



Immunization Update:

1) Influenza vaccine. We are recommending any high risk children (asthma, heart disease, kidney disease, sickle cell disease, etc.) as well as any children 6 months to 5 years of age receive the flu vaccine. Any family contacts of children in these groups are also recommended to receive the vaccine. For a child less than 9 years old, the first year getting the vaccine, we require 2 vaccines 1 month apart. Please let us know if you are interested in the vaccine.

2) We are recommending the Menactra vaccine (for meningococcal meningitis) for 11-12 year olds, for 15 year olds or those entering high school, and for those entering college or the military. Side effects include; headache, achiness, fatigue, numbness, diarrhea, lack of appetite, chills, fever, vomiting, rash as well as local reactions of pain, redness, and swelling. (CDC, Ottawa County Health Dept.)

3) Third, we have been experiencing an increase in pertussis (whooping cough) infection especially among children 11-15 years of age. In fact, we have had several cases of pertussis infection in Ottawa County recently. The CDC and AAP now recommend a new tetanus vaccine be given, called dTap. This vaccine has a small amount of pertussis in it to protect the teens from infection. If your child has already had the dTap recently, it is suggested that we give the new dTap at age 15-16. (AAP News, August 2005).

Avoid Illness and Stay Healthy:

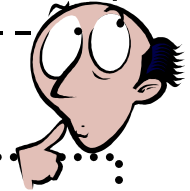
*Remember to
wash hands well,
eat healthy foods,
and get plenty of
sleep. **Exercise.**
Avoid smoking.
Wear seatbelts
and bike helmets.*



Fall Illnesses: Fall is the time for strep throat and croup. According to the AAP, strep throat should be suspected in a child older than 3 years old who has fever, sore throat, headache, and/or stomachache and vomiting. Strep infections are unusual if cold symptoms are present. If a strep test is done when cold symptoms are present, and a strep screen is positive, it is likely the child is a carrier of strep and antibiotics do not change this (i.e. are not helpful). Up to 20% of children are carriers and will always test positive when checked. Children younger than 3 years old, usually get sinus infections instead of sore throat when they have strep infections. For more information, please ask us. Croup is a viral infection seen mostly in fall and spring. It can cause wheezing as well as Stridor. Stridor is the dry hoarse breathing when a child breathes in. Wheezing is a wet noisy breathing when a child breathes out. Stridor is usually associated with a barking cough when it is caused by croup. Stridor without cough is more serious and your child needs to be seen if he/she has this. For more information, please ask us. (AAP= American Academy of Pediatrics)



Abdominal Pain. Stomachaches are very common in children, especially in the Fall when school begins. It is estimated that about 20 percent of kids suffer from abdominal pain. Often the problem is not serious. However, sometimes it is. Please call if the following symptoms are present: pain in a specific location away from the belly button, fever, diarrhea, weight loss, vomiting, pain waking the child at night, blood in the stool, changes in bowel function (frequency of bowel movements), or family history of inflammatory bowel disease. (From Children's Hospital of Pittsburgh)



When should you keep sick kids home from school? Deciding whether a sick child should miss valuable class time can be a struggle for any parent- especially when the symptoms seem to be borderline and a trip to the doctor means missing work. In its book *Caring for Your School-Age Child*, the American Academy of Pediatrics suggests keeping a child home if he/she has a fever, is not well enough to participate in class or may be contagious to others.

Nancy W. Dickey, MD, editor-in-chief of the e-health network Medem, said common symptoms that should keep a child home include: 1) fever at the onset of illness or a fever over 100 degrees Fahrenheit, 2) a rash and 3) feeling sick. If your child begins to feel mildly sick and a low fever is discovered, keep her home for the day to see how the symptoms develop, Dr. Dickey said. If your child has been on antibiotics for at least two days and feels fine but a low fever remains, it is probably OK to send him/her to school.

Sometimes your child might have a few outward symptoms of illness (no cough, no fever, etc.), but still feels sick. If your child doesn't feel well enough to concentrate in class, then let him/her stay home until the child is more comfortable and can get some rest.

Finally, if you suspect your child is contagious, it's best to find out before you send him/her to school. Sometimes children feel fine, but still shouldn't be exposing the whole class. For example, if your child has an unexplained rash, have your pediatrician see your child before letting your child return to school. Other symptoms that may mean an illness is contagious are: 1) repeated diarrhea, vomiting or fever (above 100.4) within the past 24 hours, 2) thick mucus or pus draining from the eye, 3) sore throat, especially if combined with fever or swollen neck glands, and 4) unusual fatigue, paleness, lack of appetite, confusion or irritability.

Ear infections are not contagious, so don't let one keep your child home unless the condition will affect your child's ability to learn.

The next time you're indecisive about sending your child to school, consult your pediatrician. The well-being of your child, and possibly others is at stake.

-Greg McConnell American Academy of Pediatrics 2004

Please welcome Dr. Wendy Zink to our office! We are very excited to have her join us! Dr. Zink will be seeing patients on Monday, Wednesday, and Friday. She and her husband, Dr. David Zink, have a 3 year old son, and are expecting another boy in November.

IMMUNIZATION UPDATE

Vaccine recommendations have been changing frequently in the past 6-9 months. Several new vaccines and old vaccines with new recommendations have been encouraged this year. In addition to the changes mentioned at the beginning of the Fall newsletter, here is a more extensive update as of September 2006.

Hepatitis A vaccine. This vaccine is now recommended for 1-2 year olds. This vaccine helps to prevent liver infection from contaminated fruits, vegetables, and water. Several western states have been requiring this vaccine for many years. This year the CDC has recommended phasing this vaccine in for all 50 states. Insurance and VFC will only cover the ages 1-2 so far. This is a 2 shot series, 6 months apart.

Rotavirus vaccine. Recently a new vaccine was approved for rotavirus prevention. The Spring newsletter talked about this briefly. Rotavirus causes significant diarrhea and vomiting and dehydration in younger children. We will soon have this vaccine in the office. It is given orally and at 2, 4 and 6 months of age. We cannot start the vaccine series after 11 weeks of age. This vaccine has very specific timing requirements as well as storage requirements.

HPV vaccine. This new vaccine is for human papilloma virus (HPV) prevention. HPV is a virus that is sexually transmitted with nearly 80 percent of women infected with it. It is the leading cause of cervical cancer. Some experts estimate we can reduce cervical cancer by 75% with this vaccine. We are currently waiting to hear final recommendations for this vaccine. It will be recommended for 11-12 year old girls (up to age 26 years of age), and will be a 3 vaccine series (one dose, 2 months later the second dose, 6 months from the first dose the third dose).

Varicella (chicken pox) vaccine. Yes, many of you have long asked the question. We anticipate hearing in January 2007, the final recommendation for a second varivax (chicken pox) vaccine. Several insurances have already approved this, so some of you have already received this second dose. First dose is recommended at age 1 year, with the second dose to be given at 4-6 years of age. Any older children may receive the second dose as well.

MMRV – a new combination vaccine of MMR and Varivax (chicken pox) is available at the 1 year checkup. It is not approved yet for the 4 year checkup, but we anticipate that it will be after the second chicken pox vaccine is approved in January. We are always happy to see new combinations to reduce the number of injections we need to give.

As always, if you have ANY questions about immunizations, please ask us! We want to keep your children as healthy as we can, and immunizations are a vital part of that, but it can be overwhelming to sort them all out at times. Please ask us for information or discuss any questions with us.

- Dr. MacDonald and Dr. Zink