



POLICY & PRACTICE

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Subspecialist Shortages Cause Waits

A survey from the National Association of Children's Hospitals and Related Institutions found that shortages in pediatric subspecialists are leading to significant wait times for many patients and families to get needed care. Shortages in pediatric neurologists, gastroenterologists, general surgeons, and pulmonologists and developmental-behavioral pediatricians have the most effect, according to the survey. Some pediatric subspecialty openings—including those for neurology, endocrinology, pulmonology, gastroenterology, and developmental-behavioral pediatrics—remain vacant for 12 months or longer, the hospitals reported. Half the children's hospitals said that wait times for seeing pediatricians in the subspecialties experiencing the most severe shortages exceed 2 weeks. The average wait time for seeing a developmental pediatrician is more than 13 weeks, according to the report.

Head Start Improvements Planned

Head Start and Early Head Start will raise their performance standards and increase accountability by supporting only local programs that continuously improve, the Department of Health and Human Services said. HHS also promised better training for classroom teachers, staff, and program directors as well as improved technical assistance to grantees seeking to improve their work. The initiative stems from new evidence on what works in early learning and incorporates mandates from the 2007 Head Start Act reauthorization, HHS said. The agency also released a study of children enrolled in Head Start during 2002-2003. The researchers found that by the end of that program year, access to Head Start had increased the children's school readiness.

Agency Weighs Crib Refunds

The Consumer Product Safety Commission is considering whether to require crib manufacturers to provide customers with refunds or store credits when cribs are recalled, CPSC Chairwoman Inez Tenenbaum told a House panel. Many parents have failed to respond to crib recalls, which typically have involved free repair kits and not refunds, Tenenbaum told a House Energy and Commerce subcommittee. Refunds or store credits could motivate many parents to get rid of defective cribs, she said. The new rules would be part of the CPSC's initiative to create the safest possible sleep environment for babies and toddlers, set to be unveiled later this year, Ms. Tenenbaum said. She testified 2 days after the CPSC announced the recall of 635,000 cribs distributed by the company Dorel Asia. The agency said that the hardware holding up the side of the crib can fail, risking the child's becoming entrapped and suffocating as a result.

No Smoke, No Device Authority

The U.S. District Court for the District of Columbia has ruled that the Food and Drug Administration does not have the authority to regulate so-called e-cigarettes—electronic cigarettes—as drug-device combinations. E-cigarettes are battery-powered devices that deliver vaporized doses of nicotine to be

inhaled. The FDA had detained numerous shipments of e-cigarettes, all imported by one company, Smoking Everywhere, saying that the products were unapproved drug-delivery devices. Judge Richard Leon disagreed with FDA's justification for its action. However, Judge Leon didn't address whether the federal agency has authority to regulate e-cigarettes under the Family Smoking Prevention and Tobacco Control Act, which President Obama signed into law last June—after the FDA had already halted the shipments of e-cigarette in this case.

Autism Research Gets Boost in Budget

The Obama administration is seeking \$222 million in fiscal year 2011 to expand research into autism spectrum disorders. The funding, which would be spread through the Health and Human Services department, would focus on detection, treatment, and other activities with the potential to improve the lives of families affected by autism. The National Institutes of Health is also putting a focus on the disorder. The agency plans to undertake a complete genome sequencing and DNA analysis of 300 autism spectrum disorder cases. Officials

For bacterial conjunctivitis

Doctor Strong.

BESIVANCE™ is indicated for the treatment of bacterial conjunctivitis caused by susceptible isolates of the following bacteria¹:

CDC coryneform group G	<i>Staphylococcus epidermidis</i>
<i>Corynebacterium pseudodiphtheriticum</i> *	<i>Staphylococcus hominis</i> *
<i>Corynebacterium striatum</i> *	<i>Staphylococcus lugdunensis</i> *
<i>Haemophilus influenzae</i>	<i>Streptococcus mitis</i> group
<i>Moraxella lacunata</i> *	<i>Streptococcus oralis</i>
<i>Staphylococcus aureus</i>	<i>Streptococcus pneumoniae</i>
	<i>Streptococcus salivarius</i> *

*Efficacy for this organism was studied in fewer than 10 infections.

Please see brief summary of full prescribing information for BESIVANCE™ on the adjacent page.
For additional information, call 1-800-323-0000 or visit BESIVANCE.com

References: 1. Besivance™ Prescribing Information, April 2009. 2. Data on file (Study 433), Bausch & Lomb Incorporated.

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BESIVANCE is a trademark of Bausch & Lomb Incorporated.

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at NIH are also planning to launch the first epigenomic studies of brain samples from individuals who have autism spectrum disorders and those without the disorder. NIH will also investigate patterns of environmental exposure during pregnancy and the perinatal period.

Many Girls Involved in Violence

Over one-quarter of all adolescent females engaged in some sort of violent behavior in the past year, according to a report from the Substance Abuse and Mental Health Services Administration. Looking at data from 2006-2008, the

researchers found that 19% of adolescent girls reported getting into a serious fight at school, 14% participated in group-against-group fights, and 6% attacked others with the intent to hurt them seriously. Some teens were in more than one category. The teenagers who engaged in violent behavior were more likely to binge on alcohol or abuse drugs, the study showed. "Acts of teenage violence are most commonly associated with boys," the report said. However, "it is clear that the problem is pervasive among girls as well."

—Jane Anderson

Pediatric News

THE LEADER
IN NEWS
AND
MEETING
COVERAGE

#1

Thanks For Making Us

Source: PERQ/HCI Corp., Focus® Medical/Surgical June 2009 Readership Summary; Pediatrics Section, Tables 1001 and 1002 Projected Average Issue Readers

Kid worthy.

In clinical trials for bacterial conjunctivitis that included children as young as 12 months...

BESIVANCE™ was proven effective against a broad spectrum of ocular pathogens

- 91.4% rate of microbial eradication† with BESIVANCE™ (n=198) vs 59.7% with vehicle (n=191) at Visit 2, Day 5 ($P < 0.0001$)^{†1,2}

† Microbiologic eradication does not always correlate with clinical outcome in anti-infective trials.

- 45.5% clinical resolution with BESIVANCE™ vs 33.0% with vehicle at Visit 2, Day 5 ($P = 0.0084$)^{†1,2}

† In the modified intent-to-treat population.

Study design: 957 subjects were randomized (389 subjects with culture-confirmed bacterial conjunctivitis) in this double-masked, parallel-group, vehicle-controlled clinical trial conducted at 58 sites in the United States. Primary efficacy endpoints: clinical resolution and microbial eradication of baseline bacterial infection at Visit 2 (Day 5 [± 1]).²

Vehicle=0.01% benzalkonium chloride (BAK) and inactive ingredients such as DuraSite®; microbial eradication=the absence of all ocular bacterial species that were present at or above threshold at baseline; clinical resolution=the absence of both ocular discharge and bulbar conjunctival injection.

- Formulated with mucoadhesive technology^{§1}
- Developed exclusively for the eye

§ DuraSite®.

Important safety information about BESIVANCE™

Patients should not wear contact lenses if they have signs or symptoms of bacterial conjunctivitis or during the course of therapy with BESIVANCE™. BESIVANCE™ should not be injected subconjunctivally or into the anterior chamber of the eye, or used systemically. Patients should discontinue use immediately and contact their physician at the first sign of a rash or allergic reaction or if a super-infection (non-susceptible organisms including fungi) occurs from prolonged use.

The most common adverse events in clinical trials were conjunctival redness, blurred vision, eye pain, eye irritation, eye pruritus and headache, reported in approximately 1-2% of patients 1 year and older. Safety and effectiveness in infants <1 year of age have not been established.

From Bausch & Lomb

Besivance™
besifloxacin ophthalmic
suspension, 0.6%