



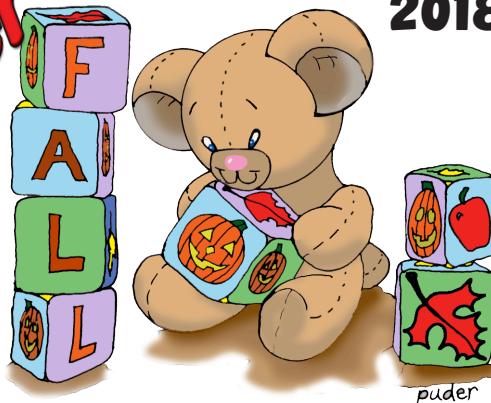
CLARKSTOWN
pediatrics



parentletter

written about
parenting

2018



Flu Vaccine? Oh We Just Don't Do That!

...really? Even though it protects your family and others around you?

by Doug Puder, MD



All of the
Doctors, Nurses,
and Staff at
Clarkstown
Pediatrics
take flu vaccine
for their protection
and YOURS!

...and none of us
got sick from
our flu shot!

We often hear this from parents who otherwise trust us completely. They believe that all other vaccines are life saving, but the *flu* is no big deal. The American Academy of Pediatrics has published the reasons they strongly recommend *influenza* vaccine for **all** children over age six months and for **all** adults:

This past winter 172 *influenza* deaths occurred in children. More than 80% of these children were unvaccinated. Half of these deaths occurred in children who were previously healthy.

No need to worry about egg allergy: Studies show that even severely egg allergic children and adults can safely receive *influenza* vaccine without increased reaction.

You cannot get sick from flu vaccine: It is not live! We only use single dose, thimerosal free, prepackaged *influenza* vaccine. Our vaccine covers four *influenza* strains (many only cover three). These are the four strains of *influenza* which are predicted to be in our community this winter.

Please take flu vaccine for yourself and your children: But also take it to protect other people. If you become infected with *influenza* virus, you become contagious for one day before you get sick. What if someone else caught the *flu* from you and got a serious complication? A fragile baby? An elderly person?

Can't I just take Tamiflu if I get sick? We do recommend *Tamiflu* for those who develop the *flu*, but it is not a substitute for vaccination. Remember: if symptoms of the *flu* develop, get treated in the first 48 hours otherwise *Tamiflu* won't be as effective.

Flumist is back: For years *Flumist* had worked better than the shot, but several years ago it lost its ability to protect patients and was discontinued. Manufacturing issues have been corrected and it is available this year for children age two and older without chronic illnesses. We will still recommend *flu* shots this season until we learn how protective *Flumist* is now.

visit us at

www.clarkstownpeds.com

RSV and Viral Wheezing

by Gregg Rockower, MD and Doug Puder,MD

An average healthy infant and toddler gets more than six respiratory infections per year.! Those in daycare get many more. Although most are "common cold" viruses, **RSV** stands out because it makes many infants and toddlers wheeze. For most infants, this viral wheezing (called *bronchiolitis*) is **not** asthma.

RSV, *Respiratory Syncytial Virus*, infects nearly half of infants in their first year and almost all children by age 2 years. It is transmitted by contact with secretions. Infectious droplets can be found on toys and objects recently touched by a child with **RSV**. All people should disinfect hands before and after direct contact with children with RSV, and after contact with objects near the child. **RSV** season is usually from November to April. Infants with **RSV** can develop thick nasal secretions, wheeze, and sometimes have trouble breathing. Adults and older children can be reinfected but usually get "just a cold".

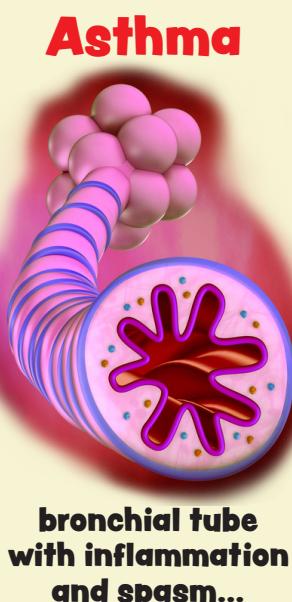
Saline nosedrops and nasal suctioning can give infants some relief. Infants who wheeze from **RSV** may get a little relief from bronchodilator treatments (*albuterol*) but these treatments will not shorten the length of illness. Make sure no-one smokes in the home! Antibiotics are not helpful unless complications develop. Other cough medicines do not help and can be dangerous. A few of the sickest children with **RSV** will be hospitalized for oxygen and monitoring. Most infants just need time and the wheezing will resolve.

There is no vaccine against **RSV**. Infants who were born premature (less than 29 weeks), have chronic lung disease, or other chronic illness may benefit from monthly injections with antibody to **RSV** known as *Synagis*.

Most children who get **RSV** are not at higher risk for asthma, although those who have an asthmatic tendency will struggle more with **RSV**. A strong family history of asthma in parents or siblings increases the risk of asthma later on, as does the presence of eczema. If your child has several illnesses with wheezing, especially beyond age one, we may add other asthma treatments (*budesonide* or other controller medication).

Unfortunately, asthma treatments won't help viral wheezing. Recent reports from the AAP (American Academy of Pediatrics) have confirmed this. With good supportive care, most infants recover completely in one to two weeks.

So not all wheezing means asthma, especially in infancy and early childhood!



We hope you find our Parentletter helpful and informative. Please keep in mind that receipt of this newsletter does not create a doctor/patient relationship and that it is not meant to serve as a substitute for professional medical advice. For particular pediatric medical concerns, including decisions about diagnoses, medications and other treatments, or if you have any questions after reading this newsletter, we encourage you to speak with your child's pediatrician.

Tell Me Again When to Use Albuterol?

Asthma is caused by inflammation in the airways and narrowing called **bronchospasm**. It causes shortness of breath, wheezing, and cough. *Albuterol* is a fast acting **bronchodilator**. So it stimulates the bronchial tubes to open by relaxing the muscles wrapping around them.

Should I give albuterol when my child is not coughing?

No. It is not a controller of asthma. It should only be used to relieve wheezing or asthmatic shortness of breath. When your child seems fine, don't use it. It can be used every four hours for wheezing.

What if my child uses albuterol more than twice a week?

If your child needs albuterol more than twice a week for shortness of breath or wheezing, call us. This can be a sign that your child's asthma is not well controlled. It tells us that your child may need a controller medication as well. That doesn't mean you should stop using albuterol, but we need to start additional anti-inflammatory medication.

Does that include albuterol before sports?

No, with sports induced asthma, albuterol can be given about 15 minutes prior to participation. Pre-sports albuterol is not a sign of poor asthma control.

Should I use a spacer (aerochamber, etc)?

Children younger than eight will get much more of their HFA inhaler medication into their lungs if they use a spacer device. Even many tweens do better with a spacer. Under age five we recommend spacers with a mask, after age five the mask is not necessary. New dry powder inhalers do not need any spacers attached as they are breath activated.

Do all the albuterol brands have the same color?

No! It would make sense and be less confusing. There are two major albuterol brands now: *Ventolin* (grey-blue color) and *ProAir* (bright red color). *ProAir Respiclick* (white with a red top) is a dry powder breath activated inhaler.

Is a nebulizer better?

Albuterol by nebulizer may give a slightly higher albuterol dose than an inhaler does. Otherwise there is no difference. We find many toddlers do better with a nebulizer, but generally prefer the inhalers with a spacer after age three to four. A nebulizer can help during a major asthma attack, but is not often needed otherwise and it does **not** improve asthma control.

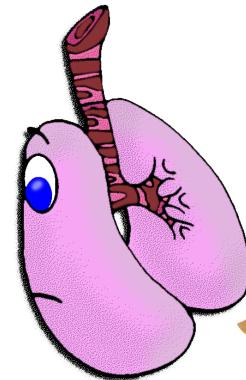
When should I be adding a controller medication to albuterol?

If your child has needed prednisone to control asthma or if there have been more than two asthma flares in the past year, we should discuss adding controller medication. If there is frequent shortness of breath, night wheezing or deep coughing, or if asthma keeps your child from activities lets discuss controller medication.

Why don't I get refills on albuterol prescriptions?

Some doctors find it useful to monitor how often you are refilling your albuterol. It gives information on your child's controller needs.

by Doug Puder, MD



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Way to go Doctor Kerry Donovan!

Now a Doctor of Nursing Practice!

Congratulations to *Doctor Kerry Donovan*! She has just completed her **Doctorate of Nursing Practice** degree with honors (4.0 average)! Not only did she complete her degree, but she was the *Valedictorian* of her class and was chosen to give the graduation (commencement) speech to the *Dominican College, Doctor of Nurse Practitioner Class of 2018*.

She has also been accepted into the **American Academy of Pediatrics** as an affiliate member, and become an *Adjunct Professor* at *Dominican College*. We are lucky to have her at *Clarkstown Pediatrics*, and pleased to announce that she will be extending her appointment hours.

She has been practicing with *Clarkstown Pediatrics* for over 20 years! So many families have come to trust her caring warm manner, thoroughness, and skill.

Kerry wrote: *"I would like to thank our patients, doctors and staff for all their support and encouragement as I pursued my Doctorate. I also want to thank my wonderful husband and four wonderful children who love and inspire me everyday to be the best I can be!"*



by Doug Puder, MD



On a personal note, while I worked hard to become a pediatrician, I had no other responsibilities at that time. Kerry has accomplished her degree while being a devoted mother to four children, a wife, running a home, and seeing patients.

In our opinion she has raised the term **Supermom** to a new level. Well done and congratulations!

Thank you Pediatric Care Organizers!

for helping us give your child the best care...

We have a talented group of *Pediatric Care Organizers* at *Clarkstown Pediatrics*. They are so much more than telephone secretaries and receptionists. They have received additional training on how best to meet every child's needs. It is clearly time to recognize how much they have learned about our **child centered medical home**.

We couldn't practice without them, and we would love to hear from you if you notice the difference. They really care and want to help!

by Jeff Karasik, MD

