POLICY PRACTICE æ

Mass. to Add a Recovery High School This fall, the first high school designed to meet the needs of Massachusetts students recovering from addiction will open its doors in Beverly, said Lt. Gov. Kerry Healy. Such schools provide "an opportunity for kids to continue their education in a place that is free from the social pressures that often lead to relapse" of addiction, she said in a statement. To avoid the pressure, students often drop out of school entirely, she added. The Beverly recovery high school will be administered by the Northshore Education Consortium, an organization of

17 school districts. The consortium was awarded \$1.5 million from the state over the next 5 years, including \$500,000 for start-up costs in the first year and \$250,000 in subsequent years. The school will be set up similarly to a charter school, with participating cities responsible for the perpupil costs. The recovery school movement began in Minnesota in 1989, and about 22 such high schools exist nationwide, according to Laura Nicoll, a spokeswoman for Lt. Gov. Healy. School officials will reach out to residential and outpatient adolescent treatment providers, public

schools, and juvenile courts as well as the Department of Youth Services and the Department of Social Services. Plans are underway for additional schools in western Massachusetts and Boston.

Bill Junks Junk Food in Schools

Legislation wending its way through Congress aims to keep junk foods out of U.S. schools. "The bipartisan Child Nutrition Promotion and School Lunch Protection Act would update decades-old federal nutrition standards for snack foods sold in school cafeterias alongside the regular school meals, and would apply those standards everywhere on school grounds, in-

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The following is a brief summary only; see full prescribing information. Do not use PEDARN after a serious alergic reaction (e.g., anaphylax: is) temporally associated with a previous dose of this vaccine or with any components of this vaccine. Because of the uncertainty as to with component of the vaccine might be texposible, do not gue further vaccination with any of these components, or, (eff such information). Do not use PEDARN after a serious disory of the uncertainty as to withic component of the vaccine might be texposible, do not gue further vaccination with any of these components, or, (eff such information, do not and information). Do not use PEDARN after a serious desor of particus-cryptic regressive encophalopatity. Do not vaccinate individuals with such conditions until a transmes, uncontrolled epileosy, or progressive encophalopathy. Do not vaccinate individuals with such conditions until a transmes, uncontrolled epileosy, or progressive encophalopathy. Do not vaccinate individuals with such conditions until a transme visions, uncontrolled epileosy, or progressive encophalopathy. Do not vaccinate individuals with such conditions until a transme with received the schedule and the condition has stabilized. PEDARN for separately administered vaccines, information, the resistors of polynogia southers. PEACTIONS: The use texposer is take-reference to the individual. If any other progressive encophalopathy and the individual setup is the stabilized encomparise of the individual setup is the individual setup is the individual setup is the stabilized encomparise of the medial encounties of the individual setup is the stabilized encomparise of the individual setup is the stab

APRK is not recommended for persons 7 years of age or older. Tetanus and Diphtheria Toxolds Adsurded (TD) for Aduit Use, inactivated poliowirus vaccine (IPV), and Hepatitis B Vaccine (Recombinant) should be used in individuals 7 years of age or older. **AUVERSE REACTIONS:** A total of 20,739 doses of PEDIARIX have been administered to 7,028 infants as a 3-dose primary series. The most common adverse reactions observed in clinical trials were local injection site reactions (pain, redines, or swelling), fever, and fusiness. In comparative studies, administration of PEDIARIX have been administered to 7,028 infants as a 3-dose primary series. The most commanity estimation adverse reactions observed in clinical trials were local injection site reactions (pain, rediness, or swelling), fever, and tasiness. In comparative studies, administration of PEDIARIX was associated with higher ratiss of fever resolved within the 4-449 period following vaccination and the day following vaccination and the red following vaccination and the red following sepa-rately administered US-licensed vaccines. The adverse event information from clinical trials provides a basis for identifying adverse event and the next 3 days). Rates of most other solicited adverse event information from clinical trials provides a basis for identifying adverse event and the day following vaccination and the clinical trials of a vaccine, cannot be directify common to torche in the clinic-ell trials of administration group the treates dark the existe value and reactogenicity of PEDIARIX administered CVP. Separately, infants the sequered states with 1 of 4 Aemonphilics influenzes type be (HD) vaccines at 3, 4 and 5 months of days. After enrollment of 1, 566 infants, the separate available for 4.666 infants who received PEDIARIX administered concomitantly at separate sites with 1 of 4 Havaccines and for 768 infants in the control group that received HDIARIX, Hib vaccine, and oral poliovirus vaccine (OP) separately, infants the separate administration

an Infants With Solicited Local Reactions or Selected Syste

		PEDIARIX & Hib			INFANRIX, Hib, & OPV		
	Dose 1	Dose 2	Dose 3	Dose 1	Dose 2	Dose 3	
4	4,666	4,619	4,574	768	757	750	
.ocal [†]							
Pain, any	14.0	10.2	9.9	14.2	9.8	8.1	
Pain, grade 2 or 3	2.9	1.2	1.5	3.6	1.7	1.1	
Pain, grade 3	0.7	0.3	0.3	1.3	0.4	0.1	
Redness, any	18.6	26.6	25.6	16.1	21.4	20.8	
Redness, >5 mm	6.7	9.9	9.0	5.9	8.2	7.7	
Redness, >20 mm	1.2	1.0	1.1	1.8	0.7	1.1	
Swelling, any	12.7	18.5	18.4	9.6	12.9	13.6	
Swelling, >5 mm	5.6	7.7	7.8	3.6	5.2	4.8	
Swelling, >20 mm	1.2	1.6	1.5	1.3	1.1	1.2	
Systemic							
Restlessness, any	41.4	32.0	26.7	46.4	35.0	27.6	
Restlessness, grade 2 or 3	14.4	10.0	8.9	20.2	11.5	8.4	
Restlessness, grade 3	3.0	1.5	1.6	5.7	3.0	1.7	
ever [¢] , ≥100.4°F	25.1	19.3	19.7	13.2	13.1	11.2	
ever [¢] , >101.3°F	5.8	4.1	4.6	2.2	2.8	2.1	
ever [¢] , >103.1°F	0.3	0.5	0.7	0.3	0.3	0.5	
Jnusual cry⁵, any	24.9	16.5	13.1	36.5	19.7	14.3	
Jnusual cry⁵, grade 2 or 3	12.7	7.1	5.7	20.8	10.0	5.7	
Jnusual cry⁵, grade 3	3.9	1.7	1.4	6.8	2.1	1.1	
loss of appetite, any	17.9	13.3	12.5	19.1	16.2	11.3	
loss of appetite, grade 2 or 3	4.0	2.9	2.7	4.4	2.9	2.3	
loss of appetite, grade 3	0.6	0.5	0.4	0.5	0.7	0.0	

N = number or intrants in the intent-to-treat (ITT) cohort. Grade 2 defined as sufficiently discomforting to interfere with daily activities. Grade 3 defined as preventing normal daily activities. * Within 4 days of vaccination defined as day of vaccination and the next 3 days 1 Local reactions at the injection site for PEDIARIX or INFANRIX. * Bercha temperaturee

al cry lasting >1 hour.

study period, 6 subjects in the group that received PEDIARIX reported seizures. Two of these subjects had a nake developed afebrile seizures. The remaining 4 subjects had afebrile seizures, including 2 with infanti of the service of the seizures and 1 developed afebrile seizures. The remaining 4 subjects had afebrile seizures, including 2 with infanti of the service and afber the seizures, and 1 deseits. No after the seizures of the service is a service of the service and the services in a service of the services. The remaining 4 subjects had afebrile seizures, including 2 with infanti of deseits. No subject who received concentrating thrNARIX with was 0.13 per 1,000 doses (afebrile seizures 0.13 per 1,000 doses). No cases of hypotento-hyporesponsiveness, encephalopathy, or anaphylax interfety study are not known at this time. n this study, infants were also monitored for

In RNDwin at unit and the available from a US study designed to evaluate lot-to-lot consistency and a bridge for a new ese were the rates for local reactions and selected adverse events within 4 days of vaccination with PEDIARIX and fy with a this vaccine at 2, 4, and 6 months of age:

· · ·		PEDIARIX & Hib		
	Dose 1	Dose 2	Dose 3	
Local [†]	N = 482	N = 469	N = 466	
Pain, any	30.5	25.4	23.0	
Pain, grade 2 or 3	6.2	5.5	3.6	
Pain, grade 3	1.2	0.6	0.6	
Redness, any	25.3	32.6	35.6	
Redness, >5 mm	9.3	10.4	8.6	
Redness, >20 mm	0.6	1.5	1.3	
Swelling, any	15.1	16.6	22.3	
Swelling, >5 mm	6.8	6.2	6.4	
Swelling, >20 mm	1.0	1.3	1.3	
Systemic	N = 482	N = 469	N = 467	
Restlessness, any	28.8	30.3	28.5	
Restlessness, grade 2 or 3	7.1	9.0	9.4	
Restlessness, grade 3	1.0	1.1	0.6	
Fever ^t , ≥100.4 ^o F	26.6	31.3	25.9	
Fever ^t , >101.3 ^o F	2.9	6.2	4.7	
Fever ^t , >103.1 ^o F	0.0	0.2	0.6	
Fussiness, any	61.8	63.8	57.0	
Fussiness, grade 2 or 3	14.9	21.5	17.1	
Fussiness, grade 3	2.7	3.4	1.7	
Loss of appetite, any	21.6	19.8	18.8	
Loss of appetite, grade 2 or 3	3.1	3.2	2.4	
Loss of appetite, grade 3	0.2	0.4	0.0	
Sleeping more than usual, any	46.7	31.8	28.1	
Sleeping more than usual, grade 2 or 3	10.2	6.0	4.7	
Sleeping more than usual, grade 3	1.7	0.4	0.6	

sweet was completed). Grade 2 defined as sufficiently discomforting to interfere with daily activities. Grade 3 defined as preventing normal daily activities. * Within 4 days of vaccination defined as day of vaccination and the next 3 days. * Local reactions at the injection site for PEDIARIX. * Rectal temperatures.

retist lengenatures. In another US study, these were the rates for fever within 4 days following dose 1 (i.e., day of vaccination and the next 3 days) at 2 m age in infants who received FEDARX when administered concornitarity at separate sites with Hib and pneumococcal conjugate vacc those who received INFANRIX, ENGERIX-B° [Hepatitis B Vaccine (Recombinant)], IPV, Hib vaccine, and pneumococcal conjugate vac

Percentage of US Infants With Fever Within 4 Days of Dose 1* (ITT Cohort)					
	PEDIARIX, Hib, & Pneumococcal Conjugate (N = 667)	INFANRIX, ENGERIX-B, IPV, Hib, & Pneumococcal Conjugate (N = 333)	Separate Vaccine Group Minus Combination Vaccine Group		
Fevert	%	%	Difference (95% CI)		
≥100.4°F [±]	27.9	19.8	-8.07 (-13.54, -2.60)		
>101.3ºF	7.0	4.5	-2.54 (-5.50, 0.41)		
>102.2°F‡	2.2	0.3	-1.95 (-3.22, -0.68)		
>103.1°F	0.4	0.0	-0.45 (-0.96, 0.06)		
MAA 1	4.0	0.0	4 00 / 0 00 0070		

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Percentage of Moldovan Infants With Solicited Local Reactions or Selected Systemic Adverse Events Within 4 Days of Vaccination* (ITT Cohort) PEDIARIX & Hib

	Dose 1	Dose 2	Dose 3	
N	160	158	157	
Local [†]				
Pain, any	25.6	18.4	14.0	
Pain, grade 3	3.1	0.6	1.9	
Redness, any	41.9	41.8	47.1	
Redness, >20 mm	1.9	2.5	4.5	
Swelling, any	20.6	18.4	28.0	
Swelling, >20 mm	4.4	2.5	7.0	
Systemic				
Restlessness, any	13.1	10.8	8.9	
Restlessness, grade 3	1.3	0.6	0.6	
Fever [¢] , ≥100.4°F	14.4	11.4	5.1	
Fever [¢] , >103.1°F	0.0	0.6	0.0	
Fussiness, any	25.0	21.5	17.8	
Fussiness, grade 3	2.5	0.6	0.6	
N = number of infants in the intent-to-treat	(ITT) cohort (infants who received	the indicated vaccine and for wh	om at least one symptom sheet	

ompleted). 3 defined as preventing normal daily activities. n 4 days of vaccination defined as day of vaccination and the next 3 days. I reactions at the injection site for PEDIARIX. Rectal ter

Nectal temperatures. Withough there was no comparator group who received PEDIARIX without a birth dose of hepatitis B vaccine, available data suggest that some ocal adverse events may occur at a higher rate when PEDIARIX is administered after a birth dose of hepatitis B vaccine.

Local adverse events may occur at a higher rate when PDDARX is administered after a bit does of hepatitis 5 vaccine. As with any vaccine, there is the possibility that broad use of PEDARX is administered after a bit does of hepatitis 5 vaccine. As with any vaccine, there is the possibility that broad use of PEDARX is administered after a bit tho does of hepatitis 5 vaccine. As with any vaccine, there is the possibility that broad use of PEDARX is administered after a bit tho does of hepatitis 5 vaccine. As with any vaccine, there is the possibility that broad use of PEDARX is administered after a bit tho does of hepatitis 5 vaccine. As with any vaccine, there is the possibility that broad use of PEDARX is administered after a bit tho does of hepatitis 5 vaccine are administered after a bit tho does adverse events for which 20 or more reports were received with the exception of thus subscreption, diopathic thromboylopenic purpura, thrombocylopenia, araphylacit creaction, angiodem, encophalographyl, hypotoni-"hyporesporsive episode, and adpect for which 120 or broat were received. These latter events are included either because of the seriousness of the event or the strength of causai connection to components of this or other avacnies or drugs. Body as *whole*. Atherine, it new:", headraw, budnet, iteration, 'a cardiovaccular essents', Nortaking', Pudardin, Puptoria, 'hypotoria-'', hypotoria-'', hypotoria-

ble to reliably estimate their frequency or establish a causal relationship to vacoritation. Reporting Adverse Events: Report the occurrence following immunization of any event set forth in the Vaccine Injury Table from the National follihood Vaccine Injury Ast Induiting: Anaphytacis or anaphytacit shortkow Within 7 days, encephaliopatity or encephalities within 7 days, brachlain neuritis Within 25 days, or an acute complication or sequelae (including death) of an liness, disability, injury, or condition referred to above, or any events that would contraincidate Wither doess of FEDANC The VARSE to II-fere number is -800-822-7967. Manufactured by GlaxoSmithKline, Beaserach Triangle Park, NC 27709 PEDARDX is a trademark and TIP-LOK, INFANRDX, and ENGERDA B are registered trademarks of GlaxoSmithKline.

BRS-PE:L2

Full prescribing information for PEDIARIX is available at www.GSKVaccines.com/Pediarix.

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cluding in vending machines and school stores," according to a statement from Sen. Tom Harkin's (D-Iowa) office. His bill (S. 2592) had six cosponsors; its House of Representatives counterpart (H.R. 5167) was introduced by Rep. Lynn C. Woolsey (D-Calif.). The bill would require the U.S. Department of Agriculture to revise its definition of "food of minimal nutritional value." The bill is supported by the American College of Preventive Medicine, the American Public Health Association, the American Cancer Society, and the American Diabetes Association, among other organizations.

Teen Lawn Mower Injuries Rev Up

Youth aged 15-19 years had the highest rate of hospitalizations from lawn mower injuries, and injuries to those under age 15 years increased substantially from 1996 through 2003, according to a study published in the Annals of Emergency Medicine (2006;[doi:10.1016/j.annemergmed. 2006.02.020]). Vanessa Costilla of Rice University, Houston, and Dr. David M. Bishai of Johns Hopkins University, Baltimore, looked at data from the National Electronic Injury Surveillance System and found 663,393 lawn mower injuries treated in U.S. emergency departments-an average of 74,000 visits per year. Debris from under the mower hitting a bystander was the most common mechanism for lawn mower injury; in children aged 15 years and younger, burns from hot surfaces and running over an extremity were also frequent mechanisms for injury. Such injuries would be "completely preventable if children could be kept away from lawn mowers" and out of yards when mowers are being used, the authors wrote. "Health professionals and community educators can take an active role in warning parents about the dangers of lawn mowers.'

Children's Health Study Funding Cut

A national study on children's health that would return "significant value to the taxpayers" has been slashed from the Bush administration's budget proposal for the National Institutes of Health, according to Rep. Doris O. Matsui (D-Calif.). The National Children's Study, the largest longterm study of human health and development ever conducted in the United States, aims to examine many aspects of children's lives, from family genetics to the social and behavioral environment in which children develop. The study is designed to observe 100,000 children from birth to their 21st birthdays. Pregnant women, couples planning pregnancy, and women of childbearing age not planning pregnancy also are among the subjects. Enrollment of 250 newborns each year for 5 years was set to start in 2007. Some families are already on waiting lists, according to a spokeswoman for Rep. Matsui. "Should the study's research reduce the incidence of childhood injuries, autism, asthma, schizophrenia, and obesity by just 1%-an extremely conservative estimate-the study would pay for itself twofold within 1 year," said the spokeswoman. The Children's Health Act of 2000 authorized the National Institute of Child Health and Human Development and a consortium of federal agencies to conduct the study.