Dear Academy Fellow:  
In order to fulfill the admission requirements of AAP Bylaws, you are requested to:  
Carefully review the following list of new applicants for Academy membership; and relay your reactions directly to your District Chairperson, whose name and address is at the end of this list.

In submitting these names of board-certified pediatricians to you, it is understood that academic and pediatric credentials are not in question. Comments are requested concerning possible legal and/or ethical situations of which you might have personal knowledge.  
Send any comments on the following list of new applicants to your District Chairperson by Oct. 15.
PREVENTING PEDIATRIC DISEASES: Innovative Vaccines for Pneumococcal Disease and Influenza

New vaccines have improved preventive measures against bacterial and viral infections. In this symposium, leading investigators will discuss the most recent information on disease burden and societal impact of such infections. These researchers will present information from key clinical trials on the safety, efficacy and immunogenicity of innovative vaccines for the prevention of pneumococcal disease and influenza.

Chairperson: Sheldon L. Kaplan, MD
Baylor School of Medicine

Faculty: Steven B. Black, MD
Kaiser Permanente Vaccine Study Center

Henry R. Shinefield, MD
Kaiser Permanente Vaccine Study Center

Robert B. Belshe, MD
St. Louis University School of Medicine

Learning Objectives After completing this course, participants will be able to:

- Summarize the course, impact, and burden of pneumococcal disease and influenza on children and the community
- Discuss recent advances in conjugate vaccines for prevention of pneumococcal diseases and in delivery technologies for flu vaccine
- Describe the safety, efficacy, and immunogenicity of new pneumococcal conjugate vaccines and influenza vaccines

Accreditation This symposium has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Postgraduate Institute for Medicine (PIM) and Pro/Health. PIM is accredited by ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of the CME activity.

CME Credit PIM designates this educational activity for a maximum of 2 hours in category 1 credit towards the AMA Physician’s Recognition Award. Each physician should claim only those hours of credit that he or she actually spent in the educational activity.

Following the symposium Hands-on educational expositions, docent lectures, interactive displays, and inventive theater technology. An open buffet will be served.

Register Now! www.medregister.com
Space is limited.
For Inquiries Call the symposium coordinator at 1-800-959-2712.

Smithsonian National Museum of American History
Washington, DC

October 8, 1999
From 6:00 to 10:00 pm

This CME activity is supported by unrestricted educational grant from Wyeth Lederle Vaccines.
After ten years of agonizing, diapers, and two ineffective drugs, our son finally has the confidence for a sleep-over, thanks to the Potty Pager.

Daniel E. Turnbull

It’s wireless. It’s private. It inspires letters like this. And now it’s CLINICALLY PROVEN EFFECTIVE.

In a two year clinical study at the University of Alabama medical school, the Potty Pager has been proven 71% effective on hard-to-reach TEEN bedwetters. (Lo, Perez, Hanchrow and Joseph)

So why just “control” bedwetting with drugs when you can CURE it! With the WIRELESS alarm that wakes the BEDWETTER... not the whole house!

The Potty Pager teaches bedwetters to respond normally to bladder fullness. It uses a tactile alarm, much like a silent business pager. It is 100% safe, and costs just $51.00 + S&H. It comes with a 30 day no-questions guarantee.

For complete information call: 800-497-6573 or 303-440-8517
Or visit our web site: www.pottypager.com

September 1999 AAP News 41
A UNIQUE OPPORTUNITY IN BELING FOR A NORTH AMERICAN PEDIATRICIAN

AEA International SOS, a rapidly expanding global healthcare and assistance company requires an energetic Pediatrician with a strong interest in Outpatient, Emergency and Adoption Pediatrics to join our International Clinic in Beijing, the Peoples Republic of China (PRC). This is an exciting career opportunity. Working alongside a team of dedicated medical and management professionals the successful candidate would be involved in:

- The management of all pediatric medical cases at our International Clinic and 24 hour Alarm Centre
- Coordinating and performing pediatric medical evacuations throughout North Asia
- Planning and developing our pediatric medical services in the PRC, with an emphasis on quality improvement programmes and adoption related pediatrics
- General/Family Practice and Emergency Medicine

If you are a board registered Pediatrician, outgoing and hardworking, possess excellent pediatric and emergency medical skills, have international experience and/or a strong desire to expand your professional experience in a challenging international environment, we’d like to talk to you!

Pediatricians keen to explore this opportunity should contact Dr. Myles Druckman, Area Medical Director – North East Asia on tel: 8610 6462 9199. Alternately resumes can be faxed immediately to Dr. Druckman in Beijing on fax: 8610 6462 9111 or by email: myles.druckman@aasintl.com or alicson.brown@aasintl.com

NATIONAL

PEDIATRIC RECRUITMENT SPECIALIST — Locating and evaluating practice opportunities available nationwide for general pediatric subspecialties. To discuss your interests, contact: Julie Stoehr, Medical Staffing Associates, 6731 Whittier Ave., 3rd Fl., McLean, VA 22101. (800) 235-5105. Fax: (703) 893-7358. e-mail: dconway@serviceusa.com. Internet: http://www.medstaffer.com.

MID-ATLANTIC

NORTHERN VIRGINIA — Growing PEDIATRIC practice in Sterling, Va., with a reputation for excellence, looking for BC/BE pediatrician to add to our team. Approximately 30 minutes west of Washington, D.C., just minutes from the scenic rural countryside of the Blue Ridge Mountains. Many cultural and recreational opportunities; excellent neighborhoods and schools. Position is available now with a flexible starting date. Competitive salary with good benefits package. Please contact Shara Messick: (703) 444-2675 or 444-3245 or send CV to PediatricHealthCare, PC; 46440 Benedict Dr., Ste. 207, Sterling, VA 20164; fax (703) 444-0386; e-mail: misty@mountaincwix.com.

MIDWEST

CHAIRPERSON, DEPARTMENT OF PEDIATRICS, COOK COUNTY HOSPITAL seeks a dynamic pediatrician and experienced medical administrator and academic physician to lead a dedicated faculty and residency group that delivers over x000 patient days and x000 ambulatory encounters/year. The Chairperson at Cook County Hospital will also serve as Vice-Chair of the Department of Pediatrics at Rush Medical College. The institutional mission is to serve the medically indigent and is committed to diversity at all organizational levels. Interested candidates may send CV to Carolyn Lopez, M.D., Chair, Search Committee, c/o Department of Family Practice, 1900 W. Polk 13th Fl., CCAB, Chicago, IL 60612; fax: (312) 633-8813. EOE/AA Employer.

NORTHWEST

NEONATOLOGIST/PORTLAND, OREGON — Northwest Permanente, P.C. has an excellent opportunity for a BC/BE neonatologist to join one neonatologist in a stimulating professional environment with one of the most successful managed care systems in the country and enjoy a quality lifestyle inherent to the beautiful Pacific Northwest! Our physician-managed multispecialty group, who provides care for over 440,000 members of Kaiser Permanente, has a full-time posi

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and access discounted prices on pediatric vaccines from Wyeth & Connaught, med/surg supplies from Calgic, and print management solutions from Solon.

Preferred pricing, available only to PBA members.

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*Valid for new members only, limited time offer.
tation available for a BC/BE neonatologist at a state-of-the-art Level III NICU in one of our affiliated medical centers in suburban Portland. Duties will involve covering Level III and newborns in an expanding 30-bed unit, as well as coordinating newborn services in the greater Portland area. Call is shared with a larger neonatal group. We offer physicians a competitive salary and a benefits package which includes a generous retirement program, professional liability coverage, sabbatical leave and more. For information regarding these exciting opportunities, please forward CV to: A.P. Clark, Director of Professional Resources, Northwest Permanent, P.O. 500 NE Multnomah, Ste. 100, Portland, OR 97232-2099. EOE.

TENSA THE PEDIATRIC PRACTICE TEXAS CHAPTER ANNUAL MEETING Sept. 24-26, 1999, Westin Galleria Hotel, Houston. Contact: Mary E. Greene, Executive Director, 401 W. 15th St., Ste. 682, Austin TX 78701. Phone: (512) 370-1506, e-mail: tpgreene@aol.com, Web site: http://www.tspeds.org.

PEDIATRICS FOR THE PRACTITIONER — Big Island, Hawaii, Oct. 11-14, 1999. Sponsored by Saint Luke’s Hospital and the Children’s Mercy Hospital of Kansas City. Call (816) 932-2220 or send e-mail to cme@baint- luke.org for information.


14TH ANNUAL “SAN DIEGO CONFERENCE ON RESPONDING TO CHILD MALTREATMENT” — Jan 24-26, 2000, Toc. & Country Resort Hotel & Convention Center, San Diego, California. Sponsered by the Center for Child Protection, Children’s Hospital-San Diego, Internationally recognized state-of-the-art multidisciplinary conference featuring general sessions, workshops, forums and practice participation sessions for all those concerned with current child maltreatment, family violence and offender issues. Renowned speakers from the national and international scenes. Concurrent research sessions. Increase your professional skills in prevention, recognition, assessment and treatment of child and family violence! Continuing education credits available. To be on the mailing list call Registration Coordinator at (619) 495-4940 or fax to (619) 974-8018. e-webb@chsd.org.

ADOLESCENT MEDICINE SEMINAR — (8th Annual Lloyd Noland), at the Buena Vista Place, Walt Disney World, Florida, Feb. 18-20, 1999, call, fax or write: George M. Converse, M.D., MDAP, Department of Medical Education, Lloyd Noland Foundation, P.O. Box 925, Fairfield, AL 35064-0925. Phone: (205) 783-5276 (voice & fax). Visit the Lloyd Noland CME Web site: http://www.lloydnoland-cme.org.


In clinical trials, most of the reported side effects were mild to moderate in severity and were reversible on discontinuation of the drug. Approximately 1% of the patients developed diarrhea and nausea, and 1% developed flatulence. In postmarketing surveillance studies, a dose-related incidence of diarrhea and nausea was observed in patients receiving the drug in larger doses. There were no reports of nausea or diarrhea in patients receiving a single dose regimen of 500 mg of ZITHROMAX in the treatment of minor respiratory infections, while only rarely reported in patients receiving the multiple-dose regimen. Side effects did not occur in patients in the single dose regimen of ZITHROMAX and there was no incidence of nausea or diarrhea, vomiting or melena, in patients receiving the multiple-dose regimen of ZITHROMAX. Therefore, the dosage of ZITHROMAX could be increased in patients with severe diarrhea and nausea without any untoward effects in the treatment of pneumococcal pneumonia due to Chlamydia pneumoniae. Pharmacotherapeutics. ZITHROMAX is contraindicated in patients requiring hospitalization, abdominal or abdominal distension, with patients receiving a single dose regimen of ZITHROMAX. Adverse effects included the treatment of pneumococcal pneumonia due to Chlamydia pneumoniae. Pharmacotherapeutics: ZITHROMAX is contraindicated in patients with severe diarrhea and nausea without any untoward effects in the treatment of pneumococcal pneumonia due to Chlamydia pneumoniae. Pharmacotherapeutics: ZITHROMAX is contraindicated in patients with severe diarrhea and nausea without any untoward effects in the treatment of pneumococcal pneumonia due to Chlamydia pneumoniae. Pharmac...
effective therapy
(no spoonful of sugar necessary)

5 once-daily doses
(efficacy that’s easy for your little patients to take)

COVERAGE OF KEY RESPIRATORY PATHOGENS

<table>
<thead>
<tr>
<th>TYPICAL</th>
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<tr>
<td>Streptococcus pneumonia</td>
<td>Chlamydia pneumonia</td>
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<tr>
<td>Haemophilus influenzae</td>
<td>Mycoplasma pneumoniae</td>
</tr>
<tr>
<td>Moraxella catarrhalis</td>
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- BETTER COMPLIANCE MAY IMPROVE PATIENT OUTCOMES
- COSTS LESS THAN MOST BRAND-NAME ANTIBIOTICS
- PROVEN TOLERABILITY

In acute otitis media, the most common side effects are diarrhea/loose stools (2%), abdominal pain (2%), vomiting (1%), and nausea (1%). In community-acquired pneumonia, the most common side effects are diarrhea/loose stools (5.8%), abdominal pain, vomiting, and nausea (1.9% each), and rash (1.6%).

Zithromax® (azithromycin for oral suspension) is contraindicated in patients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic.

Zithromax is indicated for pediatric infections such as acute otitis media due to H influenzae, M catarrhalis, or S pneumoniae, and community-acquired pneumonia due to C pneumoniae, H influenzae, M pneumoniae, or S pneumoniae.

Oral azithromycin should not be used in pediatric patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia).

Please see brief summary of prescribing information on adjacent page.