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Early introduction of juice may be associated with chronic diarrhea.

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Erratum: Grand Rounds

"Grand Rounds: Failure to thrive" (*J Fam Pract.* 2009;58:539-544) incorrectly stated that stoss-therapy for rickets is "a bolus of calcitriol" (p 542). It should have read that stoss-therapy is "a bolus of cholecalciferol (D₃) or ergocalciferol (D₂)," as the short half-life of calcitriol precludes its use for this application.

Helpful Web site facilitates vaccination reimbursement

As the office manager for 2 family physicians, I enjoyed the article on shingles ("Stop shingles in its tracks," *J Fam Pract.* 2009;58:531-534). But the sidebar about why more people aren't receiving the herpes zoster (HZ) vaccine was of particular interest to me. We administer the vaccine daily; we try to catch patients before they go on Medicare because most private insurers cover the vaccine.

The decision to cover the HZ vaccine through Medicare Part D has made it very difficult to vaccinate people age 65 and older. We've found a way to overcome this barrier that some of your readers may not be aware of: a Web site called eDispense (<http://edispense.com>).

At eDispense, a physician or staff member can input a patient's name, date of birth, and the last 4 digits of his or her social security number and check to see if that individual has Part D coverage. If so, you can check to see whether the patient's Part D plan covers the vaccine. If the plan participates with eDispense, as many do, you can also find out how much the insurer will pay for the vaccine and how much of the fee the patient will be responsible for.

You can then administer the vaccine and file an electronic claim through eDispense. By doing so, the physician is agreeing to accept payment from the Part D plan, and the payment will be sent directly to the doctor's office. Granted, this requires a bit of staff time, but it is not cumbersome. We check benefits the day before a patient comes in. When we run across a plan that is not affiliated with eDispense, we print a claim form from the Web site and submit it by

mail. (When paper claims are submitted, the payment usually goes directly to the patient.)

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Perils of fruit juice

The Clinical Inquiry, "When is it OK for children to start drinking fruit juice?" (available at: www.jfponline.com/Pages.asp?AID=7870&issue=September_2009&UID=) was informative and helpful, but there are 3 additional points to consider:

1. The article said infants shouldn't be given juice before 6 months of age, but recommended amounts start at 1 year. There is little evidence to indicate what amount should be given between 6 and 12 months.

2. Minority groups tend to have higher juice intake, reduced daily nutrient intake, and limited food group consumption.¹ In addition, women with children in daycare

or supplemental nutrition programs are less likely to have positive child-feeding behaviors.² The reference cited in your article did not reflect these findings, but was based on a sample with a significantly smaller number of minorities than whites.

3. Early introduction of fruit juices may be associated with other comorbidities, such as chronic diarrhea and carbohydrate malabsorption, and short stature.³

Recognition of risk factors for negative feeding behaviors and targeted education for minorities are key factors when guiding parents on when to introduce juice.

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1. Basch CE, Zybert P, Shea S. 5-A-day: dietary behavior and the fruit and vegetable intake of Latino children. *Am J Public Health.* 1994;84:814-818.

2. Hendrick K, Briefel R, Noval T, et al. Maternal and child characteristics associated with infant and toddler feeding practices. *J Am Diet Assoc.* 2006;106(suppl 1):S135-S148.

3. Dennison BA, Rockwell HL, Baker SL. Excess juice consumption by preschool-aged children is associated with short stature and obesity. *Pediatrics.* 1997;99:15-22.

