



POLICY & PRACTICE

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Court Reverses Vaccine Decision

The U.S. Court of Appeals for the Federal Circuit has reversed a ruling that had denied compensation to a child who declined after a diphtheria, whole-cell pertussis, and tetanus (DPT) vaccination. Enrique Andreu was 8 weeks old and developing normally when he was inoculated with the vaccine. He began to suffer seizures 1 day after receiving the shot. Enrique ultimately was diagnosed with language and developmental delays and a low IQ. His pediatric neurologist told the federal vaccine court, which heard the case first, that there was "no other explanation other than the DPT immunization." But the vaccine court denied the claim, and the U.S. Court of Federal Claims concurred. However, the federal circuit appeals court has now ruled that the boy is entitled to compensation for his vaccine injury. The court sent the case back to the federal claims court with instructions to determine how much compensation Enrique should receive.

New York Fined on Medicaid

The state of New York and New York City have agreed to pay a record \$540 million to settle Medicaid false claims allegations, the federal Justice Department said. The false claims were for reimbursement for school-based health care services, mostly speech therapy and transportation, between 1990 and 2001. According to Justice, New York state failed to provide proper guidance to school districts and counties on which services should be reimbursed under Medicaid. The state also passed on claims to the federal government for services it knew were not covered or properly documented, thus getting the federal government to pay more of its share of New York Medicaid costs than it should have, the settlement said. Meanwhile, New York City submitted claims to the state for false speech services, and the state passed those claims on to the federal government, Justice said. New York state will pay \$440 million, while New York City will pay \$100 million.

Child Injuries: Many From Sports

Sports-related injuries such as bruises, scrapes, and broken bones accounted for about one-fifth of hospital emergency department visits for children aged 5-17 in 2006, according to the Agency for Healthcare Research and Quality. Boys had three times as many ED visits for sports injuries as girls did, and teens were five times as likely as younger children to be treated for sports injuries in EDs, according to AHRQ. Four out of five visits for sports injuries were for treatment of bruises, sprains and strains, arm fractures, or cuts and scrapes to the head, neck, or chest, the report said. Almost all children were treated and released: Only 1.3% of visits resulted in hospital admissions.

Child Obesity May Be Stabilizing

One in seven low-income, preschool-aged children is obese, but the obesity

epidemic may be moderating, the Centers for Disease Control and Prevention found in a study. The prevalence of obesity in low-income 2- to 4-year-olds increased from about 12% in 1998 to more than 14% in 2003 but rose much less between 2003 and 2008. Obesity prevalence for low-income preschoolers has remained constant or declined since 2003 in

about half of the states, territories, and tribal organizations monitored by the CDC, although rates in American Indian and Alaska Native children continued to rise. A second study published in Health Affairs reported that hospitalizations of children and youth with a diagnosis of obesity nearly doubled between 1999 and 2005, indicating that social and economic costs of pediatric obesity are increasing even as prevalence is stabilizing.

\$40 Million Will Expand CHIP

The Department of Health and Human Services is making available up to \$40

million in grants to programs for families whose children qualify for states' Medicaid programs and Children's Health Insurance Program. The funds are part of the CHIP reauthorization approved earlier this year. The grants will fund projects ranging from grassroots efforts to reach more eligible children to technology-driven initiatives to modernize and streamline enrollment systems. "We know there are millions of children who are eligible for coverage but don't utilize their state health care programs," said HHS Secretary Kathleen Sebelius.

—Jane Anderson

Boston University School of Medicine

and

Pediatric News / Family Practice News

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Pediatric Infectious Diseases in the Headlines

A Continuing Medical Education Conference

October 24 – 25, 2009

Royal Sonesta Hotel, Cambridge, MA

Topic Highlights:

- **What Is The Diagnosis?** with James H. Brien, DO
- **Influenza Challenges: Diagnosis, Treatment, Resistance, and Immunization**
- **CaMRSA – Diagnosis, Treatment, and Prevention**
- **Otitis Media – Is There Consensus About Treatment and Prevention?**
- **The Child With Stridor – Diagnosis and Management**
- **EBV: Diagnosis, Complications, and Complex Cases**
- **Impact of the Rotavirus Vaccine on Rotavirus Disease**
- **Malaria: Recognition and Management**
- **HPV Vaccine: What Have We Learned?**
- **Next Steps in Preventing Meningococcal Disease in Children**
- **Next Generation Pneumococcal Vaccines**
- **Does Probiotic Use Limit Certain Infections?**
- **New Challenges for Travelers**
- **Hectic Fevers in the First Year of Life**
- **Vaccine Safety**
- **STD Guidelines**



Target Audience: This conference is designed for pediatricians, family practitioners, general practitioners, nurse practitioners, residents, and allied health professionals.

Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Boston University School of Medicine and *Pediatric News/Family Practice News*. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Boston University School of Medicine designates this educational activity for a maximum of **12.25 AMA PRA Category 1 Credit(s)**™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Continuing Medical Education Provider Unit, Boston University School of Medicine is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.**

Educational Objectives: Through participation in case discussions, small group workshops, and attendance at lectures, participants will be able to:

- Apply evidence-based practices concerning immunization across the pediatric life-span
- Identify less commonly seen travel-acquired diseases
- Improve identification and treatment of various pediatric infectious diseases

Register Now!



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