



April 16, 2010

Dear Parents

I hope that this message finds everyone well, fresh from spring break and vacations for many of you. Now that harsh winds of winter and the seemingly endless feet of snow have passed, we move into the spring season. I wanted to give each of you an update regarding some recent developments.

### **INFLUENZA UPDATE**

We are heading towards the end of what has been a strange influenza season. Over the past 10 months we have seen the rise of a new strain of flu, H1N1. We saw the illness reach pandemic levels peaking atypically in the summer and fall months. We are fortunate enough to say that despite having a lot of your children and families affected by the virus, we did not suffer any serious complications and had less than a handful of children who required hospitalization. We vaccinated as many children as possible for the both seasonal flu and H1N1 flu viruses in coordination with the state and local health departments. The normal flu season (December to March) has been very quiet. We are grateful for that. We have already placed our orders of influenza vaccine for the 2010 - 2011 flu season. There will be only ONE vaccine for the next flu season. It will contain both the seasonal flu and H1N1 flu strains. We still encourage anyone with special health conditions (immunosuppression, asthma, cardiac disease, diabetes, etc.) to get the current influenza vaccines if you have not obtained them thus far. Given that the H1N1 strain is still new, we are not certain as to whether or not it will rise again during an atypical time period.

### **MUMPS OUTBREAK**

Since July 2009, we have been experiencing the largest mumps outbreak since 2006. This outbreak is primarily affecting the New York and New Jersey areas. The index case was found to be a an 11 year-old boy who had traveled o the United Kingdom and then spread the disease within a summer camp he attended for tradition-observant Jewish boys. The disease then spread amongst the schools and households to which these children returned. Efforts have been made to prevent extensive spread of the illness. As of January 1521 cases has been reported with less than 3% of the cases being reported outside of the Jewish community. The largest percentage of cases (61%) have occurred amongst children 7 - 18 years old and 76% of the patients were males. Please keep in mind that this outbreak has occurred within a population that traditionally HAS received the recommended MMR vaccines in two doses. Eighty-eight (88%) percent had received at least one dose of the vaccine, while 75% had received two doses. Since the emergence of the MMR vaccine in 1967 the incidence of mumps has dropped from 186,000 cases each year to less than 500 cases a year. No vaccine provides the population with 100% immunity so outbreaks are still seen at times amongst a vaccinated population. The mumps is spread by airborne droplets and may cause lethargy, fever, swollen salivary glands and jaw pain. It can lead to complications such as parotitis (inflammation of the parotid gland), orchitis (inflammation of the testicles) leading to sterility, pancreatitis, meningitis, encephalitis, oophoritis (inflammation of the ovaries), transient or permanent deafness and Bell's palsy. We encourage all parents to follow the guidelines of the American Academy of Pediatrics and for children to receive the MMR vaccine at 12- 18 months of age and booster at 4 -6 years of age. No other special precautions are otherwise needed. There have been no cases of mumps diagnosed in our office to date.

**\*\*AAP News, April 2010**

### **MMR-AUTISM ARTICLE RETRACTED**

On February 2, 2010, The British medical journal *The Lancet* retracted a controversial 1998 paper that linked the measles, mumps and rubella (MMR) vaccine to autism. The study subsequently had been discredited, and last week, the lead author, Dr. Andrew Wakefield, was found to have acted unethically in conducting the research. The General Medical Council, which oversees doctors in Britain, said that "there was a biased selection of patients in The Lancet paper" and that his "conduct in this regard was dishonest and irresponsible." The panel found that Wakefield subjected some children in the study to various invasive medical procedures such as colonoscopies and MRI scans. He also paid children at his son's birthday party to have blood drawn for research purposes, an act that "showed a callous disregard" for the "distress and pain" of the children, the panel said. After the council's findings last week, *The Lancet* retracted the study and released this statement.

*"It has become clear that several elements of the 1998 paper by Wakefield et al. are incorrect, contrary to the findings of an earlier investigation. In particular, the claims in the original paper that children were 'consecutively referred' and that investigations were 'approved' by the local ethics committee have been proven to be false. Therefore we fully retract this paper from the published record."*

Dr. Richard Horton, editor of *The Lancet*, said he reviewed the General Medical Council report regarding Wakefield's conduct. "It's the most appalling catalog and litany of some of the most terrible behavior in any research and is therefore very clear that it has to be retracted," he said. CNN was unable to speak to Wakefield, but in a statement he denied wrongdoing.

*"The allegations against me and against my colleagues are both unfounded and unjust and I invite anyone to examine the contents of these proceedings and come to their own conclusion. In fact, the Lancet paper does not claim to confirm a link between the MMR vaccine and autism. Research into that possible connection is still going on."*

The Centers for Disease Control and Prevention praised *The Lancet's* retraction, saying, "It builds on the overwhelming body of research by the world's leading scientists that concludes there is no link between MMR vaccine and autism. We want to remind parents that vaccines are very safe and effective and they save lives. Parents who have questions about the safety of vaccines should talk to their pediatrician or their child's health care provider." Since its publication, Wakefield's study has attracted many critics who argued that the work had been so flawed, it should not be regarded as scientific. Wakefield theorized that the measles vaccine caused gastrointestinal problems and that those GI problems led to autism. In his view, the virus used in the vaccine grew in the intestinal tract, leading the bowel to become porous because of inflammation. Then material seeped from the bowel into the blood, Wakefield's theory said, affecting the nervous system and causing autism. But subsequent research has been unable to duplicate Wakefield's findings.

A September 2008 study replicated key parts of Wakefield's original paper and found no evidence that the vaccine had a connection to either autism or GI disorders. The study, conducted at Columbia University, Massachusetts General Hospital and the CDC, also found no relationship between the timing of the vaccine and children getting GI disorders or autism. The Wakefield study has been a key piece of evidence cited by many parents who do not vaccinate their children because of autism fears.

"The story became credible because it was published in *The Lancet*," Alison Singer, president of the Autism Science Foundation, said Tuesday. "It was in *The Lancet*, and we really rely on these

medical journals." Singer, the mother of a child with autism, added, "That study did a lot of harm. People became afraid of vaccinations. This is the Wakefield legacy: this unscientifically grounded fear of vaccinations that result in children dying from vaccine-preventable diseases."

Retractions are rare in medical journals and usually occur as a result of fraud or plagiarism, said Marcia Angell, a former editor of The New England Journal of Medicine. "It is a major event when there is a retraction like this," she said. "It sounds like there was a misleading design of the study ... patients not randomly chosen. There were ethical violations."

William Schaffner, professor and chairman of the department of preventive medicine at Vanderbilt University School of Medicine, described the journal's level of action as "unprecedented."

"Since Wakefield's study came out, some 20 other studies have come out, and each one of these studies, done by different researchers, in different populations and in different countries, has denied the associations between vaccines and autism," he said. "Scientifically, this story is over."

*\*\*For more on this story, please visit: <http://www.cnn.com/2010/HEALTH/02/02/lancet.retraction.autism/index.html>*

## **SCHEDULING ISSUES**

As we roll onward towards the summer months we hit a crucial time for scheduling well child appointments. The summer schedule is difficult as we try to accommodate children going to summer camps, playing summer and fall sports at schools as well as getting our recent high school graduates cleared for college matriculation. In efforts of being sure that you child has any necessary appointments, please call the office immediately to set up summer well child visits. These spaces fill up quickly.

In the past few months, we have encountered instances when children have not been scheduled an appropriate amount of time for a well child visit. Many of our patients with complex medical histories are automatically given extra time for a well child exam as we need to discuss the coordinated care of many subspecialists. However many of you have concerns that are new for your child/children that will require significant time to discuss and evaluate. If you have any NEW issues with your children that you would like to discuss with our providers please let our nurses know when you call to schedule your well child appointment. The most common examples are attention deficiency or hyperactivity, other behavioral problems, concerns about depression, anxiety or other mental health disorders, obesity and learning disabilities. As these problems cannot be diagnosed through the physical exam or any specific test, a significant dialogue is needed to determine the best course of action. If your child has a PREEXISTING health condition (asthma, allergies, diabetes, seizures, etc) that has not been well controlled, this may also be an indication that extra time is needed. Making our staff aware will provide us with the best opportunity to serve you and keep our providers as close to being on time as possible.

Thanks again for allowing us to serve you. Have a great day



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