SPRING SESSION PROGRAM EDITION
Registration information inside this issue of AAP News

JOIN US FOR THE 1997 AAP SPRING SESSION!

HIGHLIGHTS

PLENARY AND DIALOGUE TOPICS
- Genetics and Cancer – What’s New?
- Polio and Acellular Pertussis Vaccines
- Parameters Development Use and Abuse

SEMINARS AND SELECTED SHORT SUBJECTS
- Office Dermatology
- Outpatient Treatment Strategies for Acute Illness
- Cigarette Smoking: Role of the Primary Care Pediatrician

WORKSHOPS
- The Pediatric Office of the Future
- Neonatal Skills
- Pediatric Office Surgery

NEW! MINI-COURSES
- Developmental/Behavioral
- Infectious Disease
- Pediatric Practice

COURSE DESCRIPTIONS AND HOUSING INFORMATION ENCLOSED

Don’t delay! Register by April 11, 1997, and save $100 off the on-site registration fees. Special Bonus! The first 500 paid registrants will receive an exclusive AAP meeting tote bag.

* A voucher will appear in your advance registration packet if you are a winner.
One gift per registration only.

EARN CME CREDITS, REVIEW AND EXPAND YOUR KNOWLEDGE, ENHANCE YOUR SKILLS AND TECHNIQUES, NETWORK WITH YOUR COLLEAGUES AND SEE ALL THAT BEAUTIFUL SAN DIEGO HAS TO OFFER!
Not all drugs for the treatment of ADHD are identical in formulation, clinical activity, or dosing frequency.

The only product that contains both dextro (d) and levo (l) amphetamine.

Usage data for ADDERALL indicate that most patients can be maintained on a once- or twice-daily dosing regimen.

Analysis of open-label ADDERALL dosing frequency data in children 3 to 12 years of age:

- 39% Once/day (n=240)
- 54% Twice/day (n=327)
- 7% Three or more/day (n=44)

n=611 children aged 3 to 12 who had at least three office visits during the 1-year, ADDERALL usage period (March 1995 to February 1996). — 54 patients receiving greater than 40 mg per day were excluded from this analysis.
Clinical activity

- ADDERALL has a product half-life of 8 to 12 hours.\(^1\)
- The safety profile of amphetamine products like ADDERALL has been confirmed over years of clinical use.
- ADDERALL is generally well tolerated—adverse reactions have seldom been reported (most frequently reported adverse reactions include anorexia, insomnia, stomach pain, headache, irritability, and weight loss).\(^1\)
- As with most psychostimulants indicated for ADHD, the possibility of growth suppression and the potential for precipitating motor tics and Tourette’s syndrome exists with ADDERALL treatment, and, in rare cases, exacerbations of psychosis have been reported.\(^1\)
- Since amphetamines have a high potential for abuse, ADDERALL should only be prescribed as part of an overall multimodal treatment program for ADHD with close physician supervision.
- ADDERALL is safe and effective in younger children—indicated for use in children 3 years of age and older.\(^1\)
- The starting dose of ADDERALL: 3 to 5 years: 2.5 mg daily; 6 years of age and older: 5 mg once or twice daily.
- ADDERALL is available in 10 mg and 20 mg double-scored tablets for optimal dosing flexibility.
  - Offers precise dosage correlation with individual therapeutic needs.
  - Titrate to optimal dose with a single prescription.

ADDERALL®

10 mg & 20 mg TABLETS
(Mixed Salts of a Single-Entity Amphetamine Product)
Dextroamphetamine Sulfate Amphetamine Sulfate
Dextroamphetamine Saccharate Amphetamine Aspartate

Richwood Pharmaceutical Company Inc.
...working to become your ADHD support company.
Recommended Childhood Immunization Schedule
United States, January - December 1997

Vaccines are listed under the routinely recommended ages. Bars indicate range of acceptable ages for vaccination. Shaded bars indicate catch-up vaccination; at 11-12 years of age, hepatitis B vaccine should be administered to children not previously vaccinated, and Varicella vaccine should be administered to children not previously vaccinated who lack a reliable history of chickenpox.

### Vaccine Schedule

<table>
<thead>
<tr>
<th>Age ▶ Vaccine ▼</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>4-6 yrs</th>
<th>11-12 yrs</th>
<th>14-16 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B²,³</td>
<td>Hep B-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Hep B-2</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis²</td>
<td>DTaP or DTP</td>
<td>DTaP or DTP</td>
<td>DTaP or DTP</td>
<td>DTaP or DTP</td>
<td>DTaP or DTP</td>
<td>DTaP or DTP</td>
<td>DTaP or DTP</td>
<td>DTaP or DTP</td>
<td>DTaP or DTP</td>
<td>Td</td>
<td></td>
</tr>
<tr>
<td>H. influenzae type b⁵</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
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<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
</tr>
<tr>
<td>Polio⁶</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
<td>Polio</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella⁷</td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
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</tr>
<tr>
<td>Varicella⁸</td>
<td>Var</td>
<td>Var</td>
<td>Var</td>
<td>Var</td>
<td>Var</td>
<td>Var</td>
<td>Var</td>
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</tr>
</tbody>
</table>

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAP).

1 This schedule indicates the recommended age for routine administration of currently licensed childhood vaccines. Some combination vaccines are available and may be used whenever administration of all components of the vaccine is indicated. Providers should consult the manufacturers’ package inserts for detailed recommendations.

2 Infants born to HBsAg-negative mothers should receive 2.5 µg of Merck vaccine (Recombivax HB) or 10 µg of SmithKline Beecham (SB) vaccine (Enferrix-B). The 2nd dose should be administered ≥ 1 mo after the 1st dose.

3 Infants born to HBsAg-positive mothers should receive 0.5 mL of hepatitis B immune globulin (HBig) within 12 hrs of birth, and either 5 µg of Merck vaccine (Recombivax HB) or 10 µg of SB vaccine (Enferrix-B) at a separate site. The 2nd dose is recommended at 1-2 mo of age and the 3rd dose at 6 mo of age.

4 Infants born to mothers whose HBsAg status is unknown should receive either 5 µg of Merck vaccine (Recombivax HB) or 10 µg of SB vaccine (Enferrix-B) within 12 hrs of birth. The 2nd dose of vaccine is recommended at 1 mo of age and the 3rd dose at 6 mo of age. Blood should be drawn at the time of delivery to determine the mother’s HBsAg status; if it is positive, the infant should receive HBig as soon as possible (no later than 1 wk of age). The dosage and timing of subsequent vaccine doses should be based upon the mother’s HBsAg status.

5 Children and adolescents who have not been vaccinated against hepatitis B in infancy may begin the series during any childhood visit. Those who have previously received 3 doses of hepatitis B vaccine should initiate or complete the series during the 11-12 year-old visit. The 2nd dose should be administered at least 1 mo after the 1st dose, and the 3rd dose should be administered at least 4 mo after the 1st dose and at least 2 mos after the 2nd dose.

6 DTap (diphtheria and tetanus toxoids and acellular pertussis vaccine) is the preferred vaccine for all doses in the vaccination series, including completion of the series in children who have received ≥1 dose of whole-cell DTP vaccine. Whole-cell DTP is an accepted alternative to DTap. The 4th dose of DTap may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose, and if the child is considered unlikely to return at 15-16 mos of age. Td (tetanus and diphtheria toxoids, absorbed, for adult use) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTap, or DT. Subsequent routine Td boosters are recommended every 10 years.

7 Three H. influenzae type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OOMP (PedvaxHIB [Merck]) is administered at 2 and 4 mos of age, a dose at 6 mos is not required. After completing the primary series, any Hib conjugate vaccine may be used as a booster.

8 Two poliovirus vaccines are currently licensed in the US: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV). The following schedules are all acceptable by the ACIP; the AAP; and the AAPF and parents and providers may choose among them:
   1. IPV is recommended at 2, 4, 6 mos; OPV at 12-18 mos; and 4-6 yr
   2. IPV at 2, 4, 12-18 mos, and 4-6 yr
   3. OPV at 2, 4, 12-18 mos, and 4-6 yr
   4. IPV at 2, 4, 6-18 mos, and 4-6 yr

The ACIP routinely recommends schedule 1. IPV is the only poliovirus vaccine recommended for immunocompromised persons and their household contacts.

9 The 2nd dose of MMR is routinely recommended at 4-6 yrs of age or at 11-12 yrs of age, but may be administered during any visit, provided at least 1 month has elapsed since receipt of the 1st dose and that both doses are administered at or after 12 months of age.

10 Susceptible children may receive Varicella vaccine (Var) at any visit after the first birthday, and those who lack a reliable history of chickenpox should be immunized during the 11-12 year-old visit. Children ≥ 13 years of age should receive 2 doses, at least 1 mo apart.
The Practitioner Research Award was established to provide substantial financial support to practicing physicians for a major advance in pediatrics. With this notice we are inviting the nominations for the Practitioner Research Award. We will present this award at the November 1997 AAP Annual Meeting. The Practitioner Research Award provides an honorarium of $1,000.

The award also includes round trip tourist class airfare, two days lodging, plus all actual expenses incidental to attending the meeting.

Criteria for receipt of the award are as follows:

- The candidate should have spent at least 80% of his/her time in patient care in a non-academic setting at the time of research.
- Research must be done in an office setting and must be based on issues and data generated from the practice.
- The research initiated and conducted by the candidate must have been published in peer-reviewed publications.
- The candidate should be a fellow of the Academy and living when selected.
- Priority will be given to general pediatricians.

The award is not intended for a group or a practice but for an individual fellow. Past candidates can be nominated in subsequent years. An individual may nominate themselves.

Nominations for the AAP Practitioner Research Award will be solicited up to January 31, 1997. Separate letters should be written for each nomination. The letter should briefly state the work for which the award might be granted and should include the candidate's curriculum vitae as well as one copy of at least one but no more than five different reprints representing the candidate's work. The emphasis of the award is on quality, not quantity. If a critical paper is in press, a copy of the manuscript should be included. Sponsoring letters are encouraged but not required. These letters should be sent to the person making the nomination, who will then forward them to this office.

For further information contact Donna Worthington at 1-800-435-9016, extension 7634.

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**Take Effective Control of Bed-wetting**

- **Significant improvement in number of dry nights shown in controlled studies**
- **Rapid response in children 6 years and older—substantial decrease in wet nights seen in only 1 to 3 nights of therapy**
- **Desmopressin acetate has a combined 15-year record of safe use in the U.S. and Europe**

Nighttime fluid intake should be restricted to decrease the potential occurrence of fluid overload; serum electrolytes should be checked at least once while therapy is continued beyond 7 days.

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**DDAVP® Nasal Spray** (desmopressin acetate) 5mL

**Dry Nights For Good Mornings**

Please see brief summary of prescribing information on adjacent page.
“Gah, boo! Baba doo!”
(Now there’s a more comfortable choice for us, too!)

“Goo!”
(Cool!)
Now infants and toddlers can have the comfort of an acellular pertussis vaccine

Now For Infants!

Tripedia®
Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed

Helping little faces smile

- Provides more comfort with significantly fewer local and systemic adverse reactions than with whole-cell DTP vaccine.
- Provides proven protection against Bordetella pertussis infection with a two-component vaccine containing pertussis toxin (PT) and filamentous hemagglutinin (FHA).

Tripedia® may now be used instead of whole-cell DTP vaccine at 2, 4, 6, and 15 to 20 months of age.

Hypersensitivity to any component of Tripedia®, including thimerosal, is a contraindication. Local adverse events occur at the site of injection and include erythema, swelling, and tenderness. Systemic adverse events include fever, irritability, drowsiness, vomiting, anorexia, and high-pitched unusual cry.

As with any vaccine, vaccination with Tripedia® may not protect 100% of susceptible individuals. Before administering Tripedia®, please see brief summary of Prescribing Information on adjacent page.

To order Tripedia® or to receive additional product information, please call: 1-800-VACCINE (1-800-822-2463).


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