have no idea.”

“We were trained to treat all these diseases doing spinal taps, and then [with immunizations] poof, all of them were gone! That’s what most of your hospitalizations were for. They were gone, literally.”

“We used to have three to five cases of meningitis in the ER out in Denver. I mean it was just horrible. And I remember my first medical school rotation, there was this little kid with H flu meningitis. The parents had left on Halloween night to trick or treat with their other kids, and came back, and that baby was seizing. I remember that like it was yesterday.”
The Core of Adolescent Depression

Adolescence is a developmental inflection point replete with vast changes across biological, social and psychological domains. Not surprisingly, it is arguably one of the most misunderstood periods of human development. Of the many misconceptions regarding adolescence, few are more ubiquitous than the notion that it is a time of inevitable depression and prolonged psychological turmoil. While epidemiologically, the teenage years represent an increased risk for depression, the vast majority of adolescents report few to no depression symptoms. It is all too common for parents and caregivers to mislabel clinically significant signs of depression as mere “hormones” or “normal teenage stuff.” Although depression is certainly not inevitable during adolescence, recent research has identified symptom profile patterns unique to teenagers.

When we consider depression as a clinical construct, we think of a constellation of various symptoms from depressed mood, inability to experience pleasure, to sleep difficulties and changes in appetite. Given the many signs and symptoms of depression, there exists a high degree of variability among diagnostic profiles. Among adolescents, individual differences greatly impact the cognitive, emotional and behavioral manifestation of depression. To improve clinical assessment of depression, researchers have taken a keen interest in better understanding common symptom patterns in adolescent depression. In a 2019 study in the Journal of Clinical Child Psychology, researchers from The University of Texas at Austin examined adolescent depression using a large sample of roughly 1,500 adolescents ages 13-19. The researchers were interested in which particular symptoms were most important with regard to overall distress and associated functional impairment. In other words, what is the true “core” of adolescent depression.

Results indicated that self-hatred and loneliness were the most central symptoms in adolescent depression, followed by sadness and pessimism. The results of study illuminate a key difference in depression symptom manifestation between adolescents and adults, with depressed mood and anhedonia being more central to adult depression.

From a developmental perspective, these findings make sense given that identity formation is a key task during adolescence. Many adolescents struggle during these years to better understand themselves, clarify their values, and develop a more robust sense of self. A predisposition toward depression in conjunction with this challenging developmental task can often lead to feelings of self-hatred. Loneliness is also logical from a developmental perspective given the importance of social engagement during adolescence. As children enter the teenage years, the drive for social affiliation and building new peer relationships increases exponentially. Adolescents are therefore more likely to experience more intense feelings of loneliness when encountering struggles with social engagement.

Pediatric providers are in a unique position to recognize early warning signs of adolescent depression. Most providers rely on a summative score on a self-report measure to evaluate adolescent depression. While these measures have great economic utility, relying on a sum total score fails to take into account that some symptoms are simply more important than others. In line with this, it may be prudent for pediatric providers to assess for signs of self-hatred, perceived social support, and social connectedness. Assessing these important areas can help providers zero in on the possible core of adolescent depression.

About the Author

Sam Marzouk, Ph.D., L.P. is a pediatric psychologist and specialist in adolescent mental health. Dr. Marzouk completed his postdoctoral training at Children’s Minnesota and is currently the owner of Promethean Psychology in Edina, Minnesota. A strong advocate for evidence-based psychology, Dr. Marzouk is passionate about translating research into clinical practice to empower children, adolescents and families.
You have been a long-standing member of MNAAP. What have been the most rewarding aspects of your participation in our chapter?

I worked clinically for 26 years as a general pediatrician and developmental-behavioral pediatric (DBP) consultant at HealthPartners, and then for eight years at the Alexander Center of Park Nicollet as a DBP specialist on interdisciplinary teams. While in practice, I enjoyed the great opportunity of connecting with other pediatricians with advocacy interests through the MNAAP policy work group.

Learning from mentors such as Drs. Mike Severson and Chuck Oberg helped me grow in this very significant aspect of pediatric care. When bullying became more notable as a health issue, I was very appreciative of the chapter’s support while on Governor Dayton’s Task Force on the Prevention of School Bullying. I had been concerned about the vulnerability of children with autism and LGBTQ youth in my practice who were being bullied.

Can you tell me about your shift from pediatric practice settings in the community to teaching at the University of Minnesota later in your career?

For the last 10 years, I have been at the University of Minnesota (UMN) doing curriculum development and teaching part-time in the pediatric department. I directed the residency rotation in developmental-behavioral pediatrics for five years and continue co-teaching a monthly seminar for residents on historical trauma and racism. Being part of the UMN pediatric department has been a wonderfully rich experience.

While working at UMN, I was able to bring highly skilled pediatricians in the community to be part of our teaching program. We also developed pediatrician/psychologist teaching teams that reflected our understanding of clinical challenges and the need for collaborative approaches to pediatric services. Similarly, our recognition of disparities and social determinants of health led us to connect with programs such as Simpson Housing Services and the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), as settings for resident learning.

I understand that you retired from the UMN about a year ago. How are you staying connected with the pediatric community?

In addition to my monthly seminar teaching with residents at UMN, I enjoy staying involved in MNAAP. For the past two years, Dr. Nate Chomilo and I have been MNAAP “Early Childhood Champions” in Minnesota and representatives to the AAP. Nate and I work with a very active early childhood caucus of committed pediatrician advocates. My particular focus is on prenatal to age three, a time when 80 percent of brain growth happens. Last year, the AAP State Advocacy Office helped us write an EC P3 policy development guide that is based on Minnesota data and AAP Policy Statements. You can find these under the “Resources” section of the Poverty and Disparities page on MNAAP.org.

I have recently joined Dr. Rachel Tellez as co-chair of the MNAAP Poverty and Disparities Work Group. We are developing a series of exciting and challenging initiatives including the Impact of Racism on Child Health, Food Insecurity, Oral Health, and Immigrant Health.

What kinds of hobbies or activities do you enjoy?

I especially like being up at our family cabin in northern Minnesota with my grandkids and getting out on the water. At home, biking, being outside, and walking around the city lakes are my favorites. I like to travel whenever I can, often to the east coast or to warmer climes to spend time with friends. I love taking in classical music, and dance wherever I am and like to read along the way.

Editor’s Note: Dr. Scott authored an informative look at developmental-behavioral pediatrics as a contributor in a past issue of Minnesota Pediatrician. To access the article, visit www.mnaap.org/what-is-developmental-behavioral-health-pediatrics/.
A case designation of "probable" has been reserved for cases with limited workup or an additional active disease process not thought to be the sole cause of the lung disease (such as a known otitis media, stomach flu or otherwise). These are helpful distinctions for CDC surveillance but may cause confusion for clinical coding purposes. The CDC has offered some ICD-10 early guidance but further specification may change overtime with the potential introduction of new codes.

Incidentally, what this disease has clarified is that in many vaping patients who do not have EVALI, symptoms related to vaping (cough, shortness of breath) may occur. Preliminary data from the 2019 Minnesota Student Survey suggest one in four Minnesota 11th graders partake in e-cigarette usage.

It is our hope that the 2020 Youth Tobacco Survey might specifically expand the questioning surrounding THC usage to include modality (e.g. vaping, dabbing, edibles). We further acknowledge that familiarity with the management of nicotine and THC addiction needs to expand, looking to our medical colleagues within and beyond pediatrics to gain expertise. Early research into e-cigarette usage suggests the chemicals inhaled can cause immune dysregulation. Studies of real-world patterns of use of these products and their degradation with variable heating may further inform us of the consequences of vaping. The recognition of vaping-related symptoms in non-EVALI patients may lead to a better understanding of the effects of usage of these products.

In collaboration with local clinical providers, MDH recently developed an algorithm intended to assist health care providers with rapid recognition and evaluation of EVALI and can be found at www.health.state.mn.us/diseases/lunginjuries/docs/vapingalgorithm.pdf. Cases need to continue to be identified to avoid risk of potential relapse and your pediatric pulmonologists continue to offer their support. For more information regarding EVALI, please consult the references listed below.

References


Coordinating care for a child with complex medical needs is...complex.

Gillette Children’s Specialty Healthcare makes it easy. We work with you to help children and young adults who have complex and chronic medical conditions get the best care. Our Complex Care Clinic offers a 2-hour assessment to evaluate the whole patient—from head to toe.

We then partner with you to develop a multidisciplinary customized care plan that will address current concerns, anticipate future needs, and help families with scheduling to ensure those needs are met.

For more information about Complex Care services at Gillette, call 651-578-5098 or fax referrals to 651-290-8710.

MNAAP is a partner in this event, and we want our members to have a strong presence in support of immunization. Let us know if you’re interested in carpooling with other members. Strengthening immunization laws continues to be a MNAAP policy priority, and a strong presence at the Capitol helps underscore the importance of this effort. Visit MNAAP.org for more information.
Thank You to Our
2019-2020 MNAAP Sponsors

Corporate Sponsors

Hospital and Health System Sponsors
Brian Lynch, MD, FAAP, discussed the science of toxic stress and Adverse Childhood Experiences (ACEs) on children on the podcast “Terrible, Thanks for Asking.”

Angela Goepferd, MD, FAAP, and Valeria Cristiani, MD, FAAP, have each received a Special Achievement Award from the American Academy of Pediatrics. Dr. Goepferd was recognized for her leadership in professional training and support for LGBTQ and questioning youth in Minnesota. Dr. Cristiani was honored for her drive to start a school-based health clinic at the Rochester Alternative Learning Center.

Kelly Bergmann, MD, FAAP, collaborated with colleagues on an article recently published in the AAP’s Hospital Pediatrics journal. The article was titled, “Identifying Patients With Kawasaki Disease Safe for Early Discharge: Development of a Risk Prediction Model at a US Children’s Hospital.”

Two MNAAP members were honored recently by the American Academy of Pediatrics with awards marking their dedication to the health of children:

Cynthia R. Howard, MD, MPH, FAAP, received the Hillman-Olness Award for Lifetime Service and Lasting Contributions to Global Child Health. Dr. Howard is an associate professor in pediatrics at the University of Minnesota Medical School.

Dana E. Johnson, MD, PhD, FAAP, received the Thomas F. Tonniges, MD, FAAP, Lifetime Achievement Award for Advocacy on Behalf of Vulnerable Children. Dr. Johnson is a professor of pediatrics in the Division of Neonatology at the University of Minnesota Medical Center – Fairview.

Thomas Schrup, MD, FAAP, was named as a 2019 Community Caregiver by Minnesota Physician medical business journal. Dr. Schrup received the recognition for his volunteer work providing critical wellness visits and consults to homeless youth in St. Cloud.

Anne Griffiths, MD, FAAP, a pediatric pulmonologist with Children’s Minnesota, participated in the webinar Update on Severe Lung Injury Associated with Vaping, Clinical Issues and Epidemiology in Minnesota. The webinar was co-hosted by the Minnesota Department of Health and the Minnesota Hospital Association. The webinar recording is available here.

Emily Chapman, MD, FAAP, was a guest on the Sept. 18th Dr. Oz Show, discussing recent lung injuries related to vaping. Dr. Chapman is the chief medical officer at Children’s Minnesota, where several teens have been treated for vaping-related lung injury.

Dick Wicklund, MD, FAAP; Beatrice Murray, MD, FAAP; Paula Mackey, MD, FAAP; Linda Thompson, MD, FAAP; Ted Jewett, MD, FAAP; Mike Severson, MD, FAAP; Carolyn Levitt, MD, FAAP; and Kristin Benson, MD, FAAP joined Dan Broughton, MD, FAAP for the September Senior Pediatrician Lunch.

Angela Goepferd, MD, FAAP, joined MPR News host Angela Davis to discuss talking with children about gender and how to create an inclusive environment for all students at school.

Emily Borman-Shoap, MD, FAAP; Jessica Hane, MD; Erin McHugh, MD; and Heidi Moline, MD, authored a Readers Write article in the Star Tribune that detailed the risks of vaping for adolescents and called for legislation to regulate vaping and e-cigarettes.
STAY CONNECTED!

If you are a member, you should be receiving:
- Weekly emails from MNAAP President Dr. Lori DeFrance -
- Bi-weekly legislative updates during the legislative session -
- Quarterly newsletters from the chapter -

Additionally, you can follow MNAAP on:

Twitter: @MNAAP    and/or  Facebook: facebook.com/MinnesotaAAP/