A New Year, a New Look
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We kick off 2012 — Pediatric Annals’ 41st year in publication — with a new look, as well as a variety of new departments filled with practical information for the general pediatric practitioner.

We’re excited to have Stan L. Block, MD, FAAP, as our Healthy Baby editor and columnist (see page 14), as well as a section where I get to chat with leaders in our field (see page 40). Pediatric Roundtable (see page 38) is a series of discussions that focuses on advances in a variety of pediatric specialties over the past 40 years. Plus, Robert Listernick, MD, and colleagues still bring you their informative Firm Rounds (page 5), and as always we offer a monthly Case Challenge (page 9) to help you test your wits.

Send us your feedback about our new design and features to pedann@slackinc.com. I look forward to hearing from you.

Our CME offerings will remain single-focus each month. In this issue, guest editor Jeffrey Sugarman, MD, and colleagues offer detailed coverage of atopic dermatitis and its bacterial and viral complications; infections in inflammatory skin conditions; and psoriasis with practical management recommendations for the clinician.

In addition, two topics of great clinical relevance to the pediatric community are discussed in this issue: the just-released landmark National Institutes of Health (NIH) Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents, and the metabolic effects of sugar-sweetened beverages on children. These two topics relate directly to the pediatrician’s role in early prevention of adult heart disease and obesity.

We’ll be bringing you more about these subjects throughout the year, including in-depth looks at diabetes, metabolic syndrome, and pediatric cardiology.

NEW MALARIA VACCINE
I want to call your attention to recent, very exciting news regarding a new malaria vaccine for young children, which will save many lives but not add to the current overcrowded vaccine schedule used in the US. After many years of frustrating efforts, the vaccine is now far along in the pipeline and has shown promise in early clinical trials in seven African countries. According to the Nov. 17, 2011, issue of The New England Journal of Medicine, the Plasmodium falciparum vaccine is called

1. The New England Journal of Medicine, Nov. 17, 2011

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RTS, S/AS01 and is expected to be available around 2015. It is a hybrid of HBsAg fused with a recombinant portion of the circumsporozoite protein that serves as the protein coat of the sporozoite stage of P. falciparum.

Interim results from a large multicenter phase 3 trial of RTS, S/A01 involving more than 15,000 children 6 to 12 weeks and 5 to 17 months of age show about 56% protection against all malaria and 35% protection against severe malaria. Since malaria now affects about 225 million people annually worldwide, with 780,000 deaths primarily in African children, the vaccine would likely have a huge effect if widely implemented. It is anticipated that this vaccine would be part of a multifaceted attack on malaria, along with bed nets, insecticides, and artemisinin-based treatments.

**THIS MONTH’S STAMPS**

Stamps I’ve chosen to accompany this column include an interesting Malaysian stamp (see page 3) that illustrates various forms of malaria parasites (look closely).

The 2011 Israeli stamp depicts a doctor dressed as a clown examining a child (see page 3). This stamp honors Clown Care, a worldwide program to help improve doctors’ attitudes toward sick children (and child attitudes toward doctors). Real clowns are also involved in some areas, with the Big Apple Circus Clown Care unit first established in New York City in 1986.

The 2011 Austrian stamp shows a beautiful African child and honors CARE Austria (a member of CARE International), a relief and humanitarian organization that carries out projects in Africa, Asia, southeast Europe, and the Middle East.

The fourth stamp is from Serbia (2011) and highlights the need to “Stop Polio Now.” As of Nov. 23, there were 536 cases of polio reported worldwide for 2011; 254 were from endemic countries (Afghanistan, India, Nigeria, Pakistan); 282 from non-endemic countries. This total is about 40% fewer than in 2010. Remarkably, no cases were reported from India during a 10-month period in 2011. Ongoing transmission of polio continues, especially in Pakistan (154 cases in 2011); Afghanistan (55); Chad (119); Congo (87); and Nigeria (44); but remarkable progress has been made in the past decade. However, the final push to eradicate polio from war-torn areas has been difficult. The Western Hemisphere has been declared polio-free since August 1994, thanks of course to our extremely effective vaccine programs. Note the symbol of Rotary International above the top center of the polio stamp; that organization has contributed mightily to the international effort.

**REFERENCE**