

Online Tool Connects Pediatricians, Day Care

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — An online tool developed by pediatricians is helping day care workers promote immunizations and health screenings, Jerold M. Aronson, M.D., said at the annual meeting of the American Academy of Pediatrics.

Children in day care programs that used the WellCareTracker tool were more likely to be up to date on their immu-

nizations, compared with a 10% sample of children in licensed day care programs in Pennsylvania, a review of 2002-2003 data found.

WellCareTracker is used by more than 250 child care programs that have entered records for more than 20,000 children. The investigators found that in centers using WellCareTracker for more than 6 months, more than 80% of children were up to date with all recommended vaccines, compared with less than 75% of 13,645

children in the statewide sample, said Dr. Aronson of Narberth, Penn.

The AAP's Pennsylvania chapter, which has a history of providing programs that link pediatricians with community-based services, developed WellCareTracker and offered it as a component of its Early Childhood Education Linkage System—Healthy Child Care PA, which networks with child day care programs to provide technical assistance for improving child health. Pediatricians deliver infor-

mation on individual children for input into WellCareTracker to the day care programs through the parent, which avoids any privacy issues, Dr. Aronson said.

WellCareTracker's tools can be used by anyone accessing the Web site at www.wellcaretracker.org using any speed modem. Records are entered into a secure, encrypted, password-protected site. Once a child's records have been entered, day care workers easily can generate screens showing if a child currently is overdue for an immunization or health screening, or will be overdue within 3 months. They can print a report to send home to parents with one of the sample letters offered on the site.

WellCareTracker allows a nonclinical person to determine whether the child is up to date now, whether the child started vaccinations at the right time or started late, and when a vaccination is due, he said.

All states require that children in group day care programs receive immunizations and health screenings within 60 days of enrollment, he said, but this can be a confusing process for day care workers. Complex immunization and screening schedules, parental resistance, and requirements for documentation and reporting all pose challenges.

Commercial programs are available to help with these, but they are costly and complex, he said. These programs only count vaccine doses, rather than assessing each child's individual up-to-date status per national recommendations, Dr. Aronson added. ■

He's growing as fast as he can, but he may need your help to catch up.

SGA babies: If they don't catch up by age 2, they probably never will

Each year, approximately 100,000 babies in the U.S. are born small for gestational age (SGA).^{1,2} SGA babies, whose birth weight and/or length is 2 SDS below the norm, or below the 3rd percentile, usually catch up to their peers by the time they reach the age of 2.^{3,4} But there's a population that doesn't. And those who do not catch up by age 2 are unlikely to catch up by age 3, or 4, or ever.^{3,4} In fact, about 10% of SGA babies don't achieve catch-up growth by age 2.^{3,4}

You can make a difference in their lives

The good news is that you can help these kids. By referring them to a pediatric endocrinologist for evaluation and follow-up, you are acting in their best interests.

Aside from a baby's doting parents, you, the pediatrician, are most intimate with the growth pattern of that child. That means you are best qualified to determine whether and when it's time for a referral.

Identify and refer...early

When you see that a child's growth pattern is falling away from standard curves, or if he or she maintains velocity but stays below the 3rd percentile or is not growing toward familial height potential, consider referring the child to a pediatric endocrinologist.

Don't wait. Age at start of treatment is one of the most important predictors of favorable growth response.^{5,6}

So keep following those SGA babies. Monitor their growth. And if they aren't catching up, refer them to a pediatric endocrinologist.

References: 1. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. *National Vital Statistics Reports*. 2002;50(14). 2. Lee PA, Chernaik SD, Hokken-Koelega ACS, Czernichow P. *Pediatrics*. 2003;111:1253-1261. 3. Karlberg J, Albertsson-Wiklund K. *Pediatr Res*. 1995;38:733-739. 4. Albertsson-Wiklund K, Karlberg J. *Acta Paediatr Suppl*. 1994;39:64-70. 5. Ranke MB, Lindberg A, Cowell CT, et al. *J Clin Endocrinol Metab*. 2003;88:125-131. 6. Boguszewski M, Albertsson-Wiklund K, Aronsson S, et al. *Acta Paediatr*. 1998;87:257-263.

Pfizer
Endocrine care™

GN213548 © 2004 Pfizer Inc. All rights reserved. Printed in USA/October 2004



ACIP Expands Child Eligibility For Vaccines

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices passed a resolution to expand the groups of children recommended to receive influenza vaccine under the Vaccines for Children program this season.

ACIP, which advises CDC on immunization issues, recommended that VFC-eligible children who are household contacts of persons at high-risk for influenza receive the vaccine. The resolution, approved in late December, went into effect immediately.

ACIP also recommended that more adults receive the influenza vaccine, if adequate supplies of the vaccine are available.

ACIP recommended that health departments and health care providers who have adequate vaccine to meet the demands of high-risk groups, should also make influenza vaccine available to adults aged 50-64, and out-of-home caregivers and household contacts of persons in high-risk groups. That change was effective Jan. 3.

—Mary Ellen Schneider