CURRENT INFORMATION ON PUBLICATIONS FOR YOU AND YOUR PATIENTS

Protecting Your Child Against...

Diphtheria, Tetanus and Pertussis.

This new brochure can help you inform your patients of the importance of DTP immunizations. Answers such frequently asked questions as: What are Diphtheria, Tetanus & Pertussis? What is DTP vaccine? What are the possible side effects? How do risks compare to benefits? You can provide these brochures in your reception area or use them as handouts for patients along with the DTP information sheet at the time their children are immunized. The DTP information sheet alerts parents to both the usual and less common reactions to DTP vaccination.

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Updated information on topics important to your patients and their families.

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Help your patients respond well to an emergency. One side tells what to do for injuries and shock and the reverse provides first aid measures for poisoning.
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Brochure lists over 90 recommended publications written for parents and young adolescents.
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List provides resources for providers who deliver services to detained youth in juvenile justice settings.
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HE0029 $15.00 per 100

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HE0026 $15.00 per 100

Fluoride & Dental Health
HE0040 $15.00 per 100

Care of the Unaccompanied Peds
HE0023 $15.00 per 100

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The 1986 Edition of the Red Book provides current information on the effective control of children's communicable diseases. A complimentary copy was mailed to all members in July 1986. Additional copies are available for $25.00 each.
MA0001 $25.00

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This new manual discusses principles of effective management of your practice. A complimentary copy was mailed to all members in April 1986. Additional copies are available for $30.00 each.
MA0023 $30.00

Hospital Care of Children & Youth
Latest edition provides guidelines for the management of hospitalized children. A copy will be mailed to Fellows on request at no charge. Additional copies are available for $25.00.
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American Academy of Pediatrics

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American Academy of Pediatrics

Dear Fellow:

We recognize the growing need for a list of board-certified pediatricians in your area and the importance of making this information available to the public. In submitting this name of board-certified pediatricians, you are undertaking to ensure that this list contains only information about physicians who meet the eligibility requirements established by the academy. You are also asked to check the list for the possibility of any errors, misspellings or other inaccuracies.

As a member of the American Academy of Pediatrics, you are accorded the privilege of making this list available to the public and are responsible for its accuracy and completeness.

We encourage you to send an updated list of pediatricians to the Academy periodically to ensure the integrity of the information.

Sincerely,

[Signature]

American Academy of Pediatrics
American Academy of Pediatrics Residency Fellowship Stipulations

To enable young physicians to complete their pediatric training, the American Academy of Pediatrics will grant a small number of fellowships of $500 and $3,000 each to pediatric interns and residents for the year beginning July 1. Candidates must meet the following requirements:

1. Be legal residents of the United States or Canada.
2. Have completed, or will have completed by July 1, a qualifying approved internship (PI-0) or have completed a PI-1 program, and have made a definite commitment for a first year pediatric residency (PI-1 or PI-2) acceptable to the American Board of Pediatrics; or
3. Be pediatric residents (PI-1, PI-2 or PI-3) in a training program and have made a definite commitment for another year of residency in a program acceptable to the American Board of Pediatrics.
4. Have real need of financial assistance; and
5. Support their application with a letter from the Chief of Service substantiating the above requirements; the change in residency training program is contemplated (i.e., moving to another institution), a letter from the chief of this service certifying acceptance to this program also will be necessary.

The fellowships have been provided through grants to the American Academy of Pediatrics by Mead Johnson Nutritional Division, Gerber Products Company, and the McNeil Consumer Products Company.

Although fellowship awards are intended primarily for the support of first and second year pediatric residents, it is also recognized that some physicians may desire a third or fourth year of pediatric residency. Up to 25 percent of the fellowships may be awarded to persons in this category. Consideration will be given to geographic spread of awards, and preference will be exhibited for well-qualified but smaller training centers which perhaps have fewer resources for residents in training than do some of the larger centers.

The Committee on Residency Fellowships of the American Academy of Pediatrics will make a final decision on the granting of the awards. Those interested in applying may write to Jean D. Lockhart, M.D., Department of Maternal, Child and Adolescent Health, American Academy of Pediatrics, 1411 Northwest Point Blvd., Elk Grove Village, IL, 60007-0927, for application forms.

The envelope must be postmarked no later than March 1, 1987 in order to be eligible.

Policy Statement

Supplemental Influenza Virus Vaccine for the New Influenza Season

Children who may benefit from influenza virus vaccination, as defined in the Red Book1, should receive the current vaccine (containing strains of H3N2, H1N1 and B viruses), and should also receive an additional vaccine prepared from a new H1N1 strain. There has been an antigenic change in recent H1N1 strains of influenza virus isolated in the Far East2. In the past, these new virus strains have spread to the U.S. as well as to other parts of the world. The strains are different enough from the present H1N1 vaccine strain (A/Chile/1983) to conclude the current vaccine may not confer much protection against influenza caused by the new type. For this reason, it is recommended that the new vaccine be given in addition to the current vaccine3. The current vaccine is needed to protect against H3N2 and B strains.

H1N1 strains generally produce illness in individuals under 35 years of age. Older individuals are generally protected against H1N1 strains of influenza.

The new vaccine can be given at the same time as the old vaccine at a different site if both are available. Since supplies of the new vaccine may not be available until late Fall, immunization with the current vaccine should not be delayed. If the new vaccine becomes available after the old vaccine has been given, the new vaccine should be given at an interval of no less than 30 days following the last dose of old vaccine. The schedule and dosage for vaccine administration are shown on Table 1; for information on indications for flu vaccine in general, consult the Red Book. It is anticipated that side-effects and efficacy of the new vaccine will be similar to the current vaccine.

In the event that the new influenza strain causes an epidemic before immunization can be accomplished, the use of amantadine for prophylaxis or treatment is recommended for high-risk children.

Committee on Infectious Diseases

Philip A. Brunell, M.D., Chairman
Robert S. Daum, M.D.
G. Scott Giebink, M.D.
Caroline Breese Hall, M.D.

AAP Section Liaison
John A. Anderson, M.D.
Ex-Officio
Georges Peter, M.D.

References

Table 1. Timing and dosage schedules for use of the supplemental 1986-1987 monovalent A(H 1 N 1) influenza vaccine in conjunction with the 1986-1987 trivalent

<table>
<thead>
<tr>
<th>AGE</th>
<th>INFLUENZA VACCINATION STATUS</th>
<th>ADDITIONAL VACCINATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 mos.-12 yrs.</td>
<td>NO (unprimed)</td>
<td>NONE</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Trivalent + monovalent simultaneously in 2 sites &gt; 4 wks. after 1st trivalent</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Monovalent &gt; 4 wks. after trivalent</td>
</tr>
<tr>
<td></td>
<td>YES (primed)</td>
<td>NONE</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Monovalent &gt; 4 wks. after trivalent</td>
</tr>
<tr>
<td>≥ 13 yrs.</td>
<td>DOESN'T MATTER</td>
<td>NONE</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Monovalent &gt; 4 wks. after trivalent</td>
</tr>
</tbody>
</table>

*If monovalent vaccine is not available when trivalent vaccine is scheduled, do not delay administration of trivalent vaccine. After at least one dose of trivalent vaccine has been administered, only one dose of the monovalent vaccine will be needed. This may be given either simultaneously with the scheduled second dose of trivalent vaccine for a child receiving two doses of trivalent vaccine or 4 weeks or more after the last dose of trivalent vaccine administered.

American Academy of Pediatrics

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