This issue of Pediatric Annals is devoted primarily to a variety of infectious disease topics that relate to neonates and young infants. These include diverse topics such as congenital syphilis, neonatal tuberculosis, congenital cytomegalovirus controversies, neonatal infections with non-polio enteroviruses, and the molecular diagnosis of neonatal herpes simplex virus infection. Dr. Kenneth Alexander has done an excellent job of organizing this important set of review articles.

None of us needs to be reminded of the serious childhood obesity epidemic in our country, one which disproportionately affects many children from poor neighborhoods in rural areas, in urban neighborhoods, as well as in segments of some suburban communities.

Dr. Thomas Farley, a former resident at Children’s Memorial Hospital, the forerunner of the new Lurie Children’s Hospital in Chicago, IL., the recent past New York City Health Commissioner, and now CEO of the nonprofit Public Good Projects, and Russell Sykes, member of the National Commission on Hunger and past deputy commissioner of the New York State Office of Temporary and Disability Assistance, have recently published a thought-provoking op-ed piece in the New York Times entitled “See No Junk, Buy No Junk.”

They argue that, because 1 in 5 deaths in America are caused by unhealthy diets, the government should work harder to ensure that its biggest nutrition program truly supports good nutrition. They highlight that the problem in poor neighborhoods is not a shortage of food but rather a shortage of healthy food. Only one-sixth of low-income zip codes have a supermarket, and many small corner and convenience stores fill the gap—with shelves stocked primarily with unhealthy selections. Published data indicate that supermarkets have an average of almost 140 feet of shelf space for fresh fruits and the same amount for vegetables, whereas small stores devote 3 times as much shelf space for unhealthy junk food and not to fruits and vegetables; the ratio in convenience stores is almost 30:1.

Farley and Sykes suggest that, because food stamps can’t be used to buy cigarettes or alcohol, junk food could also be added to that ban. Such proposals have been opposed strongly by lobbyists in the beverage and grocery industries, but this addition could lead to important change.

Another idea is to modify the federal standards that stores must meet to participate in the SNAP program. They now are incentivized to stock at least a small amount of bread, canned vegetables, meat, milk, and cheese, but it could be mandated that stores accepting food stamps must use more shelf space for healthy foods and limit junk food to no more space than what is devoted to fruits and vegetables. Two studies have found that doubling the shelf space for fruits and vegetables increased sales by 30% to 60%. This is important because Americans on average consume...
about half of the recommended fruit and vegetable quantities, and a 50% increase in fruits and vegetables could lead to a 15% decrease in heart disease.\(^1\) Stores could actually profit from these changes because produce is among the most profitable areas for grocery stores.

There is a precedent for these kinds of changes in the SNAP program. The federal Women, Infants, and Children (WIC) program in 2009 raised the requirements for the kind of food that needs to be stocked by participating stores, and despite some reluctance nearly all small stores chose to meet the healthier standards, and WIC users subsequently consumed significantly more whole grains, low-fat milk, and fruits.\(^1\)

**THIS MONTH’S STAMPS**

This month’s stamps honor the Bacillus Calmette–Guérin (BCG) vaccine against tuberculosis (TB) and its French developers Albert Calmette (1863-1933) and Camille Guérin (1872-1961). The BCG vaccine was commemorated on the dark blue stamp issued in 1956 by Yugoslavia and on the red 1957 stamp from the Dominican Republic that bears the slogan “Vaccinate your children with BCG.” A meta-analysis in 1994 reviewed 1,294 published articles and focused on 14 prospective trials and 12 case-controlled series to assess the efficacy of BCG in preventing tuberculosis.\(^5\) This study concluded that BCG was about 50% effective in preventing TB, with up to 64% to 71% efficacy against TB deaths, meningitis, and disseminated disease. More recently, even greater efficacy was reported, with 90% reduction in tuberculosis meningitis and mild TB after BCG immunization of infants and children.\(^6\) BCG continues to be used today in a large number of middle- and lower-income countries.

Calmette and Guérin are shown on the two stamps from Monaco (1996) and the French African colony of Afars and Issas, now Djibouti. Calmette was a French physician, bacteriologist, and immunologist who trained under Louis Pasteur and Emile Roux and established Pasteur Institutes in Saigon and Algiers. Guérin was a veterinarian, bacteriologist, and immunologist whose father and wife both died of TB. From 1905-1915 and 1918-1928, Calmette and Guérin worked together to attenuate Mycobacterium bovis by serially passaging it 230 times over 13 years in the presence of bile. Subsequently, attenuated BCG vaccine was first administered to humans in 1921 (first to neonates at Hôpital Charité in Paris). Except for a major problem in 1930 when 77 of 271 vaccinated children in Lubeck, Germany, died of TB from vaccine contaminated with *M. tuberculosis*, BCG immunization has been highly effective and has saved probably millions of lives.

**REFERENCES**