Chairperson’s Report

Steven E. Rubin, MD, FAAP

I hope all of you had a great summer, likely the closest one to normal we’ve had in a while. The proverbial light at the end of the tunnel is certainly getting very bright as more and more restrictions are lifted and the incidence, prevalence, and (most importantly) mortality figures keep plummeting.

Our Section and individual members have been busy over the past few months, but we are most proud that one of our own, Susan H. Day, MD, will be a most deserving Orbital Gala Honoree at the AAO Annual Meeting in Chicago, taking place at the Adler Planetarium on October 2nd. There are few, if any of you, out there who have not benefitted from her efforts in the name of our patients, pediatric ophthalmology in general, and ophthalmic training. She is also this year’s AAO Marshall M. Parks lecturer (ROP: From “Plus” Disease to “Plus” Contributions!). Another of our illustrious members, past Section Chairperson and past AAO Councilor, Gregg T. Lueder, MD, FAAP, will be the Leonard Apt lecturer and awardee at the Pediatric Subspecialty Day meeting; his presentation is titled “Thirty Years of Pediatric Ophthalmology: Thoughts and Thanks”. We will be happy to hear his thoughts, but the thanks go to him for his myriad contributions. For more on the upcoming Apt Lecture, see page 4. Also in conjunction with the upcoming AAO meeting will be the AAP/American Association for Certified Orthoptists (AACO) joint symposium “Eye Care in the United States in 2022 - Orthoptists (ROP: From “Plus” Disease to “Plus” Contributions!).

We are pleased to announce the recent publication of a new Section-authored Policy Statement and accompanying Clinical Report on vision and concussion: “Vision and Concussion: Symptoms, Signs, Evaluation, and Treatment” by Christina L. Master, MD, FAAP; Darron Bacal, MD, FAAP; Matthew F. Grady, MD, FAAP; Richard Hertle, MD, FAAP; Ankoor S. Shah, MD, PhD; Mitchell Strominger, MD, FAAP; Sarah Whitecross, MMedSci, CO; Geoffrey E. Bradford, MD, MS, FAAP; Flora Lum, MD; Sean P. Donahue, MD. PhD and “Evaluation of the Visual System Made Fast, Easy, and Accurate” (to be given by Dr. Geoff Bradford), a clinical skills lab on “Eye Examination Skills Using the Ophthalmoscope” (to be given by Drs. Bob Gross and Doug Fredrick, whose run of thirty-plus years of consecutive presentations was unfortunately yet another casualty of the pandemic), and a seminar entitled “Rapid Fire Visual Diagnosis in Pediatric Ophthalmology” (to be given by Drs. Daniel Karr and Gregg Lueder). Our thanks go to these Section members who have put in many hours for this teaching effort and who we know will represent us in splendid fashion.

Rounding out our involvement in upcoming national meetings, at the 2022 AAP National Conference and Exhibition, which will take place October 8-11 in Anaheim, the Section will sponsor a seminar titled “Early Childhood Vision Screening Made Fast, Easy, and Accurate” (to be given by Dr. Geoff Bradford), a clinical skills lab on “Eye Examination Skills Using the Ophthalmoscope” (to be given by Drs. Bob Gross and Doug Fredrick, whose run of thirty-plus years of consecutive presentations was unfortunately yet another casualty of the pandemic), and a seminar entitled “Rapid Fire Visual Diagnosis in Pediatric Ophthalmology” (to be given by Drs. Daniel Karr and Gregg Lueder). Our thanks go to these Section members who have put in many hours for this teaching effort and who we know will represent us in splendid fashion.

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Chairperson’s Report
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another new joint AAP/AAO/APOS/AACO statement coming down the ‘pike’ shortly on “Screening for Early Detection of Ocular Disorders in Two Populations: Children With Juvenile Idiopathic Arthritis and Children Being Treated With Hydroxychloroquine,” an initiative we’ve been working on with the AAP Section on Rheumatology.

We encourage you to get involved with the work of the Section and the AAP by bringing issues you are passionate about to the table for discussion. Dr. Ann Ostrovsky recently did just that, approaching the Executive Committee with the suggestion that pediatricians need more education on eye disorders in children with Down Syndrome. Her interest in this topic and interaction with leadership resulted in the publication of a excellent article by Dr. Ostrovsky in AAP News in May 2022, “Early Diagnosis of Eye Conditions in Children with Down Syndrome may Prevent Lifelong Disability,” reprinted on page 9 of this newsletter.

In addition to elections for the US House of Representatives, even-numbered years for us mean leadership transitions. Dr. Donny Suh will shortly take over as our new Section Chairperson, with Dr. Sylvia Yoo as the new Chairperson-Elect, so we will be in excellent hands going forward. They have proven themselves thus far equipped with the necessary tools to keep us moving forward. To further hone her leadership skills and tools, Dr. Yoo will be a participant in the AAO’s Leadership Development Program Class of 2023. We offer our sincere collective thanks to Dr. Dan Karr, also a past Section Chairperson (among many other things), who will be rotating off as our AAO Councillor on January 1, to be replaced by Dr. Geoff Bradford, also a past Section Chairperson and still Editor of this Newsletter, to whom we also offer our gratitude for the many years of service to the Section (with more to come, apparently). Many thanks also go to John Roarty whose term on the Executive Committee will conclude on October 31. As we bid farewell to some, we are rolling out the welcome mat for two newly elected Executive Committee members, Drs. Alina Dumitrescu and Mitch Strominger, and we look forward to their contributions. For more details on all of these upcoming leadership transitions, please see page 6.

With this being my last newsletter column before my term as Section Chairperson comes to a close on Halloween (please draw no conclusions from that!), I feel obligated to let our Section know how proud and honored I am to be but a small part of a larger group that could not be more energetic, supportive, and collegial in fulfilling our collective mission of furthering the health and well-being of our young patients, either directly or through our efforts to educate their pediatricians. And, finally, in stark contrast to the revolving-door makeup of the Executive Committee (well evidenced by my update on upcoming leadership transitions), one constant for which we have been the fortunate beneficiary is our Section Manager, Jen Riefe, MEd, who has been keeping the Section running for 13 years, since 2009. Just like a manager of a major league baseball team, the necessary skill set is quite varied, and she uses those skills masterfully, in addition to providing us with consistency and “institutional memory” which no one single Executive Committee member could possibly do. We as a group, and myself individually, owe her our sincere thanks for her service and dedication to our mission.

As we move onward, changed as we have been from the unprecedented events of the past two-and-a-half years, may we enjoy the benefits of what we have learned and use them for ourselves, our families, and our young patients in the months and years to come.

Thank you all for your support during my two years as Chair. We rely on our members for so much so please keep doing what you’re doing.

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Fall 2022 Report on Section Activities Available Here

- Governmental Activities
- Socioeconomic Activities
- Public Service Activities
- Membership Activities
- Educational Activities
- Publications/Policy
- Workforce
- Leadership Notes/Representation

SEEEN IN:

*Pediatrics, Pediatrics in Review, NeoReviews, & AAP Grand Rounds*

- Hyperbilirubinemia in an Infant with Delayed Eye Tracking – September 2022
- Epidemiology and Management of Orbital Cellulitis – September 2022
- Neonatal Conjunctivitis – September 2022
- Retinopathy of Prematurity: A Global Perspective and Recent Developments – August 2022
- A Male Infant with Encephalopathy, Cataract, and Immune Dysfunction – August 2022
- Eye Swelling and Weight Loss in an 18-year-old Adolescent – June 2022
- Case of Bleeding Eye with Thrombocytopenia – June 2022
- Differences Between Viral Meningitis and Abusive Head Trauma – June 2022
2022 Pediatric Ophthalmology Subspecialty Day

In conjunction with the American Association for Pediatric Ophthalmology and Strabismus and the American Academy of Pediatrics

Pediatric Ophthalmology in the Roaring 20s
Take an in-depth look at both common and complex cases, learn specific technical pearls and debate treatment options, then explore advances in clinical practice.

Friday, Sept. 30

Program Directors
David K. Wallace, MD, MPH and David G. Morrison, MD

Program Planning Group
Robert A. Clark, MD; David K. Coats, MD; Sergul A. Erzurum, MD; Sharon F. Freedman, MD; Nandini G. Gandhi, MD; Amy K. Hutchinson, MD; David G. Morrison, MD; Deborah K. VanderVeen, MD and David K. Wallace, MD, MPH

Mission Statement
The 2022 Pediatric Ophthalmology Subspecialty Day will promote a better understanding of specific pediatric ophthalmology and strabismus conditions, in the context of the whole patient, to facilitate better treatment outcomes. The program will provide participants with an understanding of recent developments in the field and an appreciation of current challenges and controversies.

Goals
The goals of this program are to:

• Provide attendees with a broad-based update on the diagnosis and management of pediatric ophthalmology and strabismus conditions and to improve outcomes.
• Update attendees on surgical options for complex strabismus and reoperations.
• Guide attendees in strategies for addressing pediatric oculoplastics conditions, pediatric retinal diseases, and myopia control.
• Update attendees on innovative strategies toward clinical practice in the era of COVID-19.
• Allow participants to understand and apply emerging evidence-based studies to clinical disease management.
• Update attendees on current “hot topics” in pediatric ophthalmology subspecialties and give them tools for addressing these controversies and for diagnosing and managing these diseases.

Program Objectives
This meeting will enable attendees to:

• Improve their ability to diagnose and manage pediatric ophthalmology and strabismus conditions.
• Improve their outcomes in the management of pediatric ophthalmology and strabismus conditions.
• Explain recent advances in pediatric oculoplastics, pediatric retina, and myopia control.
• Apply the best evidence to clinical disease management in pediatric ophthalmology.

New AAP Advocacy Report Highlights Federal & State Advocacy
Be sure to check out the Academy’s fall 2022 advocacy report, which provides an in-depth look at advocacy activities at the federal and state level impacting child health. Read the report here.
Leonard Apt Lectureship to Take Place at Pediatric Ophthalmology Subspecialty Day – September 30th

This year’s Subspecialty Day Meeting will feature Dr. Gregg Lueder as the recipient of the AAP’s Leonard Apt Lectureship Award, given biennially since 2000 to recognize internationally known experts in fields that are considered relevant to understanding disease processes and/or treatments in pediatric ophthalmic patients.

2022 Leonard Apt Lectureship Award
Gregg T. Lueder, MD, FAAP
Friday, September 30
9:32-9:58 AM CST
McCormick Place, E450
Chicago, IL

The Lecture is supported by the Leonard Apt Endowment

Thirty Years of Pediatric Ophthalmology: Thoughts and Thanks

Leonard Apt was the first physician to become board-certified in both pediatrics and ophthalmology. Following in his footsteps, it has been a pleasure to combine these two fields during my career. The Apt lecture will review major advances in pediatric ophthalmology over the past three decades, share some of the best advice I have received throughout my life, discuss how one can establish an academic career outside of a laboratory, and highlight potential future areas of research.

About Dr. Lueder
Gregg Lueder completed a pediatric residency at St. Louis Children’s Hospital in 1988. He then completed an ophthalmology residency at the University of Iowa in 1991. Following residency, he completed a one-year fellowship in pediatric ophthalmology at the Hospital for Sick Children in Toronto. He is board certified in both Pediatrics and Ophthalmology. Dr. Lueder has been a faculty member at Washington University Medical Center in St. Louis, Missouri, since completing his training, practicing primarily at St. Louis Children’s Hospital. He was promoted to the rank of Professor of Ophthalmology and Visual Sciences and Pediatrics in 2006. His research interests include ophthalmic manifestations of pediatric systemic disease, lacrimal disorders, and ophthalmic education for pediatricians. Dr. Lueder has received a senior honor award from the American Association for Pediatric Ophthalmology and Strabismus and a senior achievement award and secretariat award from the American Academy of Ophthalmology and has been listed in America’s Best Doctors since 1996. He has served as chair of the pediatric book for the American Academy of Ophthalmology Basic and Clinical Sciences course. He is an associate editor of the Journal of the American Association for Pediatric Ophthalmology and Strabismus. He became a member of the American Ophthalmological Society in 2014. He is past chair of the American Academy of Pediatrics Section on Ophthalmology. He has authored or co-authored over 100 peer-reviewed manuscripts and has written several book chapters. He authored the book Pediatric Practice: Ophthalmology, an ophthalmic guide for pediatricians, in 2011.

About the Leonard Apt Lectureship Award and Dr. Apt

The award is named in honor of Dr. Leonard Apt who was the first physician to be board-certified in both pediatrics and ophthalmology. The Leonard Apt Lecture pays tribute to Dr. Apt not only for his educational and scientific contributions, but also for his pioneer role in helping to create pediatric ophthalmology as a new medical subspecialty.

Dr. Apt was a pioneer in the fields of Pediatrics, Surgery, and Pediatric Ophthalmology. He was the first physician to be board-certified in both pediatrics and ophthalmology, served as the first National Institutes of Health Special Fellow in Pediatric Ophthalmology, and organized the first formal training program for the new specialty. Dr. Apt became a member of the American Academy of Pediatrics in 1953. For many years, he served as the principal ophthalmology consultant for the AAP. At that time, neither the AAP Section on Ophthalmology nor the American Association for Pediatric Ophthalmology and Strabismus existed. Dr. Apt was instrumental in the formation of the AAP Section on Ophthalmology and was an active member of the AAP Section on Surgery and the AAP Section for Senior Members for many years.

Dr. Apt has contributed over 300 publications to the medical literature, including his landmark development of the famous “Apt” test for fetal maternal compatibility. In 1963, Dr. Apt reported on the use of povidone-iodine as a potent and safe antiseptic for eye surgery—a worldwide standard for eye surgical preparation that persists today. He worked with colleague, Sherwin Isenberg, MD, to promote successful use of povidone–iodine in treating blinding eye conditions in third world countries.

In addition, Dr. Apt was an active community member with numerous contributions to the arts, sciences and charitable causes. He was a founding member of the prestigious Jules Stein Eye Institute in Los Angeles and has endowed both a fellowship and a chair at that institution.

Past Apt Lectures

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<tr>
<th>Year</th>
<th>Lecturer Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>2020</td>
<td>Sean Donahue, MD PhD FAAP</td>
<td>Surgical Management of Infantile Nystagmus</td>
<td>2013</td>
<td>Joseph Demer MD PhD</td>
<td>Strabismus</td>
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<td>2017</td>
<td>Marilyn T. Miller MD</td>
<td>Zika Virus</td>
<td>2011</td>
<td>Jerry A Shields MD and Carol Shields MD</td>
<td>Ocular Oncology</td>
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<td>2015</td>
<td>Alex V. Levin MD MHSc FRCSC</td>
<td>Child Abuse</td>
<td>2009</td>
<td>Sherwin Isenberg, MD</td>
<td>Pediatric Blindness</td>
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<tr>
<td>2007</td>
<td>Carol Berkowitz MD FAAP</td>
<td>Child Abuse Prevention</td>
<td>2005</td>
<td>Edwin Stone MD PhD</td>
<td>Ocular Genetics</td>
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<td>2002</td>
<td>Mark Siegler MD</td>
<td>Bioethics</td>
<td>2001</td>
<td>Bennett A Shaywitz MD FAAP and Sally E Shaywitz MD FAAP</td>
<td>Dyslexia</td>
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<td>2000</td>
<td>Jane Bronwyn Bateman MD FAAP</td>
<td>Pediatric Anesthesia</td>
<td>2000</td>
<td>Jane Bronwyn Bateman MD FAAP</td>
<td>Cataract Genetics</td>
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American Academy of Pediatrics Joins Ophthalmology Organizations to Provide Guidance to Pediatricians on Vision Disorders Following a Concussion

Children may find it difficult to return to play or school after a concussion; Pediatricians can help identify if some will need special learning accommodations or additional referral for treatment

Most children and teens who report blurry vision, difficulty focusing and other vision disorders after concussion will recover on their own by four weeks, but up to one-third may need to be referred to a specialist for further assessment and treatment.

The American Academy of Pediatrics has co-authored a policy statement to help inform pediatricians on identifying visual symptoms of concussion and their severity, called, "Vision and Concussion: Symptoms, Signs, Evaluation, and Treatment." The policy statement, and an accompanying clinical report, "Evaluation of the Visual System by the Primary Care Provider Following Concussion," were published in the August 2022 Pediatrics (published online July 18).

The AAP Section on Ophthalmology, the American Academy of Ophthalmology, the American Association for Pediatric Ophthalmology and Strabismus, and the American Association of Certified Orthoptists joined to write the policy statement and clinical report.

Concussion is a common injury in childhood affecting an estimated 1.4 million children and adolescents annually in the United States. Most pediatric concussions occur in sports or recreational settings, and can result in difficulty reading, blurred vision, difficulty focusing, and eye fatigue.

"While vision problems following a concussion typically resolve over time, they can have a substantial impact on children in their school and extra-curricular activities," said Christina L. Master, MD, FAAP, CAQSM, FACSM, FAMSSM, lead author of the statement and clinical report. "Pediatricians play a significant role in learning to identify kids who will need school accommodations and management of the injury throughout recovery, or even extra care from a specialist."

Specialists with experience in comprehensive concussion management – such as those in sports medicine, neurology, neuropsychology, physiatry and ophthalmology – can help with further assessment and treatment when necessary, according to the statement.

Children may find it challenging to return to school or activities, and a pediatrician can recommend academic accommodations such as larger font, preprinted notes, and temporary use of books on tape. Early identification and appropriate management of visual symptoms may help lessen the negative effects of concussion on children and adolescents and their quality of life while they recover from a concussion.

The AAP describes vision disorders associated with concussion, health equity implications, and special health care needs that need to be taken into consideration.

"Children are not always able to describe their symptoms clearly, and so these screening and diagnostic tools will help guide physicians when evaluating patients with concussions," Master said. "It’s important that we identify any problems with vision. They can have an enormous impact on a child or teen’s daily routines and quality of life."

Clinical Report Updates Recommendations for Care of Children With Down Syndrome: American Academy of Pediatrics


Typically, a diagnosis of Down syndrome is confirmed by chromosome analysis or suspected by prenatal screening. The report observes that Down syndrome is the most common chromosomal cause of intellectual disability, and that improvement in care and quality of life has increased the life expectancy of people with Down syndrome to average age 60.

The report, written by the AAP Council on Genetics, covers questions concerning prenatal intervention and breaks down the care and treatment of children with Down syndrome by age. These children may have many co-occurring medical conditions and cognitive impairment, and while the level of social-emotional functioning may vary, these skills may be improved with early intervention and therapy through early adulthood. The authors emphasize that continuing research is critical for directing the care for optimal outcomes of people with Down syndrome.
Section Leadership Announcements

**Thank You to Dr. Steven Rubin**

The Section is indebted to Dr. Rubin for his many years of dedicated service to our AAP Section on Ophthalmology Executive Committee. Dr. Rubin served as a Section Executive Committee member from 2013 to 2018, as Section Chairperson-Elect from 2018 to 2020 and as Section Chair for the past two years. He will become Immediate Past Chair on November 1st. He led the Section through some trying times as the COVID-19 pandemic ravaged the U.S. We are thankful for his thoughtful leadership and, of course, for his efficiency in running virtual meetings.

**About Our New Chairperson:**

Donny W. Suh, MD, FAAP, MBA, FACS works at the University of California, Irvine (UCI), Gavin Herbert Eye Institute and at Children’s Hospital of Orange County (CHOC). He is Professor and Chief of Pediatric Ophthalmology and the Eye Mobile Program in the Department of Ophthalmology, UCI. He completed his pediatric ophthalmology and strabismus fellowship at The Wilmer Eye Institute, Johns Hopkins University School of Medicine and his ophthalmology residency at The Eye Institute, Medical College of Wisconsin. He received his medical doctorate from Baylor College of Medicine in Houston, Texas, and he also received his Bachelor of Arts in biochemistry from Rice University in Houston, Texas.

Dr. Suh has been an active volunteer faculty of ORBIS Global Health Programs since 2000 and has traveled to South America, Europe, Asia, and Africa to provide medical and surgical services to the underserved as well as to teach the local ophthalmologists. In December 2021, he became an Orbis Medical Advisory Committee member.

He has been a Chief Editor for Medscape Online Reference since March 2016 and has published over 100 articles in major journals and chapters in major textbooks. Also, he is an Associate Editor of *Frontiers In Ophthalmology* and is on the Editorial Board.

He is actively involved with teaching medical students and residents in pediatrics and ophthalmology at the University of California, Irvine (UCI) School of Medicine and Children’s Hospital of Orange County (CHOC). He is currently involved in multiple Institutional Review Board (IRB) approved research projects and is actively working with UCI and Creighton medical students and residents in Pediatrics and Ophthalmology.

Dr. Suh is a past Chairman of the Annual Meeting Program Committee in pediatric ophthalmology for the American Academy of Ophthalmology (AAO) and was the President of Polk County Medical Society in Iowa in 2014, representing over 1,200 physicians in central Iowa advocating for patients and medical professionals. He has also served as the Annual Meeting Program Committee Chair for The Association for Research in Vision and Ophthalmology (ARVO) in his subspecialty.

Previously, he worked at the Children’s Hospital of Omaha as the Chief of Ophthalmology Service and Interim Surgeon-in-Chief. He was the John and Irene Graether Endowed Chair and Professor at the Department of Ophthalmology and Visual Sciences. He was also the Director of Fellowship in Pediatric Ophthalmology and Adult Strabismus at the University of Nebraska Medical Center.

Dr. Suh is actively involved with research with the Pediatric Eye Disease Investigation Group (PEDIG), which has been sponsored by the National Eye Institute (NIH) since 2000. He has numerous inventions with patents for surgical equipment and medical devices. He has been inducted into the American Ophthalmological Society (AOS), which was founded in 1864, and was voted “Inventor of the Year” in 2019 at University of Nebraska Medical Center.

In 2022, he was nominated and selected as the Bonnie Strickland Champion for Children’s Vision Award from the National Center for Children’s Vision and Eye Health at Prevent Blindness.

He enjoys golf, traveling, and spending time with family.

**Dr. Sylvia Yoo to Become Section Chairperson-Elect**

Dr. Sylvia Yoo, who has served as a Section Executive Committee member since 2018, will transition into the role of Chairperson-Elect on November 1st. Dr. Yoo will assume the role of Chair-Elect as Dr. Donny Suh steps into the position of Chairperson and as Dr. Steven Rubin becomes Immediate Past Chairperson. Dr. Yoo will serve two years as Chair-Elect, taking over as Section Chairperson in November 2024.

**About Our New Chairperson-Elect:**

Sylvia Yoo, MD, FAAP, is Associate Professor of Ophthalmology at Tufts University School of Medicine and has been dedicated to teaching medical students and both pediatrics and ophthalmology residents at Tufts Medical Center in addition to practicing in a suburban satellite office, working closely with referring pediatricians to provide the best care possible for mutual patients. She serves on the Tufts Ophthalmology Residency Program Evaluation Committee and has been invited for lectures locally and regionally, including at the New England Ophthalmological Society and the Eastern Regional Orthoptic Meeting. In addition to serving on the Executive Committee of the Section on Ophthalmology of the American Academy of Pediatrics, she has served on committees for the American Association of Pediatric Ophthalmology and Strabismus and is Past President of the Massachusetts Society of Eye Physicians and Surgeons, an advocacy group for Massachusetts ophthalmologists.

Dr. Yoo completed residency in Pediatrics at Stanford University, followed by Ophthalmology residency at UCLA. She then went on to a fellowship in Pediatric Ophthalmology and Strabismus at Johns Hopkins Hospital.

(Continued on page 7)
Section Leadership Announcements
(Continued from page 6)

Dr. Sylvia Yoo Selected to Participate in the AAO’s Leadership Development Program (LDP) Class of 2023

The purpose of the American Academy of Ophthalmology (AAO) Leadership Development Program is to provide both orientation and skill development to future leaders of state, subspecialty and specialized interest societies. Dr. Yoo was nominated by our AAP Section on Ophthalmology to participate.

The class will begin with a LDP Orientation Session at AAO 2022, the Academy’s annual meeting in Chicago. They will meet again in San Francisco on January 12-15, 2023, for a joint session with the Pan-American Association of Ophthalmology’s (PAAO) Curso de Liderazgo, the Curso Class of 2022-2024.

Congratulations Dr. Yoo!

Two New Executive Committee Members to Join Section Leadership Team; Dr. John Roarty to Bid Farewell

Please join us in welcoming Dr. Mitchell Strominger and Dr. Alina Dumitrescu to the Section leadership. Effective November 1, 2022, Drs. Strominger and Dumitrescu will take on the responsibilities of Section Executive Committee Member, assuming Dr. Yoo’s open position as she transitions into the role of Chair-Elect and also Dr. John Roarty’s position as he closes out 6 years of service to the Section. Thanks are due to John for his outstanding contributions to the Section over the years.

About Our New Executive Committee Members:

Alina Dumitrescu, MD, FAAP

I am a clinical associate professor of pediatric ophthalmology in inherited eye disorders and am passionate about education. I enjoy teaching and mentoring medical students, ophthalmology residents, fellows, faculty, and trainees in other disciplines (pediatrics, neurology), and medical providers at a local, national, and international level. Educating patients and families about complex conditions, such as inherited eye disorders and new diagnostics and treatments, is equally important to me.

During my career so far, it has been my pleasure to serve my department, the University of Iowa Carver College of Medicine, and national organizations through involvement and leadership positions in the American Association of Pediatric Ophthalmology and Strabismus (AAPOS) and the American Academy of Ophthalmology (AAO). My long-term career goals are to continue to expand my knowledge and the knowledge of my peers in the amazing field of ocular genetics and to improve the outcome of treatment of strabismus and retinopathy of prematurity (ROP). I plan to continue this work through collaborative multispecialty research, critical analysis of current and novel treatment modalities, and the development of objective endpoint measures to evaluate treatment outcomes.

I am committed to continuing to provide the best possible care to our patients, to provide outstanding training to the next generation of physicians, to advance the state of the art of ophthalmology and visual science through well-conducted research and ultimately to seek diagnosis and treatment for all pediatric eye disorders so no child will ever lose eyesight from a preventable or treatable disease.

Mitchell Strominger, MD, FAAP

Professor of Ophthalmology and Pediatrics, University of Nevada Reno School of Medicine

Medical School: Washington University School of Medicine, St. Louis

Internal Medicine Residency: University of Rochester

Ophthalmology Residency: Albert Einstein Neuro-ophthalmology Fellowship: Bascom Palmer Eye Institute

Pediatric Ophthalmology Fellowship: Manhattan Eye Ear and Throat Hospital

- Senior Honor Award - AAO (Self Assessment Committee Chair)
- Editorial Board - JPOS
- NEJM - Knowledge Base section editor
- > 50 peer reviewed articles published
- 6 Book Chapters

While in Boston and now here in Reno, Nevada, I have been heavily involved in organized medicine, pediatric education in regards to pediatric eye care, and have been a member of the AAP Section on Ophthalmology since its inception. In Boston I was a member of the Massachusetts Children’s Vision Coalition, working to set up legislation and networks in regards to pediatric eye care and vision screening. I also served as the vice president of the Massachusetts Society of Eye Physicians and Surgeons and was a Professor and Director of the Pediatric Ophthalmology Service at Tufts Medical Center. Since moving to Reno, I am in the process of forming the Nevada Children’s Vision Coalition, working with legislators, school nurses and the statewide vision services committees to improve and advance vision care and screening for Nevada’s Children. In addition, I am heavily involved in teaching pediatricians, pediatric residents and medical students about eye care issues and have given numerous lectures at both local and national meetings. I am also involved in helping to establish a pediatric residency here at the University of Nevada Reno.

Finally, and probably most importantly, I am the Vice President of the Nevada Chapter of the American Academy of Pediatrics. In this role I am involved in supporting all childcare issues in the state, and I represent all pediatrician interests locally and nationally.

As such, I have participated in leadership conferences at the national AAP level. I am also a co-author of the recently published AAP/AAO/AAPOS/AACO joint policy statement, “Vision and Concussions: Symptoms, Signs, Evaluation & Treatment” and its companion clinical report, “Evaluation of the Visual System by the Primary Care Provider Following Concussion.”

I am proud to be a member of AAP and SOOp and am honored to play a larger role nationally by becoming a member of the Executive Committee.

(Continued on page 8)
Section Leadership Announcements
(Continued from page 7)

Dr. Geoffrey Bradford to Assume Role of AAO Councilor; Thanks to Dr. Daniel Karr for His Service

Dr. Geoffrey Bradford, who served as a member of the Section Executive Committee from 2010-2016 followed by two years as Section Chairperson-Elect and two years as Section Chairperson, will assume the role of AAO Councilor as of January 1, 2023. He will serve three years in the role with re-appointment to a second three-year term possible in 2026.

Dr. Bradford replaces Dr. Daniel Karr in the role of AAO Councilor. Dr. Karr served in the role for three years. We are indebted to Dr. Karr for his service and dedication to the AAP and SOOp over the years and for the instrumental role that he played as a liaison between our organization and the AAO Council. Dan’s presence at our biannual section leadership meetings will certainly be missed.

5th Biennial AAP/AACO Symposium

Please join us for the 5th biennial joint AAP/AACO Symposium: Eye care in the United States in 2022 - Orthoptists and Pediatric Ophthalmologists as Collaborators in the Care of Immigrants and Refugees. The symposium will be held Monday, October 3rd in conjunction with the AAO Annual Meeting/National AACO Meeting in Chicago - at the Embassy Suites by Hilton Chicago Downtown Magnificent Mile (Salon D,E,F,G) from 8:00-10:00 am. There is no charge or pre-registration required; all are welcome!

About the Symposium

Topic: Eye care in the United States in 2022 - Orthoptists and Pediatric Ophthalmologists as Collaborators in the Care of Immigrants and Refugees

Background: According to the American Academy of Pediatrics, “Children of immigrants are the fastest growing population of children in the United States and have contributed to the entire growth in the nation’s child population over the past decade. Immigrant families are racially and ethnically diverse and immigrate for variety of reasons that may include seeking economic opportunity, reuniting with family, or fleeing war or violence. Pediatricians can play a special role in supporting the health and well-being of immigrant children in the United States. By recognizing the unique challenges and strengths that many immigrants experience; pediatricians can identify effective practice strategies and relevant resources that support health within the community.”

As integral members of the pediatric care team, orthoptists and pediatric ophthalmologists also contribute valuable support and care to this special population, as they present with distinctive conditions and pathology related to their specific backgrounds and histories.

Methods: This two hour symposium will present the following:

• Pediatric conditions, diseases, and health issues seen in the immigrant and refugee community, as well as discussion on advocacy and current legislative issues related to pediatric care in immigrant and refugee children (Yessenia Castro, MD, FAAP; 30 minutes in person)
• Forms of ocular disease, ocular trauma, and other conditions found in the immigrant and refugee community (Natalie Weil, MD; 30 minutes remote)
• Tips/tricks/examples of how to examine and best approach new immigrant children and their families as it relates to an eye exam (Kimberly Merrill, CO; 15 minutes in person)
• Case reports of various eye conditions in which both the patient’s health and immigrant/refugee status were important in diagnosis (Anna Schweigert, CO; 15 minutes in person)
• Q&A 15 minutes in person and via zoom

Conclusion: The audience should have a better understanding of the state of immigrant and refugee health in the United States and around the world upon completion of the lecture. In addition, attendees will know various diseases and conditions often seen in this population secondary to a lack of preventive care in developing countries and their effect on the eye and visual system.
Early diagnosis of eye conditions in children with Down syndrome may prevent lifelong disability

Ann Ostrovsky, MD, FAAP

Visual problems are common in children with Down syndrome (DS), with a reported incidence of approximately 57% (Roizen NJ, et al. J Pediatr. 2014;164:871-875). It is important that primary care providers are familiar with eye conditions prevalent in children with DS and, when necessary, make timely referrals for eye care.

Vision screening should be done routinely in all children as part of well-child care but can be challenging in children with Down syndrome. Depending on the child’s level of functioning, cooperation during the eye exam can be variable. Even for high-functioning individuals, assessment of visual acuity can be limited or difficult due to a variety of reasons, including poor recognition of commonly used visual acuity charts, uncorrected refractive errors or cortical visual dysfunction. In school-age children, Snellen letter testing may be inappropriate. Pictures (Lea symbols) may be a more suitable tool for assessing visual acuity.

Photoscreening also may be used to detect amblyogenic risk factors, including high refractive error and strabismus. For patients with lower levels of cognitive functioning or difficulties with communication, ophthalmologists can use retinoscopy to determine the refractive state of the eyes, even without full patient cooperation. Refractive errors such as myopia, hypermetropia and astigmatism then can be corrected with glasses.

Many young patients with DS exhibit accommodative insufficiency, or an inability to focus well during near work (Haugen OH, et al. Br J Ophthalmol. 2001;85:714-719). A bifocal may be required to see well at near, though some children may find the use of bifocals challenging. Failure to correct significant refractive errors by 8-9 years old may result in amblyopia and decreased visual potential.

It also is important to ensure that prescribed glasses are a good fit for the child’s face. Patients with DS have midface hypoplasia with low set ears that often do not fit traditional frames well. Glasses can be made by optical shops familiar with fitting frames for children, including those with the unique facial features associated with DS.

Screening for certain eye conditions that are more prevalent in this patient population is important to prevent morbidity associated with late diagnosis. Practice guidance for the timing of referrals for eye care and conditions is available in the AAP clinical report Health Supervision for Children and Adolescents with Down Syndrome, https://doi.org/10.1542/peds.2022-057010, as well as from the American Academy of Ophthalmology (“Trisomy 21/Down Syndrome”).

Several ocular conditions are more common in children with DS, including high refractive errors, strabismus, nystagmus, congenital or acquired cataracts, congenital glaucoma, nasolacrimal duct obstruction, blepharitis and keratoconus (Creavin AL, Brown RD. J Pediatr Ophthalmol Strabismus. 2009;46:76-82).

Strabismus, or misalignment of the eyes, may be congenital or develop in later infancy or childhood. Congenital nystagmus, an abnormal shaking of the eyes, can affect visual acuity and may evolve with age. Strabismus may be treated with glasses and sometimes requires additional treatment with eye patching and/or strabismus surgery to improve eye alignment and the potential for binocular vision.

Other conditions that affect infants with DS are cataracts and nasolacrimal duct obstruction. Congenital or acquired early cataracts may require early surgical treatment if they are amblyogenic, or they may not significantly affect visual development but should be monitored for progression. Nasolacrimal duct obstruction in children with DS may contribute to eye rubbing and has a higher failure rate with conventional probing and irrigation surgery, requiring more complex surgical interventions, possibly due to anatomic anomalies of the nasolacrimal duct (Lueder GT. J AAPOS. 2000;4:230-232).

Blepharitis occurs with greater prevalence in patients with DS. Blepharitis, an inflammatory condition of the eyelids, can lead to recurrent styes and conjunctival or corneal inflammation. Untreated blepharitis can predispose to frequent eye rubbing — a behavior that can be detrimental to corneal health and result in the development of keratoconus.

Keratoconus is a corneal degenerative disorder that typically manifests in the teenage years and early 20s and results in progressive thinning and conical protrusion of the cornea. This condition is 10 times more prevalent in patients with DS than in healthy children. These progressive corneal morphological changes translate to a gradual decrease in vision and eventually may lead to blindness. Up to 20% of untreated cases will require corneal transplants for visual rehabilitation.

Diagnosis relies on a high index of suspicion and assessment of corneal topography. Identification of corneal exam findings such as worsening visual acuity, significant shifts in glasses prescriptions, corneal irregularities and scissoring reflex on retinoscopy also aid ophthalmologists in making this diagnosis.

When diagnosed early, progressive disease can be stabilized by a procedure called corneal collagen crosslinking. The procedure involves exposing the cornea to vitamin B and ultraviolet light and results in mechanical strengthening of the weakened corneal tissue, preventing further corneal deformation and vision loss.

Children with DS commonly have eye conditions that affect their vision potential. Most of these conditions are treatable if diagnosed early, and treatment can prevent lifelong disability associated with poor sight. Optical rehabilitation is essential for optimizing the best potential for educational advancement, social integration and independence in children with DS.

Dr. Ostrovsky is a member of the AAP Section on Ophthalmology.

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Blueprint for Change for a System of Services for Children and Youth with Special Health Care Needs (CYSHCN)

The Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB) recently released a Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs. The document serves as a national agenda and framework to advance the system that serves children and youth with special health care needs (CYSHCN) to improve their lives and well-being.

Elements of the Blueprint

The Blueprint for Change is a framework described in a series of articles that comprise a supplement in Pediatrics. Together, they describe:

- The sizable, diverse population of CYSHCN
- The public health role in building a well-functioning system of services
- A rationale, guiding assumptions, principles, and strategies to achieve the vision
- The critical areas of equity, quality of life, access to services, and financing of services

This special supplement in Pediatrics is freely available and includes the Blueprint/introduction followed by seven articles:

- Introducing the Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs
- Guiding Principles for a System of Services for Children and Youth with Special Health Care Needs (CYSHCN) and their Families
- Children and Youth with Special Health Care Needs: A Profile
- Progress, Persistence, and Hope: Building a System of Services for CYSHCN and their Families
- Health Equity for Children and Youth with Special Health Care Needs: A Vision for the Future
- Quality of Life and Well-Being for Children and Youth with Special Health Care Needs and their Families: A Vision for the Future
- Access to Services for Children and Youth with Special Health Care Needs and their Families: Concepts and Considerations for an Integrated Systems Redesign
- Financing Care for CYSHCN in the Next Decade: Reducing Burden, Advancing Equity, and Transforming Systems

How You Can Help

Advancing the system for CYSHCN requires leadership, partnership, will, opportunity, persistence, and stakeholders coming together to achieve the vision presented in the Blueprint for Change.

Whether you are:
- Self-advocates, youth, family members, and family-led organizations
- Healthcare professionals at the community-level
- Public health professionals and leaders
- National organizations
- State and local organizations
- Academic institutions that support training for healthcare professionals and other allied professions
- Researchers
- Federal agencies

You can read the Blueprint and adopt it. Use it as a lens through which you take action. Advocate, inform, share, train, plan, educate others, allocate resources, and coordinate activities that help build a better healthcare system for CYSHCN.
AAP to Launch New Center of Excellence on Social Media and Youth Mental Health

Funding from the U.S. Department of Health and Human Services will allow AAP to create a healthier digital ecosystem for children and youth

The American Academy of Pediatrics was recently awarded $10 million ($2 million/year, renewable up to five years) from the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA). The funding will enable AAP to establish a National Center of Excellence on Social Media and Mental Wellness, which the AAP has named Center of Excellence: Creating a Healthy Digital Ecosystem for Children and Youth.

The center will serve as a centralized, trusted source for evidence-based education and technical assistance to support the mental health of children and adolescents as they navigate social media.

“We are thrilled to have been selected to lead and sustain vital work in an emerging field whose relevance has grown, especially over the past few years,” said AAP CEO Mark Del Monte, JD. “With our deep expertise in both mental health and in digital technology, and with the growing crisis in child and adolescent mental health continuing to be an area of organizational focus, there could not be a more important time for AAP to help confront these challenges and use our voice to make needed change for children and adolescents.”

AAP brings a unique developmental perspective to this work: Social media engagement starts in early childhood and continues through adolescence, where algorithms and marketing-driven incentives shape the content youth consume and share, impacting their online experience and mental health.

Accordingly, the center will be led by Medical Directors Megan Moreno, MD, MSEd, MPH, FAAP, whose work focuses on adolescents, and Jenny Radesky, MD, FAAP, whose work focuses on younger children. Dr. Radesky and Dr. Moreno were co-authors of the Academy’s current policy statements on media use by children and adolescents.

“As an adolescent medicine physician and researcher, I’ve focused my research career on the intersection of adolescent health and digital media,” said Dr. Moreno. “I am passionate about leveraging research findings for real-life impact for teens and their families, so I am excited to be part of this incredible team to provide families with evidence-based tools to navigate digital media.”

Dr. Moreno is Principal Investigator of the Social Media and Adolescent Health Research Team (SMAHRT); her research focuses on the intersection of technology and adolescent health. SMAHRT has contributed the largest body of evidence in the area of adolescent health and social media to date.

Dr. Radesky is incoming chair of the AAP Council on Communications and Media (COCM) and brings more than a decade of experience as a practicing pediatrician and academic researcher with expertise in child development and behavior, parenting, and media use in younger children.

“Healthy relationships with technology start in early childhood. I am grateful for this opportunity to provide resources that help families choose the digital experiences that are worth their children’s time and attention, raise kids who are critical thinkers about technology, and build social-emotional skills that will transcend online and offline spaces,” Dr. Radesky said.

Growing evidence has established both risks and benefits to social media use. Imbalances in these risks and benefits can harm mental health, exacerbate existing health disparities, and compound systemic inequities for youth.

The center’s goals are to:

1. Improve pediatric mental wellbeing by reducing the risks and leveraging the benefits of social media;
2. Build the capacity of individuals who work with youth to mitigate social media’s impact on mental wellbeing and promote healthy social media use, and
3. Synthesize and promote the evidence base and best practices for healthy social media use via communication, guidance, and other resources.

In addition to the medical directors, the center will be guided by a cross-sectoral Technical Expert Panel comprising educators, clinicians, youth, parent and community representatives, researchers, and industry representatives, and a diverse Youth Advisory Panel whose members will partner in the creation of content and activities.

The center will disseminate evidence around the risks and benefits of social media use and expand and translate the growing field of research around actionable solutions to protect youth mental health online, including family media plans, privacy protections, open communication with trusted adults, and mental health supports.

“Pediatricians have been alarmed for some time by the growing mental health crisis impacting children and adolescents, and we have much to understand about the role of social media in children’s healthy development,” said AAP President Moira Szilagyi, MD, PhD, FAAP. “This work will allow AAP to do what we do best: convene diverse experts, steep ourselves in the research, and work relentlessly, with children and adolescents at the center, until we can create a healthy digital ecosystem that supports and prioritizes their needs.”
American Academy of Pediatrics Releases 2022 Bright Futures/AAP Periodicity Schedule for Preventive Pediatric Health Care

The AAP encourages the continuity of health care and supervision from birth through adulthood.

The American Academy of Pediatrics has released its 2022 Bright Futures/AAP recommendations for preventive pediatric health care, also known as the Periodicity Schedule, adding recommendations to screen for depression and suicide risk to align with other existing guidance from AAP and other health care organizations.

The 2022 Recommendations for Preventive Pediatric Health Care were published in the July 2022 Pediatrics (published online June 21). The recommendations describe the screenings and assessments recommended at each well-child visit from infancy through adolescence, acknowledging that they are designed for the care of healthy children who are developing in a satisfactory fashion.

The 2022 Periodicity Schedule updates also include:

- Behavioral/social/emotional screening (annually from newborn to 21 years) to align with AAP policy, as well as recommendations and guidelines provided by the American College of Obstetricians American Academy of Child & Adolescent Psychiatry. This recommendation includes asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health.

- Assessing risk for hepatitis B virus (HBV) infection from newborn to 21 years (to account for the range in which the risk assessment can take place) to be consistent with recommendations of the U.S. Preventive Services Task Force (USPSTF) and the 2021-2024 AAP Red Book: Report of the Committee on Infectious Diseases.

- Assessing risk for conditions that can lead to sudden cardiac arrest or death for all children from 11 to 21 years (to account for the range which the risk assessment can take place) to align with AAP policy.

The Periodicity Schedule has been updated on the AAP.org website (www.aap.org/periodicitieschedule).

AAP Releases New Bright Futures Resources on Health Equity

Bright Futures: Health Equity Resources for Health Care Professionals

This new compendium of health equity resources includes tips and tools to prepare pediatric health care professionals to address the impact of racism, bias, and discrimination on the health and well-being of their patients and families. Pediatric health care professionals can use these resources in their practice/professional setting, for use in training, and for their own professional learning. These resources are designed to be used together, as a series, or as individual resources, based on the needs of the pediatric health care professional.

For more detailed information, please refer to the Introduction: How to Use These Resources document.
Membership Corner

Why Join the AAP Section on Ophthalmology?

• Connect with other surgeons and pediatricians through collaborations within the AAP
• Speak at AAP meetings and write pediatric ophthalmology policy to help increase the accuracy of referrals
• Proudly display the FAAP credential, identifying yourself as a specialist in the care of children
• Author articles and help shape public information on AAP’s popular patient education site, HealthyChildren.org
• Provide pediatric ophthalmology expertise to federal agencies that work closely with the AAP, such as the CDC and FDA
• Advocate for appropriate payment for services through CMS and the private payer sector
• Provide tangible support for local pediatricians who are the source of most patient referrals
• Opportunity to serve on the Section’s Executive Committee and sub-committees

Who Can Join?

• Fellows or Specialty Fellows must satisfy the following criteria:
  1. Certification by the American Board of Ophthalmology, the American Osteopathic Board of Ophthalmology, the Royal College of Physicians and Surgeons of Canada or the La Corporation Professionelle des Medecins du Quebec.
  2. Must have satisfactorily completed a one-year fellowship in Pediatric Ophthalmology in a program adhering to the American Association for Pediatric Ophthalmology and Strabismus (after 1996 and before 2006) guidelines or who has satisfactorily completed an Association of University Professors in Ophthalmology Fellowship Compliance Committee compliant fellowship in the year 2006 or later.
  3. Membership in the American Association for Pediatric Ophthalmology and Strabismus (as an Ophthalmologist Member) would fulfill requirements 1 and 2. Proof of membership must be submitted with the application.
• Fellowship Trainees and Candidate Members who are currently enrolled in or have recently completed a pediatric ophthalmology fellowship program.
• Resident Members currently enrolled in a pediatric or surgical residency training program who are considering an advanced training program in pediatric ophthalmology, and who are interested in contributing toward the mission of the section, may apply for membership.
• Medical Students with an interest in the field of pediatric ophthalmology.
• International Members who practice in pediatric ophthalmology may apply for membership.
• Section Affiliate membership Orthoptists who are certified by the American Orthoptic Council and who dedicate at least 50% of their practice to pediatrics.

More on membership criteria and fees available here.

How To Join?

1. Visit: http://bit.ly/joinSOOp; You will be directed to a page that requires an AAP account to login.
2. Scroll down to the “Create an Account” link
3. Once you have created an account, you can go back to the link in #1 above, enter your credentials, and apply to join AAP/SOOp; National dues are currently 50% off for SOOp Specialty Fellows.

Interested in Other AAP Sections & Councils?

In addition to the Section on Ophthalmology, the AAP has many other Sections and Councils, which are generally low cost membership add-ons. Depending on your interests, one of these may catch your eye! Note: this is just a snapshot of options; for a full list of AAP Sections and Councils, click here.

Section on Administration and Practice Management
Section on Advances in Therapeutics and Technology
Section on Bioethics
Section on Early Career Physicians
Section on Global Health
Section on Hematology-Oncology
Section on Infectious Diseases
Section on LGBT Health and Wellness
Section on Minority Health, Equity, and Inclusion
Section on Neurology
Section on Senior Members
Section on Telehealth Care
Section on Uniformed Services
Council on Child Abuse and Neglect
Council on Children and Disasters
Council on Children with Disabilities
Council on Clinical Information Technology
Council on Communications and Media
Council on Community Pediatrics
Council on Environmental Health and Climate Change
Council on Genetics
Council on Immigrant Child and Family Health
Council on Quality Improvement and Patient Safety
Council on School Health

Calling for Newsletter Articles! For our next SOOp newsletter, the Spring 2023 edition
Please send proposals to Geoff Bradford, Newsletter Editor, at bradfordg@hsc.wvu.edu by February 1, 2023.
Thank You to All of Our Current Members for Your Support

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David Wheeler
Janette White
R. Kevin Winkle
Erin Woeste
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Hawke Yoon
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Vignola, ITALY
Sheila Chamberlin
Burlington, VT
Samia Daghestani
Houston, TX
Megan Renee Evans
Maryville, IL
Alexandra Elizabeth Feschenko
Canton, MI
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Tbilisi, GEORGIA
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Hattiesburg, MS
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Worcester, MA
Joshua Tang
Weston, FL
Peggy Therriault
Southport, CT
Jonathan Thomas
Grand Terrace, CA
Ann Vines
Smyrna, GA
# AAP Section on Ophthalmology Executive Committee Roster 2021-22

<table>
<thead>
<tr>
<th>Name</th>
<th>Title &amp; Affiliation</th>
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<tbody>
<tr>
<td>Steven E. Rubin, MD, FAAP</td>
<td>Chairperson, Great Neck, NY</td>
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<tr>
<td>Donny Won Suh, MD, FAAP</td>
<td>Chairperson-Elect, Omaha, NE</td>
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<tr>
<td>Douglas Fredrick, MD, FAAP</td>
<td>Portland, OR</td>
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<td>Kanwal Nischal, MD, FAAP</td>
<td>Pittsburgh, PA</td>
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<td>John Roarty, MD, FAAP</td>
<td>Detroit, MI</td>
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<td>Sylvia Yoo, MD, FAAP</td>
<td>Boston, MA</td>
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<tr>
<td>Geoffrey E. Bradford, MD, FAAP</td>
<td>Immediate Past Chairperson, Morgantown, WV</td>
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<tr>
<td>George S. Ellis Jr, MD, FAAP</td>
<td>Section Historian, New Orleans, LA</td>
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<td>Honey Herce, MD, FAAP</td>
<td>Liaison, American Association for Pediatric Ophthalmology and Strabismus (AAPOS) Committee on Young Ophthalmologists (YO)</td>
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<tr>
<td>Daniel J. Karr, MD, FAAP</td>
<td>Liaison, American Academy of Ophthalmology Council (AAOC)</td>
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<td>Stacey Kruger, MD, FAAP</td>
<td>Liaison, American Academy of Ophthalmology (AAO)</td>
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<tr>
<td>Jennifer Lambert, CO</td>
<td>Liaison, American Association for Certified Orthoptists (AACO)</td>
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<tr>
<td>Christie L. Morse, MD, FAAP</td>
<td>Liaison, American Association for Pediatric Ophthalmology and Strabismus (AAPOS)</td>
</tr>
<tr>
<td>Jennifer Riefe, MEd</td>
<td>Section Manager, <a href="mailto:jriefe@aap.org">jriefe@aap.org</a></td>
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