

# PAA NEWS TO USE WINTER 2008-2009

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## Fast Flu Facts

Every child seems to get the flu (influenza) at some time or another, right? But what is the flu? The flu is an illness caused by a virus. Flu viruses usually strike between December and early April. Since each of the types of flu virus has different strains, every year the flu is slightly different and can infect people several times during their lifetime. The flu can last a week or even longer. Your child will usually feel the worst during the first 2 or 3 days and may have any of the following symptoms:

- A sudden fever (usually above 101°)
- Chills and shakes with the fever
- Extreme tiredness
- Headache and body aches
- Dry, hacking cough
- Sore throat
- Stuffy nose
- In some cases vomiting can occur



There are usually no serious complications from the flu. However, sometimes an ear infection, a sinus infection, or pneumonia might develop. Talk to your pediatrician if your child says that his ear hurts, he feels all congested in his face and head, if his cough persists, or if a fever lasts beyond 3 to 4 days.

Both the flu and colds are caused by viruses and share many symptoms. But there are differences. A child with a common cold usually has a lower fever, a runny nose, and only a small amount of coughing. Children with the flu usually feel much sicker, achy, and miserable. Also, the flu tends to strike more quickly than a cold. Stomach upsets and vomiting are more common with the flu than with a cold. Children who have colds usually have enough energy to play and keep up with their usual day-to-day routines. The flu, on the other hand, keeps most children in bed for several days.

## Flu Vaccine

The Flu shot is an inactivated vaccine given as a shot into the muscle. The flu vaccine can prevent influenza but is not 100% protective against the flu. The flu shot will not make your child ill. Protection from influenza develops about 2 weeks after getting the shot and may last up to a year.

Flu Mist is a live, weakened vaccine that is sprayed into the nostrils. Flu Mist will be available for healthy children 2 years of age and older. You cannot get the flu from the flu vaccine.

Influenza is a potentially serious disease caused by a virus that spreads from infected persons to the nose and throat of others. Influenza can cause fever, cough, sore throat, headache, chills and muscle aches. The American Academy of Pediatrics recommends influenza immunization for ALL children healthy and with high risk conditions ages 6 months thru 18 years old.

Most kids will only need one shot unless they are under the age of 9 and getting the vaccine for the first time. This group of kids will need 2 doses 30 days apart, again, only if receiving first flu shot under the age of 9.

**Inactivated Influenza Vaccine should be given to:**

- All children 6month- 18 years old
- Household contacts and out-of-home caretakers of infants 0-23 months of age
- People 50 years of age or older
- Residents of long-term care facilities
- People who have long-term health problems with heart disease, lung disease, asthma, kidney disease, metabolic disease, anemia
- People with a weakened immune system
- Women who will be pregnant during influenza season
- Physicians, nurses, family members, or anyone in close contact with people at risk of influenza
- Anyone else who wants to reduce their chance of catching influenza

**Live Intranasal Influenza Vaccine can be given to:**

- Healthy children and adults from 2 through 49 years of age
- Household contacts of most people at high risk for influenza complications

**When should you get a flu shot?**

The best time to get flu vaccine is in October or November. The flu season can peak anywhere from December through March, but most often peaks in February.

Most people need only one flu vaccination each year to prevent influenza. But children under 9 years of age getting influenza vaccine for the first time should get 2 doses of vaccine. For the live influenza vaccine, these doses should be 6-10 weeks apart. With the inactivated vaccine, these doses are given one month apart.

**Content derived from** the Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases and American Academy of Pediatrics Policy



**Wash your hands!**  
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# ***My child has a virus, how can I help her feel better?***

While there is no "cure" for infections caused by a virus, there are things you can do to help your child feel better until the virus runs its course:

## **To relieve stuffy nose**

- Thin the mucus using saline nose drops. Ask your pediatrician which ones to use. Never use nonprescription nose drops that contain any medicine.
- Clear your baby's nose with a suction bulb. Squeeze the bulb first, then gently put the rubber tip into one nostril and slowly release the bulb. This suction will draw the clogged mucus out of the nose. This works best for babies younger than 6 months.
- Some recommend the use of a cool-mist vaporizer. This can help to increase the humidity of the dry air found in your house in the winter. Be sure to clean the humidifier often.
- The use of vapo-rub has not been shown to be of any benefit in relieving stuffiness in children or adults.
- Cough and cold medications, either over the counter or prescription, are not recommended for children under six years of age.

## **To relieve fever**

- Give your child acetaminophen or ibuprofen. Refer to our web site [paalex.com](http://paalex.com) for dosing information. Don't give aspirin to your child because it has been associated with Reye syndrome, a disease that affects the liver and the brain. Check with your pediatrician first before giving any other cold medicines. **DO NOT** give ibuprofen to children less than 6 months old.

## **To help improve clearance of mucus**

- Make sure your child drinks a lot of fluids. He may want clear liquids rather than milk or formula. He may eat more slowly or not feel like eating because he is having a hard time breathing through the nose.
- Studies have shown that it is normal for the color of the nasal discharge to turn yellow and/or green during the course of a cold. This does not require an antibiotic.

If your child's virus doesn't seem to go away after a week or two, or seems to get worse, call your pediatrician. Your pediatrician will let you know what the best treatment is for your child. In some cases, all you may need to do is make sure your child gets plenty of rest and eats a balanced diet. Other times, your child may need medicine. Most infections can be treated at home. However, if an infection becomes severe, your child may need to see the pediatrician and, rarely, go to the hospital.

## **Prevention**

Though there is no way to keep your child away from germs, there are some steps you can take to help prevent them from spreading, including

- Make sure everyone washes his or her hands. Regular hand washing helps prevent the spread of germs.

- Keep your child away from anyone who has a cold, fever, or runny nose.
- Don't share eating utensils, drinking cups, toothbrushes, washcloths, or towels with anyone who has a cold, fever, or runny nose.
- Wash dishes and utensils in hot, soapy water.
- Don't smoke indoors or in the car.

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Source: *Common Childhood Infections* (Copyright © 2005 American Academy of Pediatrics)

## **“When do I keep my sick child home?”**

Usually there's no need to keep a child home with a mild cold or an ear infection, unless the child is too uncomfortable to make it through the day. Going back to school too soon can be a tough transition for a sick child. Kids are playing hard at recess and losing a little sleep time. They may begin experiencing headaches, stomachaches, fatigue, or a general bad feeling. Then suddenly they're exposed to all these other kids and their viruses.

Daycares in Fayette County are required by the Health Department to follow guidelines established by the American Academy of Pediatrics. This helps reduce your child's exposure to serious illness allows her to attend with minor illness. If you feel that your child is being excluded from daycare for frivolous reasons, we would be happy to assist you.

Most schools will not give a child any type of medication without permission or a prescription on file. The current regulations in Fayette County allow children to miss school ten days using excuses written by a parent. If your child is absent for more than ten days then a note from us will be required. We will not write excuses for absence unless your child is seen by us or speaks with one of our nurses. We will only write an excuse if your child has exceeded the ten day limit.

The most important thing is to make sure your kids' needs are met. Usually there is no need to keep children home with a mild cold or an ear infection, unless the illness will interfere with learning.

The following symptoms may mean that an illness is contagious, and that your child should stay home:

- Fever (above 100.4 degrees Fahrenheit), repeated diarrhea or vomiting within the past 24 hours;
- Thick mucus or pus draining from the eye;
- Sore throat with fever or swollen neck glands;
- Rashes with clear blisters or which are weeping;
- Unusual fatigue, paleness, lack of appetite, confusion, irritability.

# Types of Coughs and What They Mean

- **Croup**

This condition results in inflammation of the vocal cords and trachea (windpipe) caused by allergies, change in temperature at night, or most commonly a viral upper respiratory infection. Croup causes the characteristic barking cough and/or hoarseness. When a young child's airway becomes inflamed, it may swell around the vocal cords, making it harder to breathe. Children younger than 3 years of age have croup most often because their windpipes are narrow - some children have it practically every time they have a respiratory illness.

Croup can occur suddenly in the middle of the night, which can be frightening for both you and your child. Although most cases can be managed at home, if you suspect your child has croup, call your child's doctor to determine whether your child needs to visit him or her.

- **Cough With Wheezing**

When coughing is accompanied by a wheezing sound as your child exhales (breathes out), it is a sign that something may be partially blocking the lower airway. This might be caused by swelling from a respiratory infection (such as bronchiolitis or pneumonia), asthma, or an object stuck in her airway. Call your child's doctor unless your child has this problem often and you have medicine, such as an inhaler or nebulizer, with instructions on how to use the medicine for home treatment of your child's asthma. If the cough and wheezing do not improve with medication, call your child's doctor.

- **Stridor**

Although wheezing usually occurs during exhalation, stridor is noisy, harsh breathing (some doctors describe it as a coarse, musical sound) that's heard when a child inhales (breathes in). Most often, it's caused by swelling of the upper airway, usually from viral croup. However, it's sometimes caused by a more serious infection called epiglottitis or a foreign object stuck in the child's airway. If your child has stridor, call your child's doctor immediately.

- **Nighttime Cough**

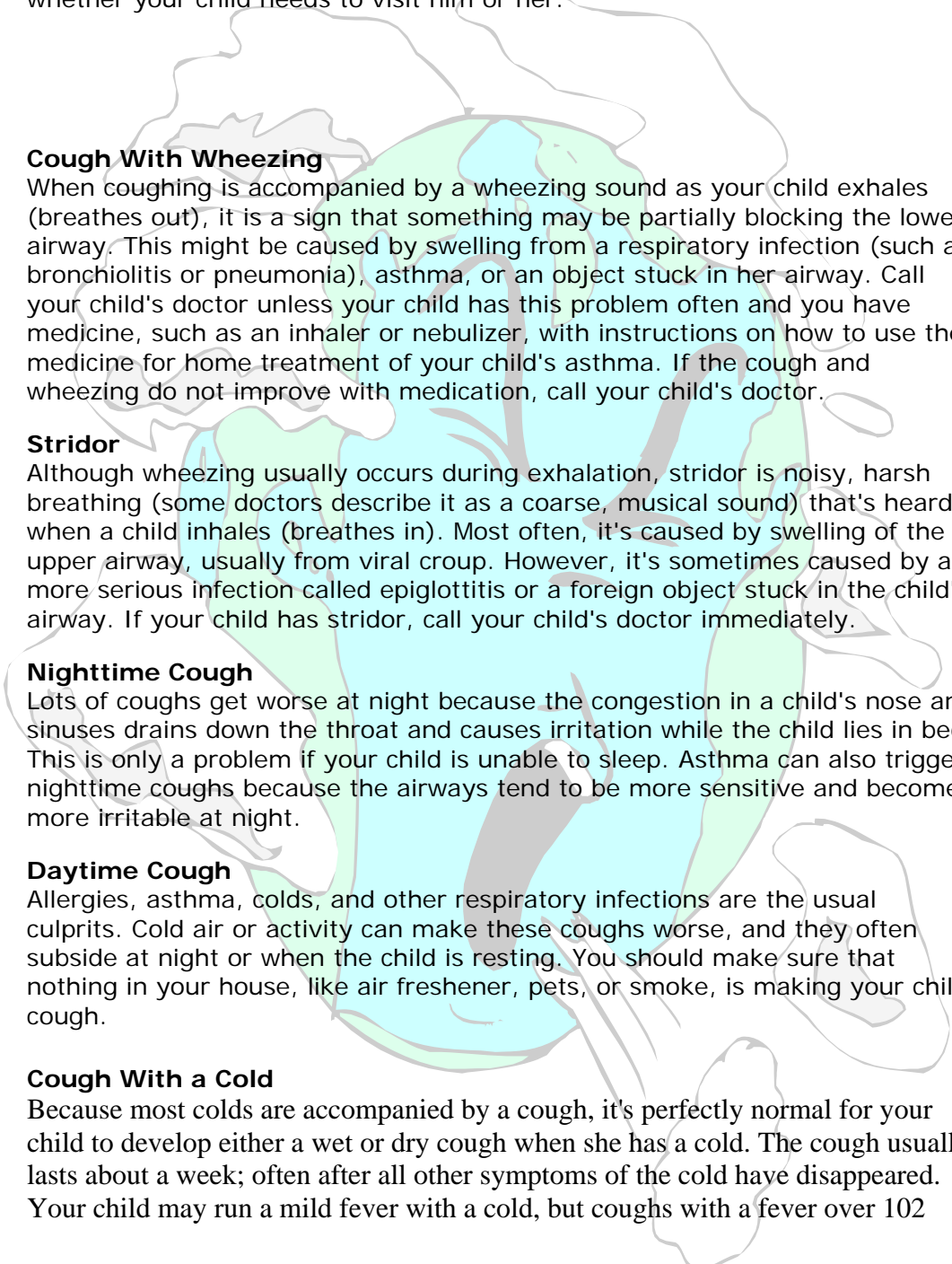
Lots of coughs get worse at night because the congestion in a child's nose and sinuses drains down the throat and causes irritation while the child lies in bed. This is only a problem if your child is unable to sleep. Asthma can also trigger nighttime coughs because the airways tend to be more sensitive and become more irritable at night.

- **Daytime Cough**

Allergies, asthma, colds, and other respiratory infections are the usual culprits. Cold air or activity can make these coughs worse, and they often subside at night or when the child is resting. You should make sure that nothing in your house, like air freshener, pets, or smoke, is making your child cough.

- **Cough With a Cold**

Because most colds are accompanied by a cough, it's perfectly normal for your child to develop either a wet or dry cough when she has a cold. The cough usually lasts about a week; often after all other symptoms of the cold have disappeared. Your child may run a mild fever with a cold, but coughs with a fever over 102



degrees or higher can mean pneumonia, particularly if your child is listless and breathing fast. In this case, call your child's doctor immediately

### How to calm a cough:

- Avoid exposure to cigarette smoke! It is an irritant that not only paralyzes the cilia but also causes the respiratory cells to produce more mucous!
- Push oral fluids! It helps make the mucous thinner and soothe irritated respiratory cells.
- Add moisture to the air! This might help by decreasing the evaporation from your child's inflamed respiratory tract by putting more moisture into the air they breathe. Use a cool mist humidifier. Cool mist has more moisture than steam and is more effective in reducing the swelling of congested membranes. Heated vaporizers can be a safety hazard with the risk of accidental burns.
- Over-the-counter cough suppressants may be used for children ages 6 years and older at bedtime to help your child rest during sleep. Most daytime coughing is considered a protective cough and an important means of helping keep the lungs clear. If your child has a persistent cough or the coughing is interfering with daily activities and rest, call our office to see if cough medicine may be recommended.

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## **AAP and FDA Urge Caution in Giving Cough and Cold Medicines to Children**

Physicians, pharmacists and parents are motivated by a well-intentioned desire to help a child who is uncomfortable during an upper respiratory infection by providing some symptomatic relief. For many years, cough and cold remedies formulated for use in adults were used in lower doses in children without sound scientific proof that these medications actually helped relieve the symptoms. Numerous studies indicate that these medications have little or no effect on cold symptoms in young children and infants. Therefore, the American Academy of Pediatrics the FDA and the CDC have recommended that parents refrain from giving cough and cold medications to children under six years of age. Serious and even fatal adverse events can occur if a child is given too much medicine, or it is given too often, or if the child is given more than one medicine that contains the same active ingredient.

### *What's up with Fevers?*

During the fall and winter months, viral infections are prevalent and one of the common causes of fever in children. Most fevers are actually good for children and help the body fight infection. The fever with a viral illness may fluctuate between 101 degrees and 104

degrees and may last for 2 or 3 days. Fevers under 104 degrees may cause discomfort but are harmless. A fever of over 105 degrees carries a higher risk of bacterial infections. The temperature rarely exceeds 106 degrees without an external heat source. Any baby under 3 months of age should be seen in the office if they have a fever of 100.3 or over rectally.

Treatments for fevers of 100-102 degrees include giving cold fluids by mouth in unlimited amounts and dressing the child in less clothing. Acetaminophen or ibuprofen may be given for fevers over 102 if the child is uncomfortable. **IBUPROFEN SHOULD NOT BE GIVEN TO BABIES UNDER 6 MO. OF AGE. NEVER GIVE ASPIRIN TO ANY AGE CHILD.** The goal of treating the fever is to bring the temperature down to a level that is comfortable. Fever medications usually lower the fever by 2-3 degrees. Parents may be anxious if the fever doesn't "break", but that is not an indication of the seriousness of a child's illness. If it makes the child more comfortable, sponging may be used to help lower the fever if the fever is over 104 and has not responded to fever medicine. Use lukewarm water (85-90 degrees). Always give fever medicine first. You may sponge for 20-30 minutes, but if your child shivers, stop the sponging. Sponging, however, is not necessary for most fevers. **NEVER USE ALCOHOL** for sponging.

Please call the office if you have questions about your child's fever. We need to especially hear from you if your child still looks very sick an hour after having fever medication, the fever is over 105 degrees, the fever lasts for over 3 days, or if the fever returns after going away for over 24 hours. These symptoms could indicate a secondary bacterial infection. Certainly, call the office anytime your child looks worse to you or has symptoms that concern you in addition to the fever.

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

RSV is a member of a subgroup of viruses that cause respiratory symptoms. It is the most common cause of pneumonia, bronchiolitis, and the common cold in infants and children. Nearly every child will contract RSV before the third birthday. Symptoms in infants and small children may include very thick mucous production, a productive cough, noisy breathing, wheezing, lethargy, fever, and poor feeding because the stomach is full of drainage. Older children may have a cough that lasts for 3-4 weeks. The course of the illness is usually without complications, but tiny babies, premature infants, and children with heart or lung disease may experience more serious problems. Transmission of the virus is caused by contact so it is important for family members to wash their hands after contact with the sick child. The child is contagious for 3-4 weeks, but doesn't need to be isolated and may return to daycare or school after the fever has been gone over 24 hours. Because RSV is a viral illness, antibiotics (which kill only bacteria) are ineffective. They may be used occasionally if a secondary infection develops. Treatment is therefore mainly supportive. If your child has symptoms of RSV, you may call the office and let one of our nurses discuss treatment options with you. Feeding infants smaller amounts more frequently may help with the feeding problems. To facilitate sinus drainage,

you can let your baby sleep buckled into their infant carrier, as much as they will tolerate. Running a cool mist vaporizer may also be helpful. Rarely, infants with RSV may experience symptoms of respiratory distress: rapid respirations, retractions (tugging in between the ribs), lips turning blue or dusky, and grunting noises as he breathes, etc. Should these symptoms occur, please notify us immediately or call 911.

Prevention of the illness involves mainly good hand washing practices. Premature infants or babies with heart or lung disease may qualify for a series of injections that would result in immunity.

In summary, RSV is a common childhood illness that almost all children contract at one time or another. It usually occurs without complication and treatment is aimed at easing symptoms. Occasionally the symptoms may be more severe. Our nursing staff is trained to help you decide if your child needs to be seen in the office.

## EMERGENCY AFTER HOURS PHONE CALLS

Nighttime (after 5:00p.m.) and weekend calls should be limited to emergencies or urgent problems that **cannot wait until office hours the following day**. Non-urgent phone calls during these hours may actually delay our response time to acute problems. Your cooperation with this system helps us provide the best care possible for all of our patients. The after-hours number (859-276-2594) is an answering service that relays messages to the Central Baptist Call Center. The Call Center is staffed by highly trained nurses who are equipped to help you determine what needs to be done for your child. The physician on call is always available in the event that you require additional assistance and the Call Center will contact him or her as needed. Our physicians try to answer all calls within the hour and usually do so much sooner. If you do not hear from us within a reasonable amount of time, please call the answering service again.



### Emergency

For routine problems and prescription refills, please call during regular office hours which are 7:30 a.m.- 5:00 p.m., Mon.-Fri. and 7:30 a.m.- Noon on Saturdays. If you think your child may need to be seen in the office, please call as early as possible during the work day so that we may schedule an appointment for you. Please refer to our website [www.paalex.com](http://www.paalex.com) for answers to routine questions and for dosing information for over the counter medications.