

## POLICY & PRACTICE

### SCHIP Funds Reallocated

Pediatricians in 12 states and five territories who feared that State Children's Health Insurance Program (SCHIP) money would run out can breathe a little easier; federal checks to their programs are in the mail. The Centers for Medicare and Medicaid Services announced that unspent funds would be reallocated to states in greatest need, an established process. This year, the surplus totaled \$173 million, falling "far short of the \$456 million that was needed to keep every SCHIP program running," CMS said in a statement; therefore, the remaining funds were appropriated via the Deficit Reduction Act. States such as Illinois needed the extra funds because they are "doing a great job" of enrolling children and adolescents in SCHIP, said Dr. Mark Rosenberg, a Chicago pediatrician who serves on a governmental affairs committee for the American Academy of Pediatrics. Of the funds redistributed, Illinois received \$117.5 million; Iowa, \$6 million; Maryland, \$13.7 million; Massachusetts, \$21.9 million; Minnesota, \$20 million; Mississippi, \$73.6 million; Missouri, \$8 million; Nebraska, \$15.7 million; New Jersey, \$105.6 million; North Carolina, \$2.8 million; Rhode Island, \$66 million; and South Dakota, \$0.5 million. The SCHIP program differs from Medicaid, an open-ended program under which states can ask for matching funds, according to CMS. Under SCHIP, allocations of federal money are made based on a 3-year budget estimate.

### Boost Active Living in 2006-2007

Sustainable active-living policies have the best chance of reversing current trends in pediatric obesity, and the 2006-2007 school year brings a new opportunity for pediatricians to advocate such policies. Writing in the journal *Pediatrics*, the Council on Sports Medicine and Fitness and Council on School Health said that federal legislation reauthorizing the Supplemental Nutrition Program for Women, Infants, and Children program has created that window. That law requires every school getting funding through the National School Lunch and/or Breakfast Program to develop a local wellness policy with a particular focus on obesity. "[Physical education] curricula and instruction should emphasize the knowledge, attitudes, and motor and behavioral skills required to adopt and maintain lifelong habits of physical activity," the authors recommended, citing a study of 9,751 kindergarten students in which overweight girls significantly reduced their body mass index when physical education instruction time expanded. "Despite a significant increase in PE class time, there was no interference with academic attainment, and some achievement test results improved," the authors said. But PE is not enough, and neither are organized sports, they noted. Children and adolescents should be encouraged to accumulate at least 60 minutes of physical activity a day, they said.

### Bullying May Discourage Exercise

Bullying may deter overweight youth from physical activity, a preliminary study found. Eric A. Storch, Ph.D., and his colleagues at the University of Florida surveyed 92 at-risk-for-overweight and overweight children and adolescents who attended a sched-

uled appointment at the University of Florida Pediatric Lipid Clinic and asked them about peer victimization, psychosocial adjustment, and physical activity. "Overall, peer victimization was negatively associated with physical activity and positively associated with self-reports of depressive symptoms, anxiety, loneliness, and social physique anxiety, and parent reports of internalizing and externalizing behavior problems," the authors wrote. The Social Skills Group Intervention can help in the school environment, they continued in the April edition of the *Journal of Pediatric Psy-*

chology. Clinicians might "discuss the methods of countering bullying and help the youngster problem-solve ways to exercise without risking being bullied," they added. However, the bullying may not always result from "being different" by virtue of greater body mass. Social skills deficits and disruptive behavior might also be factors, Dr. Storch and colleagues noted.

### Underage Drinking Up—and Down

Underage alcohol use was up in California and Wisconsin in 2003-2004, compared with a year earlier, but down in Michigan and South Carolina, according to a new report from the Substance Abuse and Men-

tal Health Services Administration (SAMHSA). The survey found that the percentage of 12- to 20-year-olds using alcohol within the past month rose from 24.7% to 26.3% in California and from 34.7% to 38.3% in Wisconsin. The percentage fell in Michigan, from 31.8% to 30.2%, and in South Carolina, from 27.3% to 24.1%. "While we are making progress on drug and tobacco use among youth, underage drinking continues as a stubbornly persistent problem," said SAMHSA Administrator Charles Curie. "It's time to change attitudes toward teen drinking from acceptance to abstinence."

—Nancy Nickell

# 25,827 Cases

of Pertussis Reported in 2004—a 45-Year High<sup>1,2</sup>

## Prevent Them

### Safety Information

There are risks associated with all vaccines. Local and systemic adverse reactions to DAPTACEL vaccine may include redness, swelling, or tenderness at the injection site, fever, irritability, and drowsiness. Other local and systemic adverse reactions may occur.

DAPTACEL vaccine is contraindicated in persons with a hypersensitivity to any component of the vaccine. In addition, it is contraindicated in persons with any immediate anaphylactic reaction or encephalopathy not attributable to another identifiable cause after a previous dose of DAPTACEL vaccine. Because intramuscular injection can cause injection site hematoma, DAPTACEL vaccine should not be given to persons with any bleeding disorder, such as hemophilia or thrombocytopenia, or to persons on anticoagulant therapy unless the potential benefits clearly outweigh the risk of administration. If the decision is made to administer DAPTACEL vaccine in such persons, it should be given with caution, with steps taken to avoid the risk of hematoma formation following injection.

### Indications and Usage

DAPTACEL vaccine is indicated for the active immunization of infants and children 6 weeks through 6 years of age (prior to 7th birthday) for the prevention of diphtheria, tetanus, and pertussis (whooping cough). DAPTACEL vaccine is recommended for administration as a 4-dose series at 2, 4, 6, and 17 to 20 months of age. The interval between the 3rd and 4th dose should be at least 6 months. It is recommended that DAPTACEL vaccine be given for all doses in the 4-dose series because no data on the interchangeability of DAPTACEL vaccine with other DTaP\* vaccines exist. As with any vaccine, vaccination with DAPTACEL vaccine may not protect 100% of individuals.

Please see brief summary of Prescribing Information for DAPTACEL vaccine on adjacent page.

**References:** 1. Centers for Disease Control and Prevention (CDC). Notice to readers: final 2004 reports of notifiable diseases. *MMWR*. 2005;54(31):770-780. 2. CDC. Summary of notifiable diseases, United States—1994. Published Oct. 6, 1995 for *MMWR*. 1995;43:77. 3. Gustafsson L, Hallander HO, Olin P, Reizenstein E, Storsaeter J. A controlled trial of a two-component acellular, a five-component acellular, and a whole-cell pertussis vaccine. *N Engl J Med*. 1996;334:349-355. 4. Gustafsson L, Hallander H, Olin P, Reizenstein E, Storsaeter J. Efficacy trial of acellular pertussis vaccines: technical report trial I with results of preplanned analysis of safety, efficacy and immunogenicity. Stockholm, Sweden: Swedish Institute for Infectious Disease Control; 1995. Contract N01-AI-15125. 5. WHO meeting on case definition of pertussis: Geneva, 10-11 January 1991; Geneva, Switzerland: World Health Organization, 1991:4-5. Issue MIM/EPI/PERT/91.1.