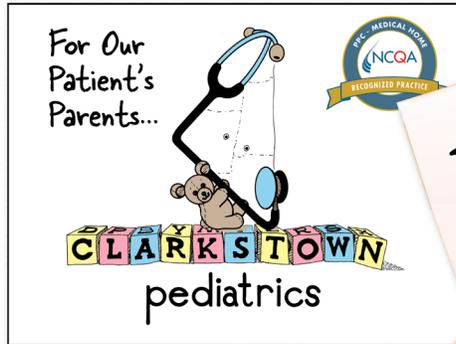


SPRING 2020



PARENT LETTER

the best parents ever!



ARE ELBOW BUMPS THE NEW NORMAL?

by Erica Berg, MD

Last spring we were dealing with measles in Rockland County, now a Coronavirus (*COVID-19*) pandemic! What happened to this beautiful season? We want you to know that we are taking every precaution to reduce the risk to you and your child from contracting this viral illness.

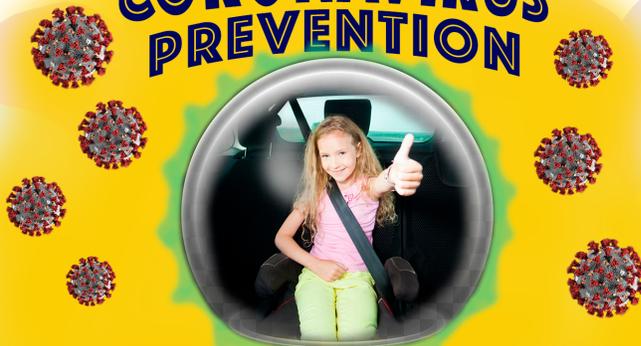
We have established a protocol here in our office to include improved sanitization practices as well as limit possible exposure to the virus. What we can do about *COVID-19*?

We are here to help decide if your child needs a higher level of care, or referred for *COVID-19* testing. We can treat some symptoms and complications, but we can't yet treat the virus itself. (Antibiotics won't work for *COVID-19*). **Most all children with *COVID-19* will get only mild illness** according to the latest reports!

We will continue to schedule routine, preventive care, and of course, appointments for other illnesses and problems not related to *COVID-19*. We encourage you to keep these appointments as scheduled. What can you do to prevent *COVID-19* infection when coming to our office?



CORONAVIRUS PREVENTION



● YOU WON'T WAIT IN THE WAITING ROOM!

We are encouraging parents to **WAIT IN THEIR CARS** with their children. We'll call you when your child's exam room is cleaned and free. (Never leave your child unattended in a car.)

● INCREASED CLEANING!

Everyone is asked to use hand sanitizer on arrival. Equipment, Seats, Counters, Door Handles, etc. are being sanitized often throughout the day.

1. Whenever possible, **bring only the child being seen** that day. Leave everyone else at home or let them wait in the car (if there is another adult) or go for a walk. □

2. **Call from your car** to start your check-in process. We want to limit the time you spend in the waiting room. We may want you to wait in your car until a room is available.

3. Expect to be **screened** for illness before you come in

4. Expect there to be no toys, books or magazines available, so bring your own entertainment! □

5. Our doctors limit antibiotic use. They are prescribed only when truly necessary.

www.clarkstownped.com

COVID-19 is already widespread

-continued from front page

- **Stay calm!**
- **Wash your hands!**
- **Cover your cough!**
- **Wash your hands!**
- **Social distance...**
(limit many children's group activities until this is over.)
- **Call for concerns!**
- **Get a flu shot.**



Yes, take precautions seriously. But our media is causing more fear than is necessary!

6. We'll continue to use the latest evidence-based medicine when making decisions about your child's health.

7. We'll continue to encourage routine immunizations and will continue to strongly encourage yearly influenza vaccinations as well. The flu appears to be more dangerous for children than COVID-19!

8. Please know that we are doing everything we can to make your visit with us as pleasant and as safe as possible. For accurate and up to date information on COVID-19, we recommend the CDC website, www.CDC.gov.

COVID-19 is a new strain of *Coronavirus*. That means it's something our immune systems have not seen before.

Luckily there have been no pediatric deaths reported in any country. Because children are exposed to so many other viruses in the same family on a regular basis, they do seem to have some cross-immunity to this strain. It's similar to how even during seasons when the *flu* shot isn't a terrific match, vaccinated individuals who catch the *flu* can fight it off very quickly. A healthy immune system recognizes the virus quickly and mounts an immune response.

In a report published on March 6 the CDC said 136 USA children have died from influenza during the 2019-2020 flu season. It's the highest child death rate from the flu since 2009. Most were not immunized against *flu*.

Like other *Coronaviruses*, COVID-19 will cause cold and cough symptoms, usually with a some fever. Antiviral medications like *Tamiflu* will not help. Comfort and supportive care are important: acetaminophen (*Tylenol*) or ibuprofen (*Motrin, Advil*) honey for coughs in kids older than 1 year, cool-mist humidifiers and saline nosedrops with suctioning for babies. Stay hydrated and comfortable. Like other viruses, there is a greater concern for the elderly and those with compromised immune systems.

Spread of COVID-19 in other countries has been worsened by people flooding the ER's and medical offices. Don't do that. If you or your child have mild cold symptoms, stay home! An office visit is not needed. Follow school guidelines for returning: 14 days no fever for 24 hours, no disruptive coughing, and child feels well enough to participate.

Your child **should** be seen for:

1. Any fever of 100.4^F in a baby for the first two months.
2. Trouble breathing, a barking cough, struggle to breathe, or cough that is worsening and interferes with sleep or play.
3. Dehydration, not getting enough fluids.
4. Sore throat.
5. Ear pain for more than 2 days

We will get through this together!

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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.

And by the way, it's Also Allergy Season...

by Doug Puder, MD

❑ How can I tell if my child has allergies?

Sneezing, runny nose, red itchy eyes, and throat are typical symptoms. A springtime "cold that just won't go away" may be allergy, especially if there is no fever. Spring allergies often occur in more than one family member, but are uncommon before age 3 years. It takes several seasons of pollen exposure before spring allergy develops. Although infants and toddlers can have food allergies, springtime allergy is uncommon. The runny noses of infants and toddlers are usually from viruses. Luckily, most allergies today can be controlled, and suffering greatly reduced.



❑ How can springtime allergy be treated?

Start with a **non-sedating antihistamine**. These are given by mouth and block the release of a chemical which causes many of the allergic symptoms. These are all available now without prescription (OTC):



Step 1



These come as pills-liquids-meltaways-chewables:

- **Loratadine** (*Claritin/Alavert*)
 - **Fexofenadine** (*Allegra*)
 - **Cetirizine** (*Zyrtec*)
 - **Levocetirizine** (*Xyzal*) (*less sedating than cetirizine*)
 - **Diphenhydramine** (*Benadryl*) (*very sedating*)
- We suggest giving at bedtime only. Pills-liquid

If that doesn't give enough relief, add a **cortisone** nasal spray to reduce nasal inflammation. Studies have shown these nasal cortisone products work equally well:



Step 2



Use in the morning 1-2 sprays each nostril for one week, then decrease to one spray daily:

- OTC:** ● **Flonase** ● **Nasocort** ● **Rhinocort**
- Rx:** ● **Fluticasone** (generic Flonase)
- **Mometasone** (generic Nasonex)

We do not recommend nasal spray decongestants like *Afrin* or *Neo-Synephrine*. Short term relief, yes, but comes back worse! And if your child's eyes get red add allergy blocking drops:



Step 3



one drop in each eye

- OTC:** **Ketotifen Zaditor** three times a day
- Rx:** **Pataday Pazeo** once daily in the morning

❑ **What about other products?** Yes, *montelukast* (*Singulair*), *azelastine* OTC (*Astelin*) and others could be considered **Step 4** medications. They may help a little but the first three steps are the most effective and should be continued until pollen levels drop.

❑ **Should my child go to an Allergist?** If your child or teen is still miserable after all these steps, we recommend testing by an allergist. *Immunotherapy*, "allergy shots" or daily drops under the tongue can make a huge difference. The benefits should be long lasting.

It also helps to track pollen levels with one of many apps such as *pollen.com*. Change clothes when coming indoors. Go to glasses over contact lenses, run air conditioner if available...

Even with COVID-19 around, it's still Tick Season!

What Should I do if my Child was bitten?



❑ The life of a tick, truth can be stranger than fiction:



Ticks live for two years. They eat twice in their lives, seeking a blood meal from a mammal. They wait in brush or wooded areas until their "host" brushes against them and then attach. They feed on the host mammal for three days, become engorged with blood, drop off, and hibernate. What a life!



In their first year ticks prefer a small mammal such as a mouse, and in their second year they prefer a larger mammal such as a deer. But they can't be too choosy, so they will feed on a human if they happen by.

It is estimated that about half of the deer ticks (*Ixodes scapularis*) in our area carry the *Lyme* bacteria, *Borrelia Burgdorferi*. A tick carries *Lyme* bacteria in their GI tract and regurgitates it into their host just before dropping off. In the first year, ticks (nymphs) are tiny (2mm) and harder to find. In their second year, ticks (adults) are larger and usually found.

❑ It's the tick you don't find that you have to worry about:



So if a tick is removed before the end of its blood meal, it will **not** transmit *Lyme* disease. Daily tick inspections should be effective in preventing most cases of *Lyme* disease. Remove ticks with tweezers by grabbing at the skin line and pulling back slowly until the tick releases. If you save the tick we can send it for identification, but testing the tick for *Lyme* bacteria is expensive and unnecessary.

❑ What am I watching out for?



Most children with *Lyme* disease come to us with a bullseye rash without other symptoms. The rash appears 3 to 32 days (average 11 days) after a tick has dropped off. If untreated it leads to fever, headache, and fatigue. After weeks to about a month it could cause more serious problems such as meningitis, Bell's palsy, or heart rhythm problems. Joint swelling (not just pain) takes several months to develop and most often affects one knee.

❑ Is it curable, should my child get antibiotics?



Yes, it is fully curable with antibiotics. Treatment is from 14 to 28 days depending on symptoms. Chronic *Lyme* disease does not appear to occur in children or adolescents. Prolonged antibiotic courses are not needed. Some recommend one tablet of doxycycline after a tick bite, but a full course of antibiotic adds only side-effects. If there is concern, a blood test can be performed 4 weeks later. There is currently no vaccine for *Lyme* disease.

