PCORE CORNER
(Pediatric Council on Research and Education)

Steve Kairys, MD, Medical Director/Chair, PCORE; Board of Trustees
Fran Gallagher, MEd, Executive Director

PCORE, as the ‘Quality Improvement Arm’ of the AAP/NJ Foundation, has been working with community, state, and national partners to help keep children in New Jersey safe and healthy. PCORE programs provide on-site and regional prevention-oriented training and technical assistance to community primary care health practices, emergency department and/or hospital personnel. Taught within the framework of the Medical Home, PCORE programs provide pediatric leadership and expertise in the process of improving the quality of preventative healthcare.

We welcome your ideas and participation as we grow. Please let us know how you would like to become involved...a few suggestions:

- Board of Trustee Committee Membership
- PCORE Presenter, local MD Champion, PCORE Program Medical Director
- PCORE Program Participant (opportunities included in this article)
- Technical Assistance Resource for Program Practices
- Participating in our 4th Annual Golf Outing on May 14, 2008
- Making a Tax Deductible Donation to PCORE (501 c 3)
- Share Your Thoughts and Ideas in Reference to Quality Improvement Needs In Your Community

To learn more about PCORE Programs to improve practice quality, plan to join us at our workshop on June 4th at the AAP NJ Annual Meeting.

New Jersey Immunization Update
Margaret (Meg) Fisher, MD, FAAP

Immunizations have been one of the greatest public health success stories of the past century. Small pox has been eliminated from the world, polio from the western hemisphere, and both measles and rubella from the United States. Furthermore, the incidence of tetanus, diphtheria, pertussis (whooping cough), bacterial meningitis, and hepatitis have fallen dramatically. Since the use of Haemophilus influenzae type b vaccine in the mid 1980s, this infection, a major cause of brain, airway, joint and skin infection in young children, has almost disappeared. In fact, because we have done so well at protecting our children, most parents and many physicians have never seen the diseases we are preventing. This success has made people question whether we need to vaccinate if the diseases are gone. The answer is a big YES. Whenever countries have stopped or slowed their immunization efforts, the illnesses have returned. There were major outbreaks of measles in the United Kingdom and Ireland, whooping cough returned in several areas when immunization rates dropped. Until an illness is eliminated from the world, we must protect our children since the infections are just a plane ride away.

New Jersey and most states have laws or regulations which require immunization for school or child care entry. These rules have been a major factor in increasing immunization rates in our country. They have been the reason that racial disparities in vaccine access have drastically changed. It is essential that we continue to support such regulations and that we make access to care for all children a priority. Children are our future and we want them to be healthy and protected from what were once the usual childhood infections.

Recently, our state has added several vaccines to the child care and school entry requirements: influenza and pneumococcal vaccine for children attending child care and for preschoolers and Tdap (the tetanus, diphtheria and whooping cough booster for adolescents) and meningococcal vaccine for sixth graders and transfer students. These vaccines have been recommended for some time; the regulations will help increase the number of our children who are protected.

Influenza vaccines have been available for over 30 years; since the protection from the vaccine or the disease is short-lived, it is recommended that vaccine be given yearly. About 45% of children are infected each year, frequently at school or in child care. These children take the infections home to their parents and grandparents. We know that the best way to protect the entire community is to vaccinate the children. Each year over 100 children die from complications of influenza and thousands of adults die because of this virus; vaccinating our young children will protect them and their families. Certainly it will be a challenge to ensure that children have access to influenza vaccine; shortages and distribution problems are all too common. For healthy children at least 2 years of age, either the live attenuated (cold adapted) vaccine or the inactivated vaccine can be used; remember that 2 doses are required for the first season. Children from age 6 months to 2 years and any child with wheezing, asthma or other chronic illnesses should receive the inactivated vaccine. The only contraindication to influenza vaccine is severe anaphylactic reaction to chicken or egg protein; moderate or serious illness is a reason to delay immunizations of all types until the child has recovered.

The pneumococcal vaccine has been very successful in decreasing infections due to the bacteria, Streptococcus pneumoniae, the cause of serious bacterial infection (brain, lungs, joints, skin and overwhelming total body infection) in young infants and a major cause of pneumonia at all ages.
March is always a busy time for our Chapter.

Each March our Chapter sponsors Resident Career Day for the second year pediatric residents across our state. The residents hear from speakers on important topics including applying for fellowships, joining a practice, what to look for in a contract, and even how to start a solo practice. We have fantastic speakers pulled from our own Chapter members as well as invited legal and accounting experts. Thanks to each speaker as well as Dr. Michelle Tuck, organizer of this day under the guidance of Dr. Steve Rice, AAP/NJ Vice President-Elect. In our next program year which begins on July 1st, we plan to hold Resident Career Day in the fall at the suggestion of past attendees who felt this information was needed even earlier in their second year.

March is also the time the American Academy of Pediatrics holds its Annual Leadership Forum (ALF). I’ve described this national meeting in the past. Briefly, it’s a chance for leadership from all AAP chapters as well as National Committees and Sections leadership to meet to discuss the timely issues most affecting pediatricians. It’s an opportunity for all members to voice their concerns through the resolution process, get experts to formulate a plan how best to address an issue and send it to National leadership for review and action. Unfortunately, many of the same issues that plagued the pediatric profession at last year’s meeting continue to affect us today. I suspect, much like last year, the areas that will be identified as most in need of attention will be the threats to the Medical Home model, access to quality care, poor reimbursement, issues surrounding immunizations, and retail-based clinics. These are national issues and certainly ones we are facing here in New Jersey.

In New Jersey, we’ve received the first Medicaid (fee for service) increase in decades. Yes, it’s a shame that it took years to get this change and yes, it’s unfortunate that at this point it’s only fee for service that has seen this rate increase. But I know all future leadership of AAP/NJ will not let this issue rest until rates are increased more equitably for all children covered by Medicaid, fee for service or HMO-based. We thank the Department of Human Services Commissioner Jennifer Velez and her staff for working with us on this.

Immunizations: how can such a cost effective public health measure be so undervalued? There are real threats to the entire system, ranging from insurers with poor fee schedules to distribution systems including manufacturers and the Vaccine for Children (VFC) program that can’t guarantee adequate supply. This is another of those key issues affecting us; it is sure to be discussed at ALF and at our Chapter meeting with new Department of Health and Senior Services Commissioner Heather Howard in March.

Retail-based clinics have taken hold nationally and have arrived in NJ. It’s an issue debated throughout the country and National AAP has spoken out on the topic. Locally, our Chapter’s Government Affairs Committee and Practice Management Committee are involved. Our concern is how such “minute clinics” undermine the Medical Home. Please let us know how you feel about what is going on throughout the state. Even your anecdotal reports of your patient’s outcomes when seen elsewhere can help us shed light on this issue.

As you know, we have been rotating the sites of our quarterly Executive Council meetings and combining them with educational programs open to Chapter members from surrounding counties. March 11th is the date of our Central NJ meeting; so members from that area-look for your invite, RSVP and be sure to join us that evening.
The vaccine was licensed and recommended for universal use back in 2000; since then the rates of infection in both children and the elderly have decreased! Not all strains are covered by the vaccine so we haven’t eliminated disease but we have done well at decreasing it. Children in child care often receive antibiotics which increase their risk for colonization by resistant pneumococcal strains. Immunization is our best defense against the pneumococcus and judicious use of antibiotics is essential to slow the emergence of resistant bacteria of all types.

Tdap is a booster shot for adolescents and adults. This vaccine should help to change the epidemiology of whooping cough. Over time, your protection from either pertussis vaccine or the natural infection drops; so you need a boost. This vaccine will boost your antibody levels to the range needed for protection. By protecting teens and adults from whooping cough, we hope to prevent them from infecting young babies who aren’t yet protected by immunization (it takes 3 doses of the vaccine to protect an infant). There are 2 formulations of Tdap: Boostrix which is licensed for use in children ages 10 to 18 years, while Adacel is licensed for children and adults aged 11 to 64 years. The recommendation from the American Academy of Pediatrics and the Centers for Disease Control and Prevention is that children receive a dose of Tdap at 11 to 12 years of age. If the child has received a dose of Td in the recent past, you can either wait for 5 years to give Tdap or if pertussis is common in your community, you should consider giving the Tdap dose sooner. While you are getting the school children immunized, don’t forget yourself and your office staff! This is a great time to ensure that everyone in your office is immunized for both pertussis and influenza! Finally, are you protecting newborns by advising Tdap for parents and teenage siblings? This cocooning of the infant is recommended both for pertussis and influenza. See if your hospitals are offering the vaccine to new parents; if not, encourage them to do so!

Finally the new conjugate meningococcal vaccine was licensed and recommended for use in 2005; it will protect high school students from most cases of meningococcal meningitis, a life threatening illness. It is safe and effective. It provides protection against 4 of the 5 most common strains of these bacteria. The conjugate vaccine is now licensed for children as young as 2 years. The age for routine immunization is 11-12 years and all adolescents should receive one dose.

Every medicine and every immunization has side effects. All vaccines have been tested extensively and found to be safe. There is no link of any vaccine to autism. Furthermore, there is no evidence that thimerosal, a preservative used in multidose vials of vaccines and used in some steps in making some vaccines, has caused any problems to those who received these vaccines.

In summary, vaccinations are a life saving and life preserving public health tool. There are vaccines for babies, infants, children, teens and adults. These are very important medications that protect us and our patients. Please support the new regulations.

Addendum: please note that in December 2007, the Centers for Disease control and Prevention published interim guidelines (MMWR Dispatch December 19, 2007) for the use of conjugate Haemophilus vaccines. These are the result of a shortage caused by the recall of several lots of Merek vaccines, PedvaxHIB and Comvax. Unfortunately, there is not enough vaccine available from the only other manufacturer of HIB vaccine, Sanofi Pasteur. To ensure the best protection for the most children, the interim recommendation is that providers temporaril defer administering the routine Hib vaccine booster dose administered at age 12–15 months except to children in specific groups at high risk. High risk children include those with asplenia, sickle cell disease, and human immunodeficiency virus infection. Native American and Eskimo children are at particularly high risk; they should continue to receive the Merek vaccine (PRP-OMP) because it results in more rapid achievement of protective antibody levels in this group of children who are at risk for early infection.

Dr. Fisher is Chair, Department of Pediatrics and Medical Director, The Children’s Hospital at Monmouth Medical Center. She specializes in Pediatric Infectious Diseases and is an Officer of the AAP/NJ Chapter.

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Right From the Start:
HealthHelp for New Jersey Families
Beverly Roberts

The American Academy of Pediatrics/New Jersey Chapter is pleased to support the distribution of an important new pamphlet published by The Arc of New Jersey. HealthHelp for New Jersey Families is a concise listing of vital resources for parents who know or suspect that their child has a developmental delay or disability, and will be mailed to pediatricians’ offices early in March, including a convenient display stand. Please be on the lookout for this valuable resource and display it where your patients’ families will see it. HealthHelp for New Jersey Families was created by members of The Arc of New Jersey’s Family Advocacy Program who are the parents of children with disabilities, and was made possible through funding from The Horizon Foundation for New Jersey. For more information or to obtain additional copies of HealthHelp for New Jersey Families, call 1-877-272-0277 or email healthhelp@arcnj.org.

Ms. Roberts is Director, Mainstreaming Medical Care, The Arc of New Jersey.
PCORE Program Spotlight

Educating Physicians in Their Communities: Asthma Chronic Care Management (EPIC Asthma), funded by Childrens’ Futures and the NJ Department of Health and Senior Services.

The asthma learning program greatly increased office understanding of the extent of asthma morbidity in Trenton and the need for closer monitoring and for improved patient and family education. All of the practices accepted the concepts and all have made changes in their asthma management approaches.

Specifics: Eleven pediatric and family practices in Trenton participated in the PCORE EPIC program and completed 3 components of continuing education on Asthma Care Management. The program is designed to improve the quality of chronic care for patients with asthma within the context of a medical home. The EPIC - Asthma module shared strategies to improve identification and treatment of childhood asthma. Health teams (physicians, nurses, and others) from each practice participated in the continuing education which focused on the four major components of Asthma Management: Objective Assessment, Partnership in Care (Roles of Health Care Provider, Parent, Patient and Community), Environmental Control and Pharmacologic Therapy. The program highlighted the use and understanding of two important tools: the Asthma Control Test and the Asthma Action (Treatment) Plan. A demonstration of “gizmos and gadgets” provided practice staff with hands on training, so that they can teach children and families how to effectively use various pharmacologic devices. Each practice received bilingual parent education materials to distribute to the families they serve and a toolkit with curriculum and additional resource information. Pre and post evaluations were used to evaluate the effectiveness, usefulness and quality of the program.

The participating practices previously participated in continuing education on several other preventive care topics: Immunization Education, Childhood Lead Poisoning Prevention, Suspected Child Abuse and Neglect, Developmental Anticipatory Guidance and Postpartum Depression. Improving Chronic Care Management for Children, support for their families, and education/technical support for the healthcare team is at the core of building and sustaining community based medical homes. Improving care for children with special health care needs within a practice tends to improve healthcare for all children within the practice.

EPIC Asthma Educational Outcomes

Health Care teams strongly agree as a result of participating they now…

Health Care teams who have completed the program, strongly agree as a result of participating they now…

<table>
<thead>
<tr>
<th>Percentage of Increases</th>
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<tr>
<td>Understand the difference between asthma severity classes</td>
</tr>
<tr>
<td>Know that most pediatric asthmatics have persistent asthma</td>
</tr>
<tr>
<td>Believe the benefits ICS therapy outweigh potential risks</td>
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Simple changes creating significant improvements

A few examples: One practice now schedules/groups visits for patients with asthma to allow more time for chronic care management and education. In another practice, patients and their family now routinely receive education materials (available in English and Spanish) that are organized in “Ziploc” bags. Simple changes that improve the quality of care!

Networking at the EPIC Reunion Dinner

Pediatric and family practice teams of physicians and nurses and other representatives from other community resources in Trenton gathered for an EPIC reunion dinner in Trenton. Practice teams prepared their practice ‘story boards’ and shared successes, challenges, and improvements in their care for children with asthma and support for parents. LeRoy Graham, MD, FCCP, provided a dynamic presentation so impressive, he has been invited back to the AAP NJ Annual Meeting on June 4, 2008 to present. Mark your calendars, you will not want to miss his informative and engaging presentation entitled “Addressing the Asthma Crisis in Children and Minorities: National Guidelines and Community Based Strategies”!

Left to right: Barbara Van Horn, Executive Director, Camp Fire USA (Reach Out and Read Program); Nichelle Hodges, RN, Pediatric Charge Nurse, City of Trenton, Children’s Health Clinic; Steve Kairys, MD, Medical Director/Chair, PCORE Board of Trustees; Puthenmadam Radhakrishnan, MD, F-AAP, Belleme Pediatrics.
CATCH Corner

CATCH Corner

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Interested in Engaging your Practice Team in a PCORE Program?
(The onsite trainings are grant funded and cost free to your practice. Please call 609.588.9988 for additional information about the programs and/or related CMEs/CEUs).

NJ EPIC Post Partum Depression (PPD): Open to practices statewide in NJ. The goal of PPD training is to equip the providers and the office staff with the knowledge, tools and community resources to proactively identify and provide support to mothers suffering from postpartum depression. We are scheduling site visits now for this training.

Contact: Harriet Lazarus, MBA at hlazarus@njpcore.org or by phone at 609.588.9988. Medical Director: Steve Kairys, MD. Funding Source: NJ Department of Health and Senior Services

NJ EPIC Child Abuse and Neglect Prevention Program (CAN): Currently open to practices in Cumberland County and emergency room personnel statewide. EPIC CAN is an educational program designed to work with your team to develop a protocol for handling child abuse and neglect cases in the healthcare setting and to teach child abuse and neglect prevention.

Contact Kate Putnam, MEd, Program Director at kputnam@njpcore.org. Medical Director, Steven Kairys, MD. Funding Source: NJ Department of Children and Families

NJ Adolescent Immunization Community Partnership Program (NJ AICP):
Open to practices in Newark, Irvington, Orange or East Orange. NJ AICP is working in partnership with the Essex-Metro Immunization Coalition and other key stakeholders and focuses on increasing the awareness of families, teens, and providers about adolescent immunizations and vaccine preventable diseases.

Contact: Diane Synhorst, PNP, Program Director at d.synhorst@njpcore.org
Medical Director: Steve Kairys, MD
Funding Source: Vaccine Preventable Disease Program, NJ Department of Health and Senior Services

To learn more about other NJ PCORE Programs visit www.njpcore.org.

Announcing PCORE’s 4th Annual Golf Outing

Mark your calendars!
May 14, 2008 at Neshanic Valley Golf Course

There are many opportunities to get involved and to support our work in shaping children’s health for the 21st Century… for ALL children. One is sure to be a good match for you, please consider:

✔ Register to Enjoy a Day of Golf and/or a Lovely Evening Cocktail Hour (Open Bar) and Gourmet Dinner
✔ Consider Purchasing A Sponsorship
✔ Help to Recruit Other Sponsors
✔ Making a Tax Deductible Donation (no amount is too small!)
✔ Donate Gifts for Door Prizes (e.g. gift basket, gift certificates for dinner or theatre, complimentary green fees or a round of golf)

Need more information? Contact: Colleen Hogan at chogan@njpcore.org, 609-588-9988, or Jim Watkins at watkinj2@wyeth.com, 973-660-5027

To register: please visit www.njpcore.org for the 4th Annual Golf Outing Brochure

CATCH Corner

CATCH (Community Access to Child Health) continues to build momentum. We hope to continue to support New Jersey applications with technical assistance and grant development guidance.

Congratulations to Dr. Sunanda Gaur for being awarded a CATCH Planning grant! Her grant will work on a psychiatric consultation project for HIV positive youth in New Brunswick.

Don’t forget that there will be another cycle of CATCH grants this summer including resident CATCH and CATCH planning grants. Look for more information in May and watch for the deadline in July.

For more information or if you have any questions now, you may either contact Paul Schwartzberg, DO, FAAP at pschwartzberg@meridianhealth.com or catch@aap.org.
Annual School Health Conference and School Health Committee Update
Wayne Yankus, MD, F-AAP, Chair, School Health Committee

The School Health Conference Committee met in February to plan next year’s conference on Community Medicine and School Health. We are pleased to report that we need a larger venue! School Health Committee members also weighed in on the new NJ sports physical form authorized by Dr. Steven Rice. There are immunization changes for September, 2008 that our members need to follow.

Dr. Rice and Dr. Yankus represent the AAP/NJ on the NJ School Health Guidelines Committee which meets to discuss regulations for the practice of health in schools. Currently we are working on guidelines for food allergy care in school and reviewing the details of the new sports form as we put it to use. We will keep members apprised of changes that affect them.

Instructions for authors: “New Jersey Pediatrician” authors are asked to follow the MSTAUATNOCROALDTO policy of the “New Jersey Pediatrician”: (Make Sure To Avoid Using Acronyms That No One Can Remember Or At Least Define Them Often). Thank you!

AAP National Meeting Calendar
To view upcoming AAP meetings and CME courses, visit the calendar via the CME finder at www.pedialink.org.

Mark Your Calendars!!!

These are some of the AAP/NJ Chapter meetings planned for 2008. Please plan on attending and encourage your colleagues to attend as well.

For details on any of the events, call 609-585-6871 or visit www.aapnj.org.

March 11, 2008
Free Regional Dinner Reception and Educational Program - Hilton Garden Inn, Edison, NJ. Cocktail reception starts at 5:00 p.m. followed by the Educational Program/Dinner which starts at 6:00 p.m. Dr. Stephen R. Barone will speak on Clinical Implications of Rotavirus Epidemiology and Immunology. This event is open to AAP/NJ Members from the Central Counties and is sponsored by Merck Vaccine Division.

March 18, 2008
Resident Career Day - Hilton Garden Inn, Edison, NJ. 7:45 a.m. till 1:30 p.m. This event is open to all 2nd year residents.

April 23, 2008
Senior Section Meeting - Topic: Medicare Made Easy:- Parts A to Z. St. Peter’s Hospital, New Brunswick, NJ. Dinner starts at 6:00 p.m. Speakers from the State Department of Health and Senior Services and the Centers for Medicare and Medicaid Services will be giving presentations. The event is free, but you will be charged $3 for parking.

June 4, 2008
AAP/NJ Annual Meeting - Pines Manor, Edison, NJ. 1:00 p.m. - 9:00 p.m. More details to follow.

September 9, 2008
Resident Career Day - More details to follow.
NJ Pediatric Council on Research & Education (PCORE)

Vision
Shaping child health in New Jersey for the 21st century

Mission
The mission of PCORE, the Foundation of the American Academy of Pediatrics/ NJ Chapter is to:

• Promote the medical home through public and private partnerships
• Catalyze linkages between healthcare providers, families, public partners and communities
• Improve systems of care in communities and healthcare practices
• Educate both pediatricians and families
• Promote comprehensive pediatric healthcare through public and private partnerships
• Translated research into models of care and translate outcomes into improvements to those models of care
• Orchestrate improvement in health and social policies that affect all children especially those who are most vulnerable
• Provide pediatric expertise for systems of quality care for all children

Questions / Comments? Please contact us at:
Fax: 609.588.9901 www.njpcore.org

Get in touch soon! The PCORE team looks forward to working together with you on behalf of New Jersey's children and their families...as we work to shape child health in New Jersey for the 21st Century! Call 609.588.9988. We look forward to hearing from you.

Important Information on Medicaid Managed Care, Care Management and Exemptions

Beverly Roberts

The State Medicaid program is in the process of informing SSI beneficiaries (children and adults) that they must select a Medicaid HMO or request an exemption. If they do neither of these things before the deadline date, they will be randomly assigned to an HMO (called “auto-assignment”). For purposes of its outreach to Medicaid beneficiaries, NJ’s counties have been divided into five groups, called “tiers.” The chart below shows the tier and timetable for each county (with the exception of Camden County which completed the auto-assignment process several years ago). The auto-assignment process has been completed for the counties in Tiers 1, 2 and 3.

<table>
<thead>
<tr>
<th>Tier</th>
<th>County</th>
<th>Formal Outreach Begins</th>
<th>Auto-Assignment Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Atlantic, Gloucester, Sussex, Warren</td>
<td>not applicable</td>
<td>April 1, 2007</td>
</tr>
<tr>
<td>2</td>
<td>Bergen, Monmouth, Ocean, Passaic</td>
<td>not applicable</td>
<td>July 1, 2007</td>
</tr>
<tr>
<td>3</td>
<td>Cumberland, Middlesex, Morris, Salem</td>
<td>not applicable</td>
<td>January 1, 2008</td>
</tr>
<tr>
<td>4</td>
<td>Burlington, Cape May, Essex, Mercer</td>
<td>January 2008</td>
<td>July 1, 2008</td>
</tr>
<tr>
<td>5</td>
<td>Hudson, Hunterdon, Somerset, Union</td>
<td>July 2008</td>
<td>January 1, 2009</td>
</tr>
</tbody>
</table>

New Jersey’s Exemption Policy (for SSI beneficiaries who do not want to be in a Medicaid HMO)

As of January, 2008, NJ Medicaid was preparing to send letters to SSI beneficiaries living in the Tier 4 counties, which are Burlington, Cape May, Essex, and Mercer, informing them that they (or their caregiver) must either select a Medicaid HMO or request an exemption. If a consumer (or caregiver) neither selects an HMO nor asks for an exemption prior to the deadline date printed in the HMO enrollment material, that consumer will be randomly auto-assigned to an HMO prior to July 1, 2008.

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Important Information on Medicaid Managed Care, Care Management and Exemptions

Continued from page 7

Any child or adult with a disability who receives Supplemental Security Income (SSI) and who wants to have an exemption from Medicaid managed care will automatically receive it by calling the Health Benefits Coordinator (HBC) program at 1-800-701-0710. The new Medicaid policy on exemptions from Medicaid managed care is “hassle-free.” An exemption from Medicaid managed care may be requested in the following circumstances:

- Individuals who receive SSI benefits and are currently in the regular Medicaid system: When they receive a letter from NJ Medicaid saying that they must choose an HMO, they have the option of requesting an exemption and remaining in the regular Medicaid system.
- Individuals who receive SSI benefits and are currently in a Medicaid HMO: They have the option of requesting an exemption and returning to the regular Medicaid system.

There are many children and adults with disabilities who have been unable to access quality medical and dental care from the Medicaid fee-for-service system. For many of these individuals, Medicaid HMOs have provided increased access to needed health care services. However, sometimes families who have a child with a disabling condition have been able to locate excellent health care services from primary care physicians and specialists who are not available in the same Medicaid HMO. These children often benefit from having an exemption from the Medicaid HMO system so that the continuity of care is not disrupted.

New Jersey's Medicaid HMO Care Management Services

Everyone who receives SSI benefits and who is enrolled in one of New Jersey's Medicaid HMOs should automatically receive care management services. Care management services are available at no charge to the HMO enrollee, but these services are not available to people in the regular Medicaid system. Care managers are either nurses or social workers who have extensive experience helping persons with disabilities navigate the Medicaid managed care system and providing a more coordinated approach to health care. The amount of assistance that a particular child or adult will receive from the care manager depends upon the level of need. For example, the parent of a child with a developmental disability who does not have extraordinary health care problems may contact the care manager for the following types of reasons: to arrange for transportation to a doctor’s appointment (at no charge); to locate a pediatric specialist; or to locate a dentist because the parent has been unable to find a dentist with expertise in treating a child with autism who is not able to keep his mouth open for the period of time necessary for a dental exam. There would be much more intensive involvement from a care manager when a child has significant health care problems such as asthma, diabetes, an uncontrolled seizure disorder, or needs surgery.

Although everyone in NJ who receives SSI benefits and is enrolled in a Medicaid HMO is entitled to receive care management, sometimes the care manager has attempted to reach out to a family, but is unable to make contact because the phone number has changed or the family has moved and a forwarding address was not available. In addition, children with disabilities who are enrolled in NJ FamilyCare (and do not receive SSI benefits) are also eligible for Care Management Services, at no charge. However, the HMO may not realize that a non-SSI child with a disability needs these services; therefore, a phone call to the HMO’s Care Management Unit from the pediatrician or nurse (or the parent) may be necessary to request these helpful services. Requests for a Medicaid HMO to provide care management services can also be initiated by social workers, case managers, or teachers – anyone who recognizes that the child needs care management services.

Care Management Phone Numbers

The Medicaid HMO care management units welcome contact with pediatricians' offices (as well as contact with other providers). For children who are already enrolled in a Medicaid HMO, these are the phone numbers to use if you want to make a referral for care management or to request additional assistance for a child who already has a care manager:

AmeriChoice Special Needs hotline (If the member is a client of DDD, call Developmental Disabilities Health Alliance for Care Management) 1-877-701-0710, ext. 5260
Amerigroup Community Care Janet Pizzelanti, Vice President - Health Care Management Services 1-877-334-2462
HealthNet Case Management Program 1-888-228-2109
Horizon NJ Health Care Coordination/Special Needs Unit 1-800-682-9094, ext. 89385
University Health Plans Margaret Jagerburger - Manager of Care Management 732-476-1200

If you have any questions about Medicaid HMO care management services, please send an e-mail to info@arcnj.org and include the following information: the name of the child who is enrolled in either a Medicaid HMO or NJ FamilyCare; the family’s phone number; the child’s Medicaid number; the name of the Medicaid HMO; the child’s disabling condition; and a summary of the type of problem(s) that an HMO care manager should be addressing.

Ms. Roberts is Director, Mainstreaming Medical Care, The Arc of New Jersey
SAVE THIS DATE: 
May 30 – June 1, 2008

10TH ANNUAL

THE GORYEB CHILDREN’S HOSPITAL CONTINUING MEDICAL EDUCATION CONFERENCE
Skytop Lodge, Skytop, Pennsylvania

The Goryeb Children’s Hospital is proud to present its 10th annual Continuing Medical Education Conference at Skytop Lodge in Pennsylvania, a weekend program on topics of interest to practicing pediatricians, family practitioners, advanced practice nurses and office managers. In addition, you can start your weekend early with the Pediatric Practice Management Seminar on Friday, May 30 for physicians and office managers, featuring talks on coding and other “hot” practice management topics.

Guest Lecturers

William F. Balisteri, MD, FAAP
Professor of Pediatrics
Cincinnati Children’s Hospital Medical Center
Cincinnati, Ohio

William Lord Coleman, MD, FSAM, FAAP
Professor of Pediatrics
University of North Carolina School of Medicine
Chapel Hill, North Carolina

Leonard G. Feld, MD, PhD, MMM, FAAP
Chief Medical Officer, Levine Children’s Hospital
Chairman of Pediatrics, Carolinas Medical Center
Charlotte, North Carolina

Larry Pickering, MD, FAAP
Executive Secretary
National Immunization Program
Centers for Disease Control and Prevention
Atlanta, Georgia

Annette Wagner, MD, FAAP
Assistant Professor of Pediatrics and Dermatology
Northwestern University Medical School
Children’s Memorial Hospital
Chicago, Illinois

PRACTICE MANAGEMENT

Richard Lander, MD, FAAP
Clinical Assistant Professor of Pediatrics, UMDNJ

Richard Tuck, MD, FAAP
Medical Director, Quality Care Partners, Southeastern Ohio PHO

Susanne Madden
The Vardon Group

Goryeb Children’s Hospital/Atlantic Health Faculty

Juan Gutierrez, MD, FAAP
Ashish Shah, MD, FAAP
Frank Smart, MD

Topics

- Family Focused Behavioral Pediatrics
- ADHD: Cumulative impact of language, attention and memory problems
- After the Death of a Child: Helping Bereaved Family
- What’s Hot in Pediatric GI
- Viral Hepatitis
- Obesity
- Look-aikes and Controversies in Pediatric Dermatology
- What’s New in Pediatric Dermatology
- Doctor Heal Thyself: Screening for Heart Disease
- Medical Jeopardy
- Immunization Update
- Septic Shock
- Health Risks of Exotic Pets
- Office-based Outcome Improvement
- Sleep Disorders

Please watch your mailbox for our full brochure. If you would like more information, please contact Maria Acevedo at 973-971-5150 or maria.acevedo@atlantichealth.org.
Senior Section Meeting

Lawrence D. Fronkel, MD, FAAP, Chair, Senior Section AAP/NJ

The semiannual Senior Section Dinner Meeting has been scheduled for April 23rd at 6:00 pm and will be hosted by Dr. Bipin Patel and the Children's Hospital at St. Peters University Hospital. The topic will be on Medicare services for seniors presented by three speakers from the Centers for Medicare and Medicaid Services (CMS) [http://www.cms.hhs.gov/]. The keynote presentation entitled "Medicare Made Easy: Parts A to Z" will be given by Dayle Berke. This presentation will have as its focus important Medicare issues from the perspective of the individual near age 65 signing up for the programs and those already signed up but not knowledgeable about their benefits and responsibilities. She will be joined by two of her colleagues discussing provider availability and services in New Jersey. Please RSVP to the AAP/NJ staff by faxing in your registration form to 609-581-8244 by April 9, 2008. Please plan to attend to learn about an issue that was selected by the members of the Section and is ever more important to all of us.

Physician Assistants in Your Pediatric Practice
Matthew A. McQuillan, MS, PA-C, Associate Professor, UMDNJ Physician Assistant Program

Studies have demonstrated that patient satisfaction increases when physician assistants (PAs) are on staff. A PA can facilitate patient flow, shorten wait times, and even generate enough revenue to more than cover their compensation. If you are looking for a way to decrease your stress level, increase productivity, and allow your time to be spent focusing on more complex cases, adding a PA might be the right solution for you.

PAs receive intensive education that focuses on preparing them to join a supervising physician on a medical team. The UMDNJ PA Program is a three-year graduate level program which includes 123 credits of didactic and clinical education. UMDNJ has been educating PAs since the mid 1970s and has a national reputation for excellence. Graduates of the program work in all medical settings and specialties including pediatrics.

The typical student entering our program is 27-years old with a four-year degree and an average GPA of 3.3. The pre-requisites for entry are similar to those of medical school including coursework in Biology, Inorganic and Organic Chemistry. The education is modeled after physician education and includes over 40 credits in the basic sciences including Gross Anatomy, Microbiology, Cellular and Genetic Mechanisms, Neuroanatomy, Biochemistry, Pathology, and Physiology. Pre-clinical coursework includes, but is not limited to, Clinical Medicine, Pharmacology, Medical Interviewing, Physical Diagnosis, Radiology, and Psychiatry. PA students at UMDNJ are taught by physicians, educators of physicians, and PAs. Clinical rotations span a 15-month period and include: Medicine, Surgery, Obstetrics and Gynecology, Emergency Medicine, Critical Care, Pediatrics, Psychiatry, Ambulatory/ Family Medicine, and two electives (one in a medical sub-specialty).

One way to find out if hiring a PA is right for you and your practice is to become a clinical preceptor. Many employers have found that precepting students affords them the opportunity to ‘test the waters’ and see if the practice and the PA are the right fit.

The UMDNJ PA Program is currently looking for clinical preceptors for our six-week pediatrics rotation. Students are assigned a clinical site on a full-time basis and are expected to function in a manner similar to that of third-year medical students.

If you would like more information about our clinical preceptor opportunities, please feel free to contact Matthew McQuillan at (732) 235-4445 or matthew.mcquillan@umdnj.edu. Additional program information can be found at: http://shrp.umdnj.edu/programs/paweb/index.html.

“To Sleep, Perchance to Dream”

Sleep Disorders in Children
Ashish Shah, MD, April Wazeka, MD and Dagnachew Assefa, MD

More and more attention is being paid to the effects of poor sleep. The NIH recognizes sleepiness as a serious problem in children and adolescents.

Sleep disorders in children are very common, affecting up to 25% of children between 1-5 years of age, and persisting into later childhood and adolescence. The presentation of sleep disorders is also different in children than in adults, and varies with age and developmental stage. There can be a broad range of complaints in the child or adolescent with a sleep disorder, including insomnia, excessive daytime sleepiness, unusual behaviors at night, restless sleep, irregular breathing at night, or snoring. Persistent sleepiness can lead to significant problems, including memory disturbances, poor school performance, inattention or hyperactivity, and increased risk for automobile accidents.

Obstructive sleep apnea syndrome is a disorder that affects up to two percent of children. Obstructive sleep apnea also has been receiving more attention over the past few years. Symptoms of obstructive sleep apnea include snoring, restless sleep, irregular breathing, or mouth breathing at night.

Continued on page 11
Many studies have linked obstructive sleep apnea to hyperactive, impulsive, or inattentive behaviors. Children with obstructive sleep apnea can also exhibit symptoms similar to ADHD. New research suggests that obstructive sleep apnea in children is linked to the development of high blood pressure and heart disease as an adult.

Snoring should not be viewed as a trivial symptom. All children should be screened for snoring or irregular breathing at night during routine office visits. Children suspected of having symptoms suggestive of obstructive sleep apnea should undergo further evaluation.

**Evaluation of sleep disorders**

The risk factors for obstructive sleep apnea include enlarged tonsils and adenoids, obesity, craniofacial disorders, and neuromuscular disorders. Evaluation should include assessment for snoring as well as a thorough sleep history. Questions about labored breathing during sleep, observed apnea, restless sleep, diaphoresis, enuresis, excessive daytime sleepiness, and behavior or learning problems (including ADHD) are also essential. The physical examination in children with sleep disorders is often normal. However, examination may reveal mouth breathing, nasal obstruction, adenoidal facies, enlarged tonsils, or hyponasal speech. Systemic hypertension may also be observed, as well as poor growth or obesity.

**Diagnostic studies**

Nocturnal Polysomnography, or sleep study, is the only diagnostic technique shown to quantitate the ventilatory and sleep abnormalities associated with sleep-disordered breathing. The sleep study is also an essential tool for the evaluation of other sleep disorders that may present in childhood, such as narcolepsy or periodic limb movements.

Dr. Shab, Wazeka and Assefa are associated with the Pediatric Sleep Disorders Center of the Atlantic Health Morristown Memorial Hospital.

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**DHSS Advises Patients of Toms River Pediatrician to be Re-Vaccinated**

The New Jersey Department of Health and Senior Services (NJDHSS) and the Ocean County Health Department (OCHD) are advising parents and caregivers of children who have received vaccinations from Dr. Jose Romillo, a Toms River pediatrician, to have their children re-vaccinated as soon as possible.

Consistent with each department’s authority as healthcare oversight agency, the OCHD and NJDHSS have completed a thorough examination of Dr. Romillo’s records to review vaccination practices and medical waste disposal. This examination included review and abstraction of nearly 1,100 individual patient charts. Based on this activity, NJDHSS and OCHD have concluded that many children in the practice received expired vaccines and, as a result, are considered to be inadequately immunized.

Because of incomplete and illegible medical records, DHSS and OCHD have been unable to determine what portion of Dr. Romillo’s patients has been improperly vaccinated. As a result, it is recommended that all of Dr. Romillo’s patients who have received at least one vaccination since 1999 be re-vaccinated as soon as possible. Children under Dr. Romillo’s care have been directed to other area family practitioners.

The DHSS has worked with the federal Centers for Disease Control and Prevention to develop guidance for a revaccination schedule for patients. This guidance is based on several sources, including the Advisory Committee on Immunization Practices guidelines for regular pediatric vaccination, adult vaccination and pediatric catch-up vaccination. It also takes into account minimum and maximum patient age requirements in compliance with FDA-approved vaccines.

This guidance has been shared with practitioners statewide, many of whom may be seeing Dr. Romillo’s former patients. Because of incomplete and illegible medical records, DHSS and OCHD have been unable to determine what portion of Dr. Romillo’s patients has been improperly vaccinated. As a result, it is recommended that all of Dr. Romillo’s patients who have received at least one vaccination since 1999 be re-vaccinated as soon as possible. Children under Dr. Romillo’s care have been directed to other area family practitioners.

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This guidance has been shared with practitioners statewide, many of whom may be seeing Dr. Romillo’s former patients.

In addition, the NJDHSS has established an information hot line for healthcare providers with questions. Healthcare providers who need assistance with the guidance should call the Department’s Communicable Disease Service at 609-588-7500.

Also, the Ocean County Health Department has established an information line for parents and caregivers at 732-341-9700, extension 7604.

Heather Howard, Commissioner
PO Box 360
Trenton, NJ 08625-0360

Q & A on New Immunization Regulations

Q: Some 6th graders will not be 11 years old – this is the age at which both Tdap and Menactra are recommended – Note that while Boostrix is approved for 10 year olds, Adacel is not (11 to 64 years). I’m guessing that a 10 year old would not have to get the vaccines until he or she reaches 11 – True?

A: …a 10 year old entering sixth grade will not be required to receive the preferred Meningococcal Conjugate Vaccine, Menactra until they turn 11 years of age. That holds true for the Tdap vaccine as well. If the child’s physician only carries Adacel then the child will not be required to receive it until 11 years of age. If the physician carries Boostrix then we encourage them to use it for the 10 year olds so they can be in compliance by September 1, 2008.

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Q: Influenza: this is a wonderful addition but the problem here will be vaccine distribution and shortages, especially for VFC. We need a way that a physician can document that influenza vaccine was not available but will be given when it is available

A: The amended regulations for Influenza vaccine state that children six months through 59 months of age enrolling in or attending a child-care center or preschool facility on of after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year. After December 31, a student will be considered delinquent. If the physician has not received their supply by December 31, they can provide a letter/script notifying the school nurse that the student will receive the vaccine once they have it in stock.

As far as distribution and shortages are concerned, the amended regulations now state the following: In the event of a national or State vaccine supply shortage, as determined by the Centers for Disease Control and Prevention and Commissioner, respectively, the Commissioner or his or her designee may temporarily suspend the immunization requirement for the particular immunization affected by the supply shortage, after provision of notice to the public via print and electronic news media, NJLINCS, electronic posting on the Department’s website, etc.

I have worked closely with CDC regarding distribution problems of vaccine to VFC providers. CDC has in turn worked with their distributor to assure the hiring of additional staff and the rapid turn around of vaccine to VFC providers.

Eddy A. Bresnitz, MD, MS
Deputy Commissioner/State Epidemiologist
Public Health Services Branch
New Jersey Department of Health & Senior Services
### NEW JERSEY ANNUAL CHILDHOOD/ADOLESCENT IMMUNIZATION SCHEDULE

**Chapter 14: Immunization for Pupils in School / Effective Date: September 1, 2008**

<table>
<thead>
<tr>
<th>DISEASE(S)</th>
<th>MEETS IMMUNIZATION REQUIREMENTS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>(AGE 1-6 YEARS): 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. (AGE 7-9 YEARS): 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.</td>
<td>Any child entering pre-school, pre-Kindergarten, or Kindergarten needs a minimum of four doses. Pupils after the seventh birthday should receive adult type Td. DTaP/Db vaccine and DTaP also valid DTP doses.</td>
</tr>
<tr>
<td>Tdap</td>
<td>GRADE 6 (or comparable age level for special education programs): 1 dose</td>
<td>For pupils entering Grade 6 on or after 9-1-98 and born on or after 1-1-97. A child does not need a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.</td>
</tr>
<tr>
<td>POLIO</td>
<td>(AGE 1-6 YEARS): 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. (AGE 7 OR OLDER): Any 3 doses.</td>
<td>Either Inactivated Polio Vaccine (IPV) or Oral Polio Vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 10 years of age or older.</td>
</tr>
<tr>
<td>MEASLES</td>
<td>If born before 1-1-50, 1 dose of a live Measles-containing vaccine. If born on or after 1-1-60, 2 doses of a live Measles-containing vaccine. If entering a college or university after 9-1-95 and previously unvaccinated, 2 doses of a live Measles-containing vaccine.</td>
<td>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Previously unvaccinated students entering college after 9-1-95 need 2 doses of measles-containing vaccine or any combination containing live measles virus administered after 1988. Documentation of 2 prior doses is acceptable. Laboratory evidence of immunity is also acceptable. Intervals between first and second measles/MMR/MMR doses cannot be less than 1 month.</td>
</tr>
<tr>
<td>RUBELLA and MUMPS</td>
<td>1 dose of live Mumps-containing vaccine. 1 dose of live Rubella-containing vaccine.</td>
<td>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Each student entering college for the first time after 9-1-95 needs 1 dose of rubella and mumps vaccine or any combination containing live rubella and mumps virus administered after 1988.</td>
</tr>
<tr>
<td>VARICELLA</td>
<td>1 dose on or after first birthday.</td>
<td>All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-94 or children born on or after 1-1-95 entering a school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is also acceptable.</td>
</tr>
<tr>
<td>HAEMOPHILUS B (Hib)</td>
<td>(AGE 2-11 MONTHS)(1), 2 doses (AGE 12-59 MONTHS)(2), 1 dose</td>
<td>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. (1) Minimum of 2 doses of Hib vaccine is needed if between the ages of 2-11 months. (2) Minimum of 1 dose of Hib vaccine is needed after the first birthday. DTP/Hib and HibHep B also valid Hib doses.</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>(X-GRADE 12): 3 doses or 2 doses (3)</td>
<td>(1) If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation. Laboratory evidence of immunity is also acceptable.</td>
</tr>
<tr>
<td>PNEUMOCOCCAL</td>
<td>(AGE 2-11 MONTHS)(3), 2 doses (AGE 12-59 MONTHS)(2), 1 dose</td>
<td>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. (3) Minimum of 2 doses of Pneumococcal vaccine is needed if between the ages of 2-11 months. (2) Minimum of 1 dose of Pneumococcal vaccine is needed after the first birthday.</td>
</tr>
<tr>
<td>MENINGOCOCCAL</td>
<td>(Entering GRADE 6 (or comparable age level for Special Ed programs): 1 dose (4) (Entering a four-year college or University, previously unvaccinated and residing in a campus dormitory): 1 dose (5)</td>
<td>(1) For pupils entering Grade 6 on or after 9-1-98 and born on or after 1-1-97. (2) Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable.</td>
</tr>
<tr>
<td>INFLUENZA</td>
<td>(AGES 6-59 MONTHS): 1 dose ANNUALLY</td>
<td>For children enrolled in child care, pre-school or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year.</td>
</tr>
</tbody>
</table>

### AGE APPROPRIATE VACCINATIONS ( FOR LICENSED CHILD CARE CENTERS/ PRE-SCHOOLS)

<table>
<thead>
<tr>
<th>CHILD'S AGE</th>
<th>NUMBER OF Doses child should have (by age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 Months</td>
<td>1 dose DTaP, 1 dose Polio, 1 dose Hib, 1 dose PCV7</td>
</tr>
<tr>
<td>4-5 Months</td>
<td>2 doses DTaP, 2 doses Polio, 2 doses Hib, 2 doses PCV7</td>
</tr>
<tr>
<td>6-7 Months</td>
<td>3 doses DTaP, 2 doses Polio, 2 doses Hib, 2 doses PCV7, 1 dose Influenza</td>
</tr>
<tr>
<td>8-14 Months</td>
<td>3 doses DTaP, 2 doses Polio, 2 doses Hib, 2 doses PCV7, 1 dose Influenza</td>
</tr>
<tr>
<td>12-14 Months</td>
<td>3 doses DTaP, 2 doses Polio, 1 dose Hib, 2 doses PCV7, 1 dose Influenza</td>
</tr>
<tr>
<td>15-17 Months</td>
<td>3 doses DTaP, 2 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose PCV7, 1 dose Influenza</td>
</tr>
<tr>
<td>18 Months-4 Years</td>
<td>4 doses DTaP, 2 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose Varicella, 1 dose PCV7, 1 dose Influenza</td>
</tr>
</tbody>
</table>

### PROVISIONAL ADMISSION:

Provisional admission allows a child to enter/attend school but must have a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. If a pupil is <5 years of age, they have 17 months to complete the immunization requirements. If a pupil is 5 years of age and older, they have 12 months to complete the immunization requirements.

### GRACE PERIODS:

- **4-day grace period:** All vaccines doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require re-vaccination in order to enter or remain in a school, pre-school or child care facility.
- **30-day grace period:** Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

FEB 08
Dear Colleague:

This is to inform you that the New Jersey Department of Health and Senior Services (DHSS) has recently revised the administrative rules N.J.A.C. 8:57-4 with substantive changes to include the requirement of four new vaccines for school, preschool and licensed child-care center attendance in September 2008. We encourage both private and Vaccines For Children (VFC) Program providers who provide care to commercially insured children to order enough vaccine to meet the higher demand anticipated due to the new vaccine requirements.

The rule changes include a four day grace period for all childhood vaccines which became effective on January 7, 2008. These changes were formally adopted by the New Jersey Public Health Council on October 9, 2007 and published in the New Jersey Register on January 7, 2008. The amended regulations in N.J.A.C 8:57-4 state the following:

8:57-4.10 Diphtheria and tetanus toxoids and pertussis vaccine

(h) Every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10th birthday.

(i) Children entering or attending Grade Six on or after September 1, 2008, who received a Td booster dose less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or Td dose.

(j) Children born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, shall have received one dose of Tdap, provided at least five years have elapsed from the last documented Td dose.

8:57-4.18 Pneumococcal conjugate vaccine

(a) Every child two months through 11 months of age enrolling in or attending any licensed child-care center or preschool facility on or after September 1, 2008, shall have received a minimum of two age-appropriate doses of pneumococcal conjugate vaccine (PCV), or fewer as medically-appropriate for the child’s age according to the ACIP recommendations, incorporated herein by reference, as amended and supplemented.

(b) Every child 12 months through 59 months of age enrolling in or attending a licensed child-care center on or after September 1, 2008, shall have received at least one dose of PCV on or after their first birthday. (Note: Preschool was left out in the current rules that were published in the NJ Register on January 7, 2008. NJDHSS plans to correct the error in the upcoming rulemaking).
8:57-4.19 Influenza vaccine

Children six months through 59 months of age attending any licensed child-care center or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

8:57-4.20 Meningococcal vaccine

(a) Every child born on or after January 1, 1997, and entering or attending Grade Six or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine.

*Please note: This applies to students when they turn 11 years of age and attending Grade Six.

(b) Every child born on or after January 1, 1997, and transferring into a New Jersey school from another state or country on or after September 1, 2008, shall have received one dose of meningococcal vaccine.

8:57-4.23 Optimal immunization recommendations — 4 Day Grace Period

(b) All vaccine doses included within, and mandated by, this subchapter that are administered less than or equal to four days before either the specified product label minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool, or licensed child-care facility.

Schools are encouraged to send a notice home to parents informing them of the new requirements to assure compliance at the beginning of the 2008-2009 school year.

To access N.J.A.C. 8:57-4 Chapter 14 Immunization for Pupils in School which provides information on all vaccination requirements go to: [http://www.nj.gov/health/cd/chap14.pdf](http://www.nj.gov/health/cd/chap14.pdf)

Currently, the amended regulations on the four new vaccines along with the public comment dialogue can be accessed at [http://www.njise.nj.gov/docs/new%20_jersey_register_40NJR151a.pdf](http://www.njise.nj.gov/docs/new%20_jersey_register_40NJR151a.pdf). These new requirements will be updated on the online version of Chapter 14 in the near future.


If you have any questions or need assistance, please call Vaccine Preventable Disease Program (VPDP) at (609) 588-7512. Thank you in advance for your cooperation in the implementation of the amended regulations.

Sincerely,

Eddy A. Bresnitz, M.D., M.S.
Deputy Commissioner/State Epidemiologist
Public Health Services Branch

cc: T. Tan
J. DeGraaf
B. Montana
A. Somolls-Washington
D. Sarieba
J. Sudhakaran