

NEW FELLOWS

Dear Academy Fellow:

In order to fulfill the admission requirements of AAP Bylaws, you are requested to: Carefully review the following list of new Fellows for Academy membership; and relay your reactions directly to your District Chairperson, whose name and address is at the end of this

list. In submitting these names of board-certified pediatricians to you, it is understood that academic and pediatric credentials are not in question. Comments are requested concerning possible legal and/or ethical situations which you might have personal knowledge. Send any comments on the following list of new Fellows to your District Chairperson.

UNDISTRICTED

Plastic Surgery Specialty Fellow

Hisham Aburezq, M.D., FAAP
Mishref 40179
Kuwait

Charles Bemm, M.D., FAAP
Bomet 20400
Kenya

DISTRICT I NORTHEAST

Atlantic Provinces

Catherine Kelly, M.D., FAAP
St Johns, NF A1B 1C2
Canada

Connecticut

Saqib Lakhani, M.D., FAAP
Hamden, CT 06517

Maine

Samuel Adler, M.D., FAAP
Minot, ME 04258

Massachusetts

Cheryl DSouza, M.D., FAAP
Essex, MA 01929

Mark Sapp, M.D., FAAP
Boston, MA 02118

James Whitman, M.D., FAAP
Framingham, MA 01701

New Hampshire

Patricia Campbell, D.O., FACOP, FAAP
Keene, NH 03431

Rhode Island

Hector Cordero, M.D., FAAP
Cranston, RI 02910

Christopher Jalbert, M.D., FAAP
Westery, RI 02891

Uniformed Services-East

Christine Waasdorp, M.D., FAAP
APO, AP 96205

DISTRICT II NEW YORK STATE

New York 1

Michael Friedman, M.D., FAAP
Stony Brook, NY 11794

Melissa Meyer, M.D., FAAP
Plattsburgh, NY 12901

Carrie Rowan, D.O., FAAP
Jamestown, NY 14701

New York 2

Irfan Asra, M.D., FAAP
Oneonta, NY 13820

Minu George, M.D., FAAP
Floral Park, NY 11004

Brenda Marcano, M.D., FAAP
East Rockaway, NY 11518

Dilara Rakhman, M.D., FAAP
Brooklyn, NY 11230

New York 3

Staci Bodner, M.D., FAAP
New Rochelle, NY 10804

Lisa Boguski-Filgueira, M.D., FAAP
New York, NY 10029

Hetty Cunningham, M.D., FAAP
New York, NY 10031

Urology Specialty Fellow
Daniel Herz, M.D., FAAP
Chappaqua, NY 10514

Suzanne Loiselle, M.D., FAAP
New York, NY 10028

Lisa Pivawer, D.O., FAAP
Brooklyn, NY 11201

Michael Yaker, M.D., FAAP
New York, NY 10024

DISTRICT III MID ATLANTIC

Delaware

Parul Dand, M.D., FAAP
Lexington Park, MD 20653

Gary Frank, M.D., FAAP
Philadelphia, PA 19107

Aixa Silvera-Schwartz, M.D., FAAP
Dover, DE 19904

Wendy Sturtz, M.D., FAAP
Christiana, DE 19702

District of Columbia

Katherine Kruse, M.D., FAAP
Fairfax, VA 22033

Otolaryngology Specialty Fellow
Susan Pearson, M.D., FAAP
Washington, DC 20010

Maryland

Angelique Anderson, M.D., FAAP
Owings Mills, MD 21117

Rosalyn Stewart, M.D., FAAP
Owings Mills, MD 21117

New Jersey

Vatsala Bhaskar, M.D., FAAP
Freehold, NJ 07728

Ingrid Brown, M.D., FAAP
Union, NJ 07083

Carmelita Mangalindan, M.D., FAAP
Hainesport, NJ 08036

Yasser Mansour, M.D., FAAP
Livingston, NJ 07039

Allison Otto, M.D., FAAP
Robbinsville, NJ 08691

Joan Popkin, M.D., FAAP
Ridgewood, NJ 07450

Comfort Quaye, M.D., FAAP
Maplewood, NJ 07040

Gurmit Saluja, M.D., FAAP
Vernon, NJ 07462

Pennsylvania

Linda Burstynowicz, M.D., FAAP
Uniontown, PA 15401

Larissa Dominy, D.O., FAAP
Collegetown, PA 19426

Shirley Huang, M.D., FAAP
Philadelphia, PA 19130

Otolaryngology Specialty Fellow
David Kay, M.D., FAAP
Pittsburgh, PA 15217

Jody Kerr, M.D., FAAP
Bala Cynwyd, PA 19004

Frank Maffei, M.D., FAAP
Danville, PA 17821

Jacob Varghese, M.D., FAAP
Nazareth, PA 18064

DISTRICT IV SOUTH APPALACHIAN

Kentucky

Tobey Coyle, M.D., FAAP
Louisville, KY 40204

North Carolina

Shari Barkin, M.D., FAAP
Winston-Salem, NC 27157

Peter Giftos, M.D., FAAP
Charlotte, NC 28204

Jill Wright, M.D., FAAP
Graham, NC 27253

South Carolina

Scott Brice, M.D., FAAP
Greenwood, SC 29649

Ritu Lal, M.D., FAAP
Columbia, SC 29223

Tennessee

Jolee Gregory, M.D., FAAP
Nashville, TN 37218

Jesse Lobb, M.D., FAAP
Tullahoma, TN 37388

Katherine Poehling, M.D., M.P.H., FAAP
Nashville, TN 37212

Tad Yoneyama, M.D., FAAP
Franklin, TN 37069

Virginia

Lynn Fogarty, M.D., FAAP
Fairfax, VA 22033

Caitlin Hall, M.D., FAAP
Alexandria, VA 22315

Anne-Marie Irani, M.D., FAAP
Richmond, VA 23298

Geeta Mathur, M.D., FAAP
Reston, VA 20194

DISTRICT V GREAT LAKES

Indiana

Anjan Batra, M.D., FAAP
Indianapolis, IN 46202

Elizabeth Beach, M.D., FAAP
Noblesville, IN 46062

Reena John, M.D., FAAP
Scherverville, IN 46375

Surgery Specialty Fellow
Alan Ladd, M.D., FAAP
Indianapolis, IN 46202

Michigan

Brent Fuller, M.D., FAAP
Rockford, MI 49341

Michelle Halley, M.D., FAAP
Richland, MI 49083

Michael Metz, M.D., FAAP
Big Rapids, MI 49307

Ohio

Nella Blyumin, M.D., FAAP
Cleveland, OH 44122

Amelia Burgess, M.D., FAAP
Cleveland Heights, OH 44121

Melissa Houser, M.D., FAAP
Gallipolis, OH 45631

Pamela Kingma, M.D., FAAP
Cincinnati, OH 45209

Michael Konikoff, M.D., FAAP
Cincinnati, OH 45229

Maria Cecilia Mercado, M.D., FAAP
Columbus, OH 43204

Lois Shioh Balster, M.D., FAAP
Hilliard, OH 43026

Ontario

Otolaryngology Specialty Fellow
Paolo Campisi, M.D., FAAP
Toronto, ON M5G 1X8
Canada

DISTRICT VI NORTH CENTRAL

Illinois

Sachin Amin, M.D., M.B.B.S., FAAP
Chicago, IL 60607

Michelle Jao, M.D., FAAP
Willowbrook, IL 60527

Saba Kaiseruddin, M.D., FAAP
Wilmette, IL 60091

Orthopaedics Specialty Fellow

Erik King, M.D., FAAP
Chicago, IL 60614

Ronald Luce, M.D., FAAP
Morton, IL 61550

Kansas

Neurology Specialty Fellow
Samira El-Zind, M.D., FAAP
Wichita, KS 67203

Minnesota

Hema Murali, M.D., FAAP
Rochester, MN 55901

Betty Wu, M.D., FAAP
Minneapolis, MN 55417

Missouri

Paul Petry, D.O., FAAP
Kirksville, MO 63501

Jeffrey Skimming, M.D., FAAP
Columbia, MO 65201

Kavitha Taschner, M.D., FAAP
St Louis, MO 63130

Nebraska

Alicia Johnson, M.D., FAAP
Lincoln, NE 68506

Jay Snow, M.D., FAAP
Omaha, NE 68114

Ohio

Catherine Dent, M.D., FAAP
Cincinnati, OH 45229

Wisconsin

Liza Dewitt, M.D., FAAP
Greendale, WI 53129

Kristen Goelzer, M.D., FAAP
Janesville, WI 53546

Neal Jain, M.D., FAAP
Madison, WI 53716

Michelle Linsmeier, M.D., FAAP
Milwaukee, WI 53222

Amy Wermeling, M.D., FAAP
Madison, WI 53704

DISTRICT VII SOUTH CENTRAL

Mississippi

Achyutha Pujari, M.D., FAAP
Laurel, MS 39440

Texas

Urology Specialty Fellow
David Aronoff, M.D., FAAP
Lubbock, TX 79415

Vincent Coleman, M.D., FAAP
Boerne, TX 78006

Josephine Enciso, M.D., FAAP
Houston, TX 77025

Amanda Guetersloh, M.D., FAAP
Lubbock, TX 79410

Agha Haider, M.D., FAAP
Amarillo, TX 79119

Meredith Sanders Krebel, M.D., FAAP
Fort Worth, TX 76104

Steven Krebel, M.D., FAAP
Fort Worth, TX 76104

Leslie Lestz, M.D., FAAP
Dallas, TX 75230

Ernesto Lira, M.D., FAAP
Corpus Christi, TX 78411

Bruce Martin, M.D., FAAP
Hewitt, TX 76643

Dana Peterman, M.D., FAAP
Dallas, TX 75229

Everett Sandles, M.D., FAAP
Houston, TX 77030

Dermatology Specialty Fellow

Farah Shah, M.D., FAAP
Lubbock, TX 79430

Pedro Vasquez, M.D., FAAP
Brownsville, TX 78526

Laura Whiteley, M.D., FAAP
Houston, TX 77027

Todd Wolf, M.D., FAAP
Southlake, TX 76092

DISTRICT VIII WEST

Arizona

Surgery Specialty Fellow
Ann O'Connor, M.D., FAAP
Tucson, AZ 85712

Nina Souders, M.D., FAAP
Flagstaff, AZ 86002

Colorado

Mary Fox-Dubus, M.D., FAAP
Englewood, CO 80111

NEW FELLOWS

Hawaii	Faye Susan Lundergan, M.D., FAAP Pacifica, CA 94044	California 3	Arielle Rigaud-Riveira, M.D., FAAP Coral Gables, FL 33146	DISTRICT II	Robert M. Corwin, M.D. Elmwood Pediatric Group 125 Lattimore Rd. Rochester, NY 14620 e-mail: rcorwin@aap.org	DISTRICT VII	Gary Q. Peck, M.D. Office of Public Health 325 Loyola Avenue Suite 513 New Orleans, LA 70112-1829 e-mail: gpeck@aap.org
Sarah Park, M.D., FAAP Honolulu, HI 96813	Carina Quezada Adan, M.D., FAAP San Jose, CA 95110	Jaime Friedman, M.D., FAAP San Diego, CA 92130	Georgia	DISTRICT III	Alan E. Kohrt, M.D. Medical Director/ Children's Health Net Children's Hospital of Philadelphia 34th and Civic Center Blvd. Philadelphia, PA 19104-4399 e-mail: akohrt@aap.org	DISTRICT VIII	Jon R. Almquist, M.D. Virginia Mason Medical Center Department of Pediatrics 33501 First Way South Federal Way, WA 98003-6208 e-mail: jalquist@aap.org
Nevada	Smita Ranade, M.D., FAAP Belmont, CA 94002	Stephanie Powell, M.D., FAAP San Diego, CA 92121	Dara Hosch, M.D., FAAP Marietta, GA 30064	DISTRICT IV	David T. Tayloe, Jr, M.D. 2706 Medical Office Place Goldsboro, NC 27534-9460 e-mail: sewards@aap.org	DISTRICT IX	Burton F. Willis, M.D. 9900 Talbert Suite 201 Fountain Valley, CA 92708-5153 e-mail: bwillis@aap.org
Smita Mehta, M.D., FAAP Mesquite, NV 89027	Michelle Serlin, M.D., FAAP Oakland, CA 94618	Anika Sanda, M.D., FAAP San Diego, CA 92129	Ashley O'Shields, M.D., FAAP Cartersville, GA 30120	DISTRICT V	Ellen Buerk, M.D. Oxford Pediatrics 5141 Morning Sun Rd. Oxford, OH 45056-9722 e-mail: ebuerk@aap.org	DISTRICT X	Charles Linder, M.D. Medical College of Georgia 1120 15th St. Rm. HF1117 Augusta, GA 30912-0004 e-mail: clinder@aap.org
Oregon	Jean Shahdadpuri, M.D., FAAP Fremont, CA 94539	John Baltazar, M.D., FAAP Irvine, CA 92602	Shanmugasundari Periasamy, M.D., FAAP Lawrenceville, GA 11238	DISTRICT VI	Kathryn Piziali Nichol, M.D. 1314 Morrison St. Madison, WI 53703-3812 e-mail: knichol@aap.org		
Erin McGuire-Garza, M.D., FAAP Bend, OR 97701	California 2	Alyse Baron, M.D., FAAP Tustin, CA 92782	Patrick Pulliam, M.D., FAAP McDonough, GA 30252				
Neurological Specialty Fellow Nathan Selden, M.D., Ph.D., FAAP Portland, OR 97239	Natascha Ching, M.D., FAAP Los Angeles, CA 90095	David Chun, M.D., FAAP Buena Park, CA 90621	Otolaryngology Specialty Fellow Steven Sobol, M.D., FAAP Atlanta, GA 30322				
Uniformed Services-West	James Evans, M.D., FAAP San Francisco, CA 94123	Olga Guijon, M.D., FAAP Tustin, CA 92782	Ashley Stolle, M.D., FAAP Norcross, GA 30092				
Valerie Clegg, M.D., FAAP Edmond, OK 73013	Joshua Mandelberg, M.D., FAAP Los Angeles, CA 90049	Mary Roh, M.D., FAAP Buena Park, CA 90621					
Washington	Craig Mc Elderry, M.D., FAAP Los Angeles, CA 90048	Melissa Rosin, M.D., FAAP Tustin, CA 92782					
Anesthesiology Specialty Fellow Corrie Anderson, M.D., FAAP Seattle, WA 98105	Nilesh Patel, M.D., FAAP Los Angeles, CA 90027						
Ron Ilg, M.D., FAAP Spokane, WA 99217	Ophthalmology Specialty Fellow Ann Stout, M.D., FAAP Los Angeles, CA 90027						
DISTRICT IX CALIFORNIA							
California 1							
Maritza Gonzalez-Navarrete, M.D., FAAP Santa Clara, CA 95051							

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PEDIATRIC GASTROENTEROLOGIST

The Department of Pediatrics at Gundersen Lutheran is seeking a full-time pediatric gastroenterologist. The GI department has seven board-certified adult gastroenterologists and a state-of-the-art GI procedure lab available.

The Department of Pediatrics has 20 pediatricians, six PNP's, four NNP's, and one PA. Our pediatric subspecialty areas include hematology/oncology, orthopedics, cardiology, asthma/allergy/immunology, ophthalmology, surgery, neonatology, neurodevelopment, neurology, genetics, and pediatric ICU. The pediatric inpatient service also includes a twelve patient NICU, a four patient PICU, and a 20 patient pediatric inpatient service.

We offer an excellent compensation/benefits package, including relocation expenses and continuing education opportunities. Interested candidates should contact **Gale Kreibich, Medical Staff Development, Gundersen Lutheran, 1910 South Ave., La Crosse, WI 54601** at (800) 362-9567, Ext. 56863, Email: gkreibic@gundluth.org or **Dr. Richard Strauss, Chair, Dept. of Pediatrics, Gundersen Lutheran, 1836 South Ave., La Crosse, WI 54601** at (800) 362-9567, Ext. 52809, Email: rhstraus@gundluth.org.

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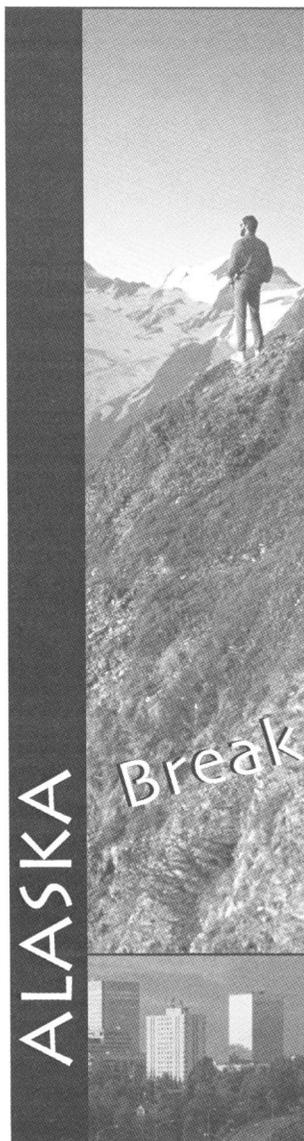


The Barbara Bush Children's Hospital at Maine Medical Center is seeking a Chair for the Department of Pediatrics. The Department has seen significant growth in the past ten years. In addition to primary care, we offer a full range of medical and surgical subspecialty programs. The award-winning Barbara Bush Children's Hospital includes a 48-bed inpatient unit, a 36-bed NICU and an expanding PICU. Maine Medical Center is a 600-bed tertiary care hospital affiliated with the University of Vermont College of Medicine.

More than 80 pediatricians are affiliated with the Department, with almost half as full-time members. The Department offers strong academic programs with residencies in pediatrics and medicine/pediatrics. The BBCH is a major teaching facility for students from the University of Vermont College of Medicine and Dartmouth Medical School who do clerkship months with the Department. Fourth year electives and acting internships are offered to students from across the country. Our research program is supported by the Maine Medical Center Research Institute which currently holds two COBRE grants. Kids CO-OP is a core group of physicians within the Department who are conducting community health and outcomes research.

The successful candidate will have outstanding clinical, academic and management experience and offer a vision to continue leading the Department to excellence. Interested candidates should submit a letter of interest and curriculum vitae to: **Girard E. Robinson, M.D., Chair, Chief of Pediatrics Search Committee, c/o Rosemary Munson, Maine Medical Center, Department of Pediatrics, 22 Bramhall Street, Portland, Maine 04102** Phone: (207) 662-2353; Fax: (207) 662-6772; Email: munsor@mmc.org. An Affirmative Action Employer. A major affiliate of the University of Vermont College of Medicine.

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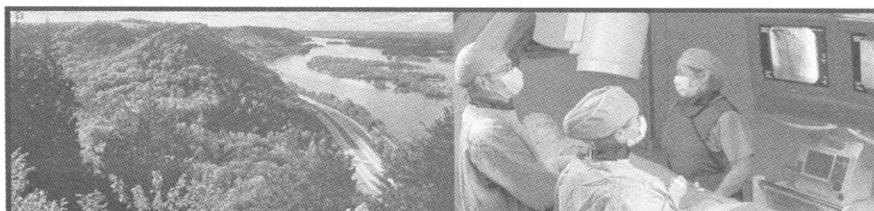
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Selecting a place to practice medicine is one of your most important decisions. At Gundersen Lutheran, in La Crosse, Wis., physicians and other providers feel personally and professionally at home. Metropolitan-scale medicine, education and research thrive amid small town character and comfort. Gundersen Lutheran Health System serves over 500,000 residents in Wisconsin, Minnesota and Iowa. Here, superior care changes lives and communities every day.

NEONATOLOGIST

The Department of Pediatrics is seeking a BC/BE Neonatologist to work in our 12 patient NICU. There are currently four physicians (one neonatologist, one PNICU physician, one PICU physician, and one general pediatrician) who cover the NICU service. Three of the doctors cover the PICU service. PICU coverage would not be a requirement, but would be an option. Neonatal nurse practitioners help cover NICU call and do helicopter and ground transports.

The Department of Pediatrics has 20 pediatricians, six PNP's, four NNP's, and one PA. Our pediatric subspecialty areas include hematology/oncology, orthopedics, cardiology, asthma/allergy/immunology, ophthalmology, surgery, neonatology, neurodevelopment, neurology, genetics, and pediatric ICU. We are actively recruiting for a Pediatric Gastroenterologist. Gundersen Lutheran Health System is the western campus of the University of Wisconsin Medical School and School of Nursing.

INTERESTED CANDIDATES SHOULD CONTACT:

Dr. Richard Strauss, Chair
Department of Pediatrics
Gundersen Lutheran
1900 South Avenue
La Crosse, WI 54601
800-362-9567 Ext. 52809
rhstraus@gundluth.org

OR

Gale Kreibich
Medical Staff Development
Gundersen Lutheran
1900 South Avenue
La Crosse, WI 54601
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gkreibic@gundluth.org

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POSITIONS WANTED

New York — I am a Pediatrician looking for a full- or part-time clinic/practice setting in the New York City area. Please call Susan at (212) 717-9505.

Board-certified Pediatrician with valid CA license looking for FT job will consider PT in a clinic/practice setting. East Bay preferable but will commute. Please call: (925) 323-6404.

NORTHEAST

New York, Rockland/Orange County-30 mi NYC. Growing, established busy practice seeks flex part-time long term BC/BE pediatrician. Two full days/week and three Saturdays out of four. Ramvall@aol.com, Fax: (845) 368-3224 or call (845) 368-0422.

MID-ATANTIC

OUTPATIENT PEDIATRICIAN – PENNSYLVANIA – Position immediately available in Allentown with three other pediatricians and an NP in one of the five offices of a popular, established, employed pediatric group of 15 well-trained physicians. Call 1-in-12 weekdays, and 1-in-4 weekends. Very light call, as nurse triage group answers 80% of calls. Practice affiliated with 750-bed Lehigh Valley Hospital (LVH), offering excellent salary and robust benefits package. Admit patients to LVH's PICU or pediatric unit, both covered in-house 24/7 by group of 7 hospitalists and fellowship-trained intensivists. Solid pediatric network of full-time specialists. The beautiful Lehigh Valley has a moderate cost of living, 10 colleges and universities, safe neighborhoods, excellent suburban public schools and numerous cultural and recreational opportunities. And we're close to two great cities – Philadelphia is 60 miles south and NYC is 80 miles east. E-mail resume and

cover letter to carol.voorhees@lvh.com. Phone: (610) 402-7008.

Managing Physician

The New Jersey Division of Youth and Family Services, the state child welfare agency, is seeking a full-time pediatrician or family practice physician to join its staff.

The successful applicant will have experience in the areas of child protection and, preferably, community health. The responsibilities of this leadership position include health program/policy planning, implementation and evaluation and case consultation as well as responsibility for developing and maintaining linkages with other health service providers.

The successful applicant will be Board Certified in pediatrics or family medicine and will be New Jersey licensed with a minimum of three to five years experience, of which at least one year will have included experience with children with suspected abuse and neglect. An additional Master's Degree in Public Health (MPH) and/or experience in ambulatory or community settings is preferred.

This position offers a competitive salary, excellent benefits and the opportunity to work in a multidisciplinary setting. The State of New Jersey is an Equal Opportunity Employer. Applicants should send a letter of interest and CV by Nov. 1 to: Donna Younkin, Assistant Director, NJ Division of Youth and Family Services, P.O. Box 717, Trenton, NJ 08625 or e-mail: Donna.Younkin@dhs.state.nj.us.

SOUTHEAST

Pediatrician needed to join solo pediatric practice. Louisiana license needed. Partnership in 2 years. Send CV. Fax: (318) 356-7226 or E-mail: Olabisi@cp-tel.net.

Full-time Pediatric Emergency Physicians: Emergency medicine physicians group in Lafayette, LA, is looking for two full-time Pediatricians to work Peds Emergency Care Center. Hours: M-F 4p-11p; Sa/Su 11a-11p. Must be BE/BC in Ped or Ped EM. Competitive Hourly rate and malpractice provided. Starts Oct 1. Please send CV to: Andrea Jett, Fax: (770) 874 5427 or e-mail: ajett@apolloomd.com.

SOUTHWEST

Arizona, North Phoenix Area: Pediatrician Needed. 8-year-old established and growing practice in North Central Phoenix, needing a FT, BC/BE, bilingual pediatrician, starting Nov. 2004. We offer a good salary and benefit package. Shared hospital call 1:3, but no pt. call. Fax CV with requirements to: Brenda @ (602) 395-1378.

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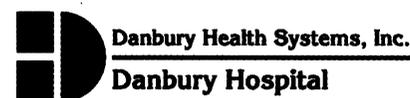
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PEDIATRIC GASTROENTEROLOGIST

Danbury Hospital, an affiliate of Danbury Health Systems, Inc., is a 371-bed not-for-profit teaching hospital serving approximately 360,000 residents of western Connecticut and southeastern New York. Nestled in the beautiful foothills of the Berkshire Mountains, Danbury is centrally located between Hartford and New York City. Our Department of Pediatrics is committed to the creation of a multi-disciplinary sub-specialty program. We currently have an excellent opportunity for a BC/BE Pediatric Gastroenterologist.

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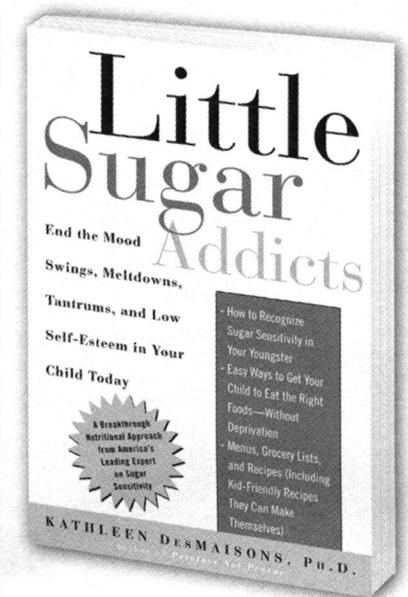
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ZITHROMAX[®] (azithromycin for oral suspension)

BRIEF SUMMARY

To reduce the development of drug-resistant bacteria and maintain the effectiveness of ZITHROMAX[®] (azithromycin) and other bacterial drugs, ZITHROMAX[®] (azithromycin) should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.

INDICATIONS AND USAGE

ZITHROMAX[®] (azithromycin) is indicated for the treatment of patients with mild to moderate infections (pneumonia) caused by susceptible strains of the designated microorganisms in the specific conditions listed below. As recommended dosages, durations of therapy and applicable patient populations vary among these infections, please see **DOSE AND ADMINISTRATION** for specific dosing recommendations.

Children: (See **PRECAUTIONS—Pediatric Use**.)

Acute otitis media caused by *Haemophilus influenzae*, *Moraxella catarrhalis* or *Streptococcus pneumoniae*. (For specific dosage recommendation, see **DOSE AND ADMINISTRATION**.)

Community-acquired pneumonia due to *Chlamydia pneumoniae*, *Haemophilus influenzae*, *Mycoplasma pneumoniae* or *Streptococcus pneumoniae* in patients appropriate for oral therapy. (For specific dosage recommendation, see **DOSE AND ADMINISTRATION**.)

NOTE: Azithromycin should not be used in pediatric patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia).

Pharyngitis/tonsillitis caused by *Streptococcus pyogenes* as an alternative to first-line therapy in individuals who cannot use first-line therapy. (For specific dosage recommendation, see **DOSE AND ADMINISTRATION**.)

NOTE: Penicillin by the intramuscular route is the usual drug of choice in the treatment of *Streptococcus pyogenes* infection and the prophylaxis of rheumatic fever. ZITHROMAX[®] is often effective in the eradication of susceptible strains of *Streptococcus pyogenes* from the nasopharynx. Because some strains are resistant to ZITHROMAX[®], susceptibility tests should be performed when patients are treated with ZITHROMAX[®]. Data establishing efficacy of azithromycin in subsequent prevention of rheumatic fever are not available.

Appropriate culture and susceptibility tests should be performed before treatment to determine the causative organism and its susceptibility to azithromycin. Therapy with ZITHROMAX[®] may be initiated before results of these tests are known; once the results become available, antimicrobial therapy should be adjusted accordingly.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of ZITHROMAX[®] (azithromycin) and other antibacterial drugs, ZITHROMAX[®] (azithromycin) should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

CONTRAINDICATIONS

ZITHROMAX[®] is contraindicated in patients with known hypersensitivity to azithromycin, erythromycin or any macrolide antibiotic.

WARNINGS

Serious allergic reactions, including angioedema, anaphylaxis, and dermatologic reactions including Stevens Johnson Syndrome and toxic epidermal necrolysis have been reported rarely in patients on azithromycin therapy. Although rare, fatalities have been reported. (See **CONTRAINDICATIONS**.) Despite initially successful symptomatic treatment of the allergic symptoms, when symptomatic therapy was discontinued, the allergic symptoms recurred soon thereafter in some patients without further azithromycin exposure. These patients required prolonged periods of observation and symptomatic treatment. The relationship of these episodes to the long tissue half-life of azithromycin and subsequent prolonged exposure to antigen is unknown at present.

If an allergic reaction occurs, the drug should be discontinued and appropriate therapy should be instituted. Physicians should be aware that reappearance of the allergic symptoms may occur when symptomatic therapy is discontinued.

In the treatment of pneumonia, azithromycin has only been shown to be safe and effective in the treatment of community-acquired pneumonia due to *Chlamydia pneumoniae*, *Haemophilus influenzae*, *Mycoplasma pneumoniae* or *Streptococcus pneumoniae* in patients appropriate for oral therapy. Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, elderly or debilitated patients, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia).

Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.

Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of "antibiotic-associated colitis."

After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation, and treatment with an antibacterial drug clinically effective against *Clostridium difficile* colitis.

PRECAUTIONS

General: Because azithromycin is principally eliminated via the liver, caution should be exercised when azithromycin is administered to patients with impaired hepatic function. Due to the limited data in subjects with GFR <10 mL/min, caution should be exercised when prescribing azithromycin in these patients.

Prolonged cardiac repolarization and QT interval, impairing a risk of developing cardiac arrhythmia and *torsades de pointes*, have been seen in treatment with other macrolides. A similar effect with azithromycin cannot be completely ruled out in patients at increased risk for prolonged cardiac repolarization.

Prescribing ZITHROMAX[®] (azithromycin) in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

Information for Patients: ZITHROMAX[®] oral suspension can be taken with or without food.

Patients should also be cautioned not to take aluminum- and magnesium-containing antacids and azithromycin simultaneously.

The patient should be directed to discontinue azithromycin immediately and contact a physician if any signs of an allergic reaction occur.

Patients should be counseled that antibacterial drugs including ZITHROMAX[®] (azithromycin) should only be used to treat bacterial infections. They do not treat viral infections (e.g., the common cold). When ZITHROMAX[®] (azithromycin) is prescribed to treat a bacterial infection, patients should be told that although it is common to feel better early in the course of the therapy, the medication should be taken exactly as directed. Skipping doses or not completing the full course of therapy may (1) decrease the effectiveness of the immediate treatment and (2) increase the likelihood that bacteria will develop resistance and will not be treatable by ZITHROMAX[®] (azithromycin) or other antibacterial drugs in the future.

Drug Interactions: Co-administration of nefazolin at steady-state with a single oral dose of azithromycin resulted in decreased azithromycin serum concentrations. Although a dose adjustment of azithromycin is not recommended when administered in combination with nefazolin, close monitoring for known side effects of azithromycin, such as liver enzyme abnormalities and hearing impairment, is warranted. (See **ADVERSE REACTIONS**.)

Azithromycin did not affect the prothrombin time response to a single dose of warfarin. However, prudent medical practice dictates careful monitoring of prothrombin time in all patients treated with azithromycin and warfarin concomitantly. Concurrent use of macrolides and warfarin in clinical practice has been associated with increased anticoagulant effects.

Drug interaction studies were performed with azithromycin and other drugs likely to be co-administered. When used in therapeutic doses, azithromycin had a modest effect on the pharmacokinetics of atorvastatin, carbamazepine, ceftriaxone, didanosine, etanercept, fluconazole, indinavir, midazolam, rifabutin, sildenafil, theophylline (intravenous and oral), triazolam, trimethoprim/sulfamethoxazole or zidovudine. Co-administration with efavirenz, or fluconazole had a modest effect on the pharmacokinetics of azithromycin. No dosage adjustment of either drug is recommended when azithromycin is co-administered with any of the above agents.

Interactions with the drugs listed below have not been reported in clinical trials with azithromycin; however, no specific drug interaction studies have been performed to evaluate potential drug-drug interaction. Nonetheless, they have been observed with macrolide products. Until further data are developed regarding drug interactions when azithromycin and these drugs are used concomitantly, careful monitoring of patients is advised:

Digoxin—elevated digoxin concentrations.
Ergotamine or dihydroergotamine—acute ergot toxicity characterized by severe peripheral vasospasm and dysesthesia.
Terfenadine, cyclosporine, hexobarbital and phenytoin concentrations.

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Laboratory Test Interactions: There are no reported laboratory test interactions.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic potential. Azithromycin has shown no mutagenic potential in standard laboratory tests: mouse lymphoma assay, human lymphocyte clastogenic assay, and mouse bone marrow clastogenic assay. No evidence of impaired fertility due to azithromycin was found.

Pregnancy: Teratogenic Effects. Pregnancy Category B: Reproduction studies have been performed in rats and mice at doses up to moderately maternally toxic dose concentrations (i.e., 200 mg/kg/day). These doses, based on a mg/m² basis, are estimated to be 4 and 2 times, respectively, the human daily dose of 500 mg. In the animal studies, no evidence of harm to the fetus due to azithromycin was found. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, ZITHROMAX[®] should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether azithromycin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when azithromycin is administered to a nursing woman.

Pediatric Use: (See **INDICATIONS AND USAGE** and **DOSE AND ADMINISTRATION**.)

Acute Otitis Media (total dosage regimen: 30 mg/kg, see **DOSE AND ADMINISTRATION**): Safety and effectiveness in the treatment of children with otitis media under 6 months of age have not been established.

Community-Acquired Pneumonia (dosage regimen: 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2-5): Safety and effectiveness in the treatment of children with community-acquired pneumonia under 6 months of age have not been established. Safety and effectiveness for pneumonia due to *Chlamydia pneumoniae* and *Mycoplasma pneumoniae* were documented in pediatric clinical trials. Safety and effectiveness for pneumonia due to *Haemophilus influenzae* and *Streptococcus pneumoniae* were not documented bacteriologically in the pediatric clinical trial due to difficulty in obtaining specimens. Use of azithromycin for these two microorganisms is supported, however, by evidence from adequate and well-controlled studies in adults.

Pharyngitis/Tonsillitis (dosage regimen: 12 mg/kg on Days 1-5): Safety and effectiveness in the treatment of children with pharyngitis/tonsillitis under 2 years of age have not been established.

Studies evaluating the use of repeated courses of therapy have not been conducted.

Geriatric Use: Pharmacokinetic parameters in older volunteers (65-85 years old) were similar to those in younger volunteers (18-40 years old) for the 5-day therapeutic regimen. Dosage adjustment does not appear to be necessary for older patients with normal renal and hepatic function receiving treatment with this dosage regimen.

In multiple-dose clinical trials of oral azithromycin, 9% of patients were at least 65 years of age (458/4949) and 3% of patients (144/4949) were at least 75 years of age. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in response between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

ZITHROMAX[®] for oral suspension 100 mg/5 mL contains 3.7 mg of sodium per 5 mL of constituted solution. ZITHROMAX[®] for oral suspension 200 mg/5 mL contains 7.4 mg of sodium per 5 mL of constituted solution.

ADVERSE REACTIONS

In clinical trials, most of the reported side effects were mild to moderate in severity and were reversible upon discontinuation of the drug. Potentially serious side effects of angioedema and cholestatic jaundice were reported rarely. Approximately 0.7% of the patients (adults and children) from the 5-day multiple-dose clinical trials discontinued ZITHROMAX[®] (azithromycin) therapy because of treatment-related side effects. In adults given 500 mg/day for 3 days, the discontinuation rate due to treatment-related side effects was 0.4%. In clinical trials in children given 30 mg/kg, either as a single dose or over 3 days, discontinuation from the trials due to treatment-related side effects was approximately 1%. (See **DOSE AND ADMINISTRATION**.) Most of the side effects leading to discontinuation were related to the gastrointestinal tract, e.g., nausea, vomiting, diarrhea, or abdominal pain.

Clinical: Children: *Single and Multiple-dose regimens:* The types of side effects in children were comparable to those seen in adults, with the following incidence rates for the dosage regimens recommended in children:

Acute Otitis Media: For the recommended total dosage regimen of 30 mg/kg, the most frequent side effects (≥1%) attributed to treatment were diarrhea, abdominal pain, vomiting, nausea and rash. (See **DOSE AND ADMINISTRATION**.) The incidence, based on dosing regimen, is described in the table below:

Dosage Regimen	Diarrhea, %	Abdominal Pain, %	Vomiting, %	Nausea, %	Rash, %
1-day	4.3%	1.4%	4.9%	1.0%	1.0%
3-day	2.6%	1.7%	2.3%	0.4%	0.6%
5-day	1.8%	1.2%	1.1%	0.5%	0.4%

Community-Acquired Pneumonia: For the recommended dosage regimen of 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2-5, the most frequent side effects attributed to treatment were diarrhea/loose stools (5.8%), abdominal pain, vomiting, nausea (1.9% each), and rash (1.6%).

Pharyngitis/tonsillitis: For the recommended dosage regimen of 12 mg/kg on Days 1-5, the most frequent side effects attributed to treatment were diarrhea (5.4%), vomiting (5.6%), abdominal pain (3.4%), nausea (1.8%), rash (0.7%), and headache (1.1%).

With any of the treatment regimens, no other treatment-related side effects occurred in children treated with ZITHROMAX[®] with a frequency greater than 1%. Side effects that occurred with a frequency of 1% or less included the following:

Cardiovascular: Chest pain. **Gastrointestinal:** Dyspepsia, constipation, anorexia, enteritis, flatulence, gastritis, jaundice, loose stools and oral moniliasis. **Hematologic and Lymphatic:** Anemia and leukopenia. **Nervous System:** Headache (otitis media dosage), hyperkinesia, dizziness, agitation, nervousness and insomnia. **General:** Fever, face edema, fatigue, fungal infection, malaise and pain. **Allergic:** Rash and allergic reaction. **Respiratory:** Cough increased, pharyngitis, pleural effusion and rhinitis. **Skin and Appendages:** Eczema, fungal dermatitis, pruritus, sweating, urticaria and vesiculobullous rash. **Special Senses:** Conjunctivitis. **Post-Marketing Experience:** Adverse events reported with azithromycin during the post-marketing period in adult and/or pediatric patients for which a causal relationship may not be established include: Allergic: Arthralgia, edema, urticaria and angioedema. **Cardiovascular:** Arrhythmias including ventricular tachycardia and hypotension. There have been rare reports of QT prolongation and *torsades de pointes*. **Gastrointestinal:** Anorexia, constipation, dyspepsia, flatulence, vomiting/diarrhea rarely resulting in dehydration, pseudomembranous colitis, pancreatitis, oral candidiasis and rare reports of tongue discoloration. **General:** Asthenia, paresthesia, fatigue, malaise and anaphylaxis (rarely fatal). **Genitourinary:** Interstitial nephritis and acute renal failure and vaginitis. **Hematologic:** Thrombocytopenia. **Liver/Biliary:** Abnormal liver function including hepatitis and cholestatic jaundice, as well as rare cases of hepatic necrosis and hepatic failure, some of which have resulted in death. **Nervous System:** Convulsions, dizziness/vertigo, headache, somnolence, hyperactivity, nervousness, agitation and syncope. **Psychiatric:** Aggressive reaction and anxiety. **Skin/Appendages:** Pruritus, rarely serious skin reactions including erythema multiforme, Stevens Johnson Syndrome and toxic epidermal necrolysis. **Special Senses:** Hearing disturbances including hearing loss, deafness and/or tinnitus and rare reports of taste perversion.

Laboratory Abnormalities:

Children: One, Three and Five Day Regimens: Laboratory data collected from comparative clinical trials employing two 3-day regimens (30 mg/kg or 60 mg/kg in divided doses over 3 days), or two 5-day regimens (30 mg/kg or 60 mg/kg in divided doses over 5 days) were similar for regimens of azithromycin and all comparators combined, with most clinically significant laboratory abnormalities occurring at incidences of 1-5%. Laboratory data for patients receiving 30 mg/kg as a single dose were collected in one single center trial. In that trial, an absolute neutrophil count between 500-1500 cells/mm³ was observed in 10/64 patients receiving 30 mg/kg as a single dose, 9/62 patients receiving 30 mg/kg given over 3 days, and 8/63 comparator patients. No patient had an absolute neutrophil count <500 cells/mm³. (See **DOSE AND ADMINISTRATION**.)

In multiple-dose clinical trials involving approximately 4700 pediatric patients, no patients discontinued therapy because of treatment-related laboratory abnormalities.

DOSE AND ADMINISTRATION (See **INDICATIONS AND USAGE**.)

Children: ZITHROMAX[®] for oral suspension can be taken with or without food.

Acute Otitis Media: The recommended dose of ZITHROMAX[®] for oral suspension for the treatment of children with acute otitis media is 30 mg/kg given as a single dose or 10 mg/kg once daily for 3 days or 10 mg/kg as a single dose on the first day followed by 5 mg/kg/day on Days 2 through 5. The safety of re-dosing azithromycin in children who vomit after receiving 30 mg/kg as a single dose has not been established. In clinical studies involving 487 patients with acute otitis media given a single 30 mg/kg dose of azithromycin, eight patients who vomited within 30 minutes of dosing were re-dosed at the same total dose.

Community-Acquired Pneumonia: The recommended dose of ZITHROMAX[®] for oral suspension for the treatment of children with community-acquired pneumonia is 10 mg/kg as a single dose on the first day followed by 5 mg/kg on Days 2 through 5.

Pharyngitis/Tonsillitis: The recommended dose of ZITHROMAX[®] for children with pharyngitis/tonsillitis is 12 mg/kg once daily for 5 days.

For more detailed product information please refer to the full prescribing information or call 1-800-879-3477.

Rev.3 October 2003

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**With Single Dose
Zithromax, you'll
have to find a new
use for all those
extra spoons.**

One 30-mg/kg dose of Zithromax delivers the efficacy of 20 doses of Augmentin® in acute otitis media¹

- Single Dose Zithromax has efficacy comparable with Augmentin at end of therapy (87% vs 88%) and test of cure (75% vs 75%)¹
- A subset analysis also revealed comparable clinical success rates between Zithromax and Augmentin in patients aged 6 months to 2 years¹
- Zithromax is well tolerated
—The overall incidence of adverse events was 16.8% for Zithromax compared with 22.5% for Augmentin¹

Simply effective.

Single Dose Zithromax is indicated for acute otitis media in children 6 months and older due to *Haemophilus influenzae*, *Moraxella catarrhalis*, or *Streptococcus pneumoniae*.

The most common side effects of Single Dose Zithromax are diarrhea (4.3%), vomiting (4.9%), abdominal pain (1.4%), rash (1%), and nausea (1%).

Zithromax is contraindicated in patients with known hypersensitivity to any macrolide antibiotic. If an allergic reaction occurs, discontinue drug and institute appropriate therapy. Physicians should be aware that reappearance of the allergic symptoms may occur when symptomatic therapy for the allergic reaction is discontinued.

Pseudomembranous colitis has been reported with nearly all antibacterial agents. It is important to consider this diagnosis in patients who present with diarrhea.

Reference: 1. Block SL, Arrieta A, Seibel M, McLinn S, Eppes SC, Murphy MJ. Single-dose (30 mg/kg) azithromycin compared with amoxicillin/clavulanate for the treatment of uncomplicated acute otitis media. *Curr Ther Res*.^{*} In press. Healthcare professionals in the US may obtain a copy of the article free of charge by request to the Pfizer Medical Information Hotline at 1-800-438-1985. The article is also available free of charge on www.KidsEars.com, a Pfizer web site.

^{*}Peer-reviewed publication. This study was funded by Pfizer Inc.

Please see brief summary of prescribing information on adjacent page.

**Single Dose
Zithromax[®]**
(azithromycin for oral suspension)