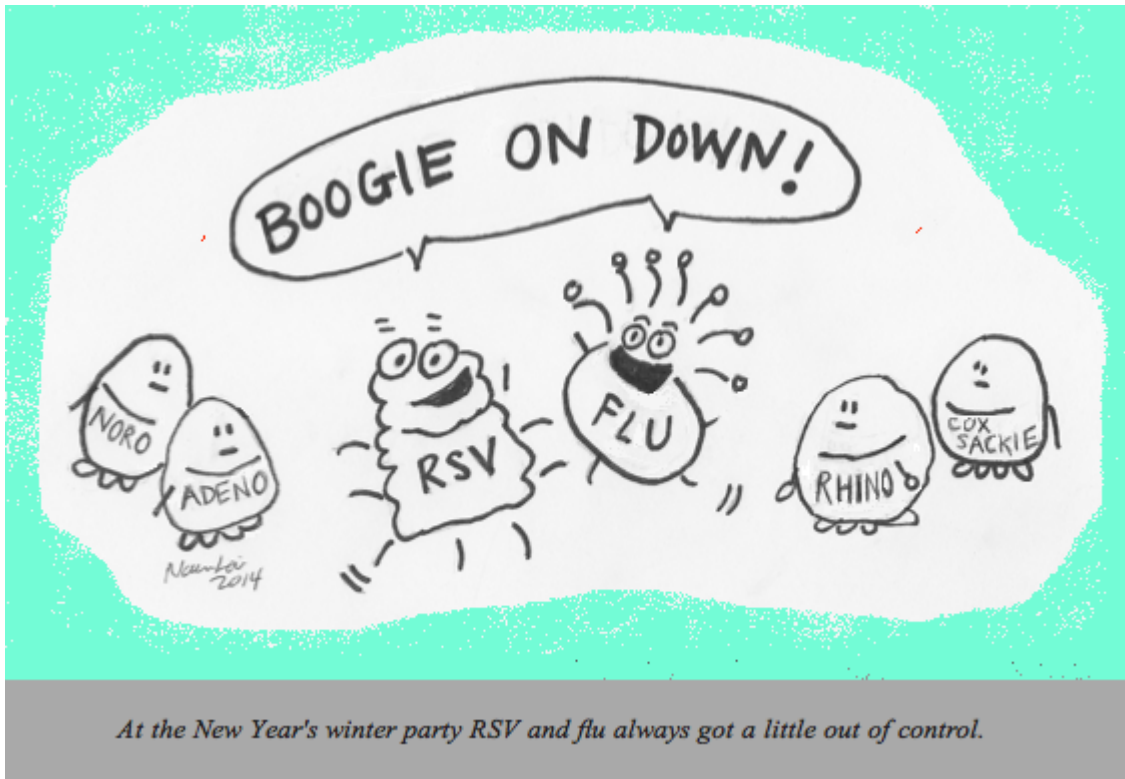


What to do with the flu, and what about elderberry?



So you just read our post “Does my child have the flu or a cold” and you’ve decided that your child likely has the flu (short for influenza). Now what do you do? When do you call the pediatrician? Does your child need medication?

First take a deep breath. Then, make sure your child is breathing easily. She may be coughing a lot but as long as her breathing is unlabored, and you see no retractions (see 6 second video in our coughing post), her lungs are most likely OK. Kids who are short of breath can become agitated or lethargic. A little tiredness from illness is normal, but extreme lethargy is not.

Think about it. Is your child’s mental state OK? Is she thinking clearly, walking well, talking normally, and consolable? She may be more sleepy than usual but when awake she should be rational and easily engaged.

Hydrate! A high fever and cough increases a child's hydration needs. Make up for lost fluids by aiming to give her at least one and one-half times the amount she usually drinks in a day. For example, if she typically drinks 24 ounces of water or milk per day, try to give at least 36 ounces of fluid per day. Offer your child ANYTHING she wants to drink, including soup, juice, lemonade, electrolyte replenishers (e.g. Gatorade or Pedialyte), decaffeinated tea or a little flat decaffeinated soda.

If your child is not eating, avoid hydrating solely with plain water. Kids need salt to keep their blood pressure up and sugar to keep their energy levels up. And yes, milk is **great** to offer. **If milk doesn't cause your child to make more mucus when she is healthy, then it won't affect her nose or lungs when she is sick.** Even chocolate milk is fine! For infants, give breastmilk or formula—no need to switch. The goal is to produce PEE. Well hydrated kids pee at least every 6-8 hours. Other signs of dehydration include dark urine, dry mouths/lips, the inability to produce tears, sunken eyes, and sunken soft spot (in an infant).

Offer food as well. My grandmother used to say, "Feed a cold, starve a fever." I loved my grandmother, but she was incorrect about this advice. Food = nutrition = improved germ fighting ability. However, don't argue with your sick kid about eating if she is not hungry. Just know that drinking extra is a **MUST**.

Placate pain. She may have muscle aches, a headache, or a sore throat. Relieve her discomfort with ibuprofen (Motrin, Advil) or acetaminophen (Tylenol). Offer some ice pops and a movie on the couch. If she is in severe pain, is unable to move normally, or is inconsolable, call your child's doctor. Unable to move or inconsolable = very bad.

It's OK to play and move about. Your child with flu might spend a large portion of her day on the couch or in bed but it's fine to let her play and have some activity. Some walking

around and playtime helps her exercise her lungs. "Moving" her lungs with a cough actually prevents pneumonia by preventing germy mucus from lodging in the lungs. Also, seeing that your child can walk around, despite her aches and discomfort, will reassure you that she is handling her illness.

Does every kid with flu need to see a doctor? No. Some kids have medical problems that predispose them to complications of illness and doctors will want to see those kids more often. Most otherwise healthy kids get through the flu, as long as they drink enough and can be kept comfortable. The fever from flu usually lasts from 4-7 days and can go quite high, but you know from reading our fever post that the number alone is not what you fear. What matters is how your child is acting.

Some reasons your child should see a doctor:

- difficulty breathing
- change in mental state or you cannot console her
- your child is dehydrated
- a new symptom that concerns you
- the fever goes away for a day or two and then returns with a vengeance
- fever goes on more than 4-7 days, but you can certainly call the doctor to check in by day 3-5
- a rash appears during the flu illness (this can be a sign of overwhelming bacterial infection, not the flu)
- new pain (eg. ear pain from an ear infection) or severe pain
- your gut instinct tells you that your child needs to see a doctor

What about Tamiflu (brand name for oseltamivir) ? Some areas of the United States are experiencing a shortage of this anti-flu medicine. Oseltamivir can lessen the severity of flu symptoms and perhaps shorten how long the flu lasts by about a day. Since most people recover in about the same amount of time without the medication, the CDC (Centers for Disease Control) and the AAP (American Academy of Pediatrics) issued treatment guidelines. Kids with certain lung, heart,

neurologic, or immune system diseases, kids with diabetes, and kids under the age of two years may be medication candidates.

You can check the exhaustive list [here](#). The other two medications that cover the two main types of flu are not available in oral form.

Better than Tamiflu is the flu vaccine. Remember the saying, “An ounce of prevention is worth a pound of cure?” A 2017 study showed that the flu vaccine prevented kids from dying of the flu. Vaccinated kids who do end up with the flu tend to have less severe illness. The vaccine prevents several types of the flu, so even if your child gets flu and did not receive the flu shot this season, it’s not too late. Take her to get it after her fever is gone. Also put in a reminder to yourself to schedule a flu vaccine appointment for your child next September, in advance of next winter’s flu season.

Over-the-counter flu medications do not treat the flu, but they can give side effects. In fact, cough and cold medicines should not be given to children younger than four years, according to the American Academy of Pediatrics. Instead, try these natural remedies:

- If older than one year, you can give honey for her cough and to soothe her throat.
- Run a cool mist humidifier in her bedroom, use saline nose spray or washes, have her take a soothing, steamy shower, and teach her how to blow her nose.
- For infants, help them blow their noses by using a bulb suction. However, be careful, over-zealous suctioning can lead to a torn-up nose and an overlying bacterial infection. Use a bulb suction only a few times a day.

What about black elderberry (sambucus)? Articles abound on social media about the benefits of black elderberry in fighting flu symptoms. However, if you read a credible source such as the National Institute of Health information site about complementary and alternative medicine, you will find,

“Although some preliminary research indicates that elderberry may relieve flu symptoms, the evidence is not strong enough to support its use for this purpose.” The research was not conducted with kids, so unfortunately we cannot recommend this unproven treatment for flu.

Take heart. While the groundhog predicted 6 more weeks of winter this year, history shows that the groundhog is usually wrong.

Julie Kardos, MD and Naline Lai, MD
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My kid has a terrible cough: Is he ok?



photo by Lexi Logan

We are seeing a lot of coughing kids in the office these days. In general we like coughs. Coughs keep nasty germs from lodging in the lungs. It is hard for parents to tell if a cough is from a cold, an asthma flare, pneumonia, allergies, or something else. Regardless of what is causing your child to cough, even if you think your child has a simple cold, it's important to recognize when your child is having difficulty breathing. Share this information with all of your child's caretakers, including teachers. Too often we get a child in our office with labored breathing which started during school hours but was not recognized until parent pick-up time.

Signs of difficulty breathing:

- Your child is breathing faster than normal.
- Your child's nostrils flare with each breath in an effort to extract more oxygen from the air.
- Your child's chest or her belly move dramatically while breathing—lift up her shirt to appreciate this.
- Your child's ribs stick out with every breath she takes because she is using extra muscles to help her breathe—again, lift up her shirt to appreciate this. We call these movements “retractions.”
- You hear a grunting sound (a slight pause followed by a forced grunt/whimper) or a wheeze sound at the end of each exhalation.
- A baby may refuse to breast feed or bottle feed because the effort required to breathe inhibits her ability to eat.
- An older child might experience difficulty talking.
- Your child may appear anxious as she becomes “air hungry” or alternatively she might seem very tired, exhausted from the effort to breathe.
- Your child is pale or blue at the lips.

In this video, the child uses extra chest muscles in order to breathe. He tries so hard to pull air into his lungs that his ribs stick out with each inhalation. Try inhaling so that your own ribs stick out with every breath- you will notice it takes a lot of effort.

<https://www.twopedsinapod.org/wp-content/uploads/2016/01/retractions.m4v>

For those whose children have sensitive asthma lungs, review our earlier asthma posts. [Understanding Asthma Part I](#) explains asthma and lists common symptoms of asthma, including cough, and [Asthma Medicine Made Simple](#) tells how to treat asthma, summarizes commonly used asthma medicine, and offers environmental changes to help control asthma symptoms.

Julie Kardos, MD and Naline Lai, MD
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Does loud music damage hearing?



photo from pixabay

Dr. Lai's son practices his saxophone with headphones on, while Dr. Kardos's son rarely remembers to protect his ears while practicing drums. While admirable that they both practice their instruments, guess which one is more at risk for teen hearing loss?

Sound is described by decibels (loudness) and by frequency (pitch) measured in hertz. An example of a high frequency sound is a person whispering. A very high frequency noise is the sound of a dog whistle. By thirty years old, almost everyone experiences some hearing loss at frequencies above 15 hertz. If you are this age, this is why everyone now seems to mumble at parties. A few years ago, teens capitalized on this natural hearing loss phenomenon with "mosquito" ringtones—high frequency cell phone rings heard only by younger ears but not by prying adult ears. For kicks, check out your ability to hear high frequencies at this non-scientific site.

Exposure to loud sounds at high decibels hastens the natural progression of high frequency hearing loss. The ringing in the ears after a loud concert or a day of weed-wacking is the "sound" of hearing loss occurring. Damage to the hearing nerve (cochlear nerve) in an ear can occur from a one time exposure to dangerously high decibels or from repetitive exposure over time.

What is the margin of safety?

- Sounds above 85 decibels cause damage.
- Those below 75 decibels rarely cause problems.
- The humming of a refrigerator is 40 decibels.
- Ordinary conversations are 60 decibels.
- City traffic registers at 80 decibels.
- Lawn mowers and hair dryers are around 90 decibels.
- Firecrackers explode at 120-140 decibels.
- After two minutes, exposure to rock concerts (which usually register at 110 decibels) may cause damage.
- For lawn mowing, the permissible exposure time of

exposure is some time between 2-4 hours.

This site gives maximum recommended lengths of time for exposure to loud sounds.

When we last published a post on teen hearing loss five years ago, there was concern that amongst teens, high frequency hearing loss was on the rise. Turns out this may not be the case, however, there is still concern that teens are putting themselves at risk for hearing loss from their frequent use of headsets and earbuds. Because of differences in ear buds and how music is recorded, there is no uniform way to regulate the volume reaching your teen's ears. However, as a general rule of thumb, if you can hear your teen's music playing when he has ear buds in, it's too loud. Kids should be able to hear normal conversations even when their devices are on. Frequently asked questions about sound settings for Apple devices can be found at the Apple site. Encourage your kids to protect hearing by turning down the sound, and by using ear plugs or sound blocking headphones when appropriate.

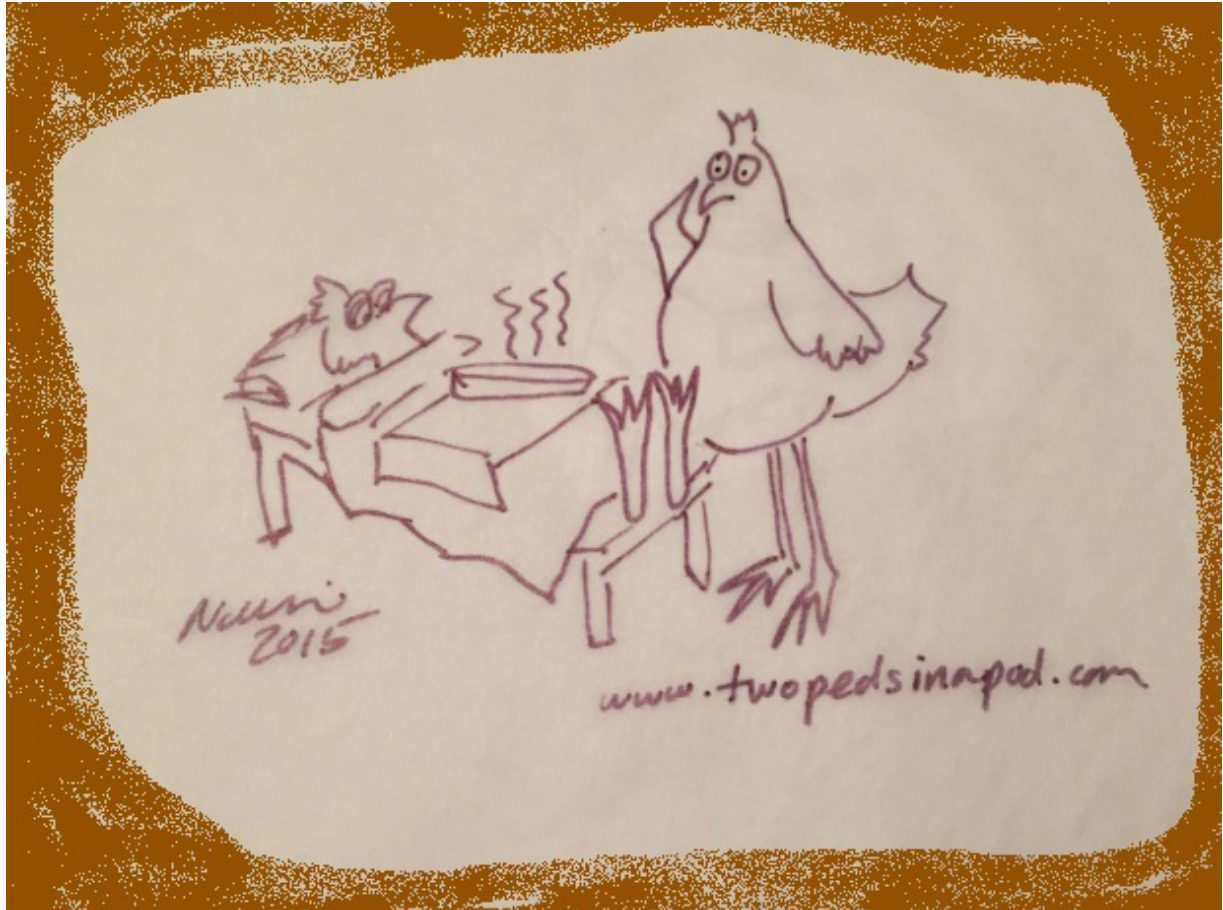
Finally, we should mention signs of "selective hearing loss." Many parents describe this form of "hearing loss" in the office. In these cases, a child does not hear her mom admonish "Clean your room," yet hears her mom whisper "Let's go out for ice cream."

Even if your teen can hear, he may not listen!

Julie Kardos, MD and Naline Lai, MD

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Does my child have a cold or the flu?



“Now what kind of soup did the doctor recommend? Was that tomato soup? Mushroom Barley?”

Headlines remind us daily that the US is officially in the midst of flu season. We are also in the midst of a really yucky cold season. We have seen numerous kids in our offices with bad colds and others with flu.

Parents ask us every day how they can tell if their child has a cold or the flu. While no method is fool proof, here

are some typical differences:

The flu, caused by influenza virus, comes on suddenly and makes you feel as if you've been hit by a truck.

Flu almost always causes fever of 101°F or higher and some respiratory symptoms such as runny nose, cough, or sore throat (many times, all three). Children, more often than adults, sometimes will vomit and have diarrhea along with their respiratory symptoms, but contrary to popular belief, there is no such thing as "stomach flu." In addition to the usual respiratory symptoms, the flu causes body aches, headaches, and often the sensation of your eyes burning. The fever usually lasts 5-7 days. All symptoms come on at once; there is nothing gradual about coming down with the flu.

Colds, even really yucky ones, start out gradually.

Think back to your last cold: first your throat felt scratchy or sore, then the next day your nose got stuffy or then started running profusely, then you developed a cough. **Sometimes during a cold you get a fever for a few days.** Sometimes you get hoarse and lose your voice. The same gradual progression of symptoms occurs in kids. In addition, kids often feel tired because of interrupted sleep from cough or nasal congestion. This tiredness leads to extra crankiness.

Usually kids still feel well enough to play and attend school with colds.

The average length of a cold is 7-10 days although sometimes it takes two weeks or more for all coughing and nasal congestion to resolve.

Important news flash about mucus:

The mucus from a cold can be thick, thin, clear, yellow,

green, or white, and can change from one to the other, all in the same cold. The color of mucus does NOT tell you if your child needs an antibiotic and will not help you differentiate between a cold and the flu. Here's a post on sinus infections vs. a cold.

Remember: colds = gradual and annoying. Flu = sudden and miserable.

If your child has a runny nose and cough, but is drinking well, playing well, sleeping well and does not have a fever and the symptoms have been around for a few days, the illness is unlikely to "turn into the flu."

Fortunately, a vaccine against the flu is available for all kids over 6 months old

This flu vaccine can prevent the misery of the flu. In addition, vaccines against influenza save lives by preventing flu-related complications such as pneumonia, encephalitis (brain infection), and severe dehydration. Even though we are starting to see a lot of flu, it is not too late to get the flu vaccine for your child. Please schedule a flu vaccine ASAP if your child has not yet received one for this season. Parents and caregivers should also immunize themselves. We all know how well a household functions when Mom or Dad have the flu... not very well! Sadly there have been 20 children so far this flu season who died from the flu. In past years many flu deaths were in kids who did not receive the flu vaccine, so please vaccinate your children against the flu if you have not already. Unfortunately, the vaccine isn't effective in babies younger than 6 months, so it is important to vaccinate everyone who lives or cares for a baby this young.

Be sure to read our article on ways to prevent colds and flu. As pediatricians, we remind you to WASH HANDS, make sure your child eats healthy, gets enough sleep, and avoid crowds, when possible. As moms, we add that you might want to cook up a pot

of good old-fashioned chicken soup to have on hand in case illness strikes your family.

Julie Kardos, MD and Naline Lai, MD

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Top parenting New Year's resolutions 2018



A lot of life's issues boil down to the essentials...eat, sleep, drink, pee, poop, love and learn... for your child and yourself.

We are here to help you to carry out your parenting New Year's resolutions in all of these areas.

1- **Eat** Resolve to help your picky eater become less picky. Become more patient and creative in helping your children eat new foods.

2- **Sleep** Resolve to fix your child's sleep problems. Help create a reasonable bedtime routine for your baby and end night time awakenings, and help your tired teen get better

sleep.

3- **Drink** This year resolve to wean your toddler from the bottle/breast to a cup.

3- **Pee** Resolve to help your child avoid urine accidents and gain a better understanding of bed-wetting.

4- **Poop** For parents of newborns: resolve to help your gassy baby. For parents of toddlers: resolve to end the battle of the potty and encourage your child to potty train in a peaceful, non punitive and non-controlling way. Help solve your child's tendency to hold onto poop, which leads to constipation.

5- **Love and Learn** to understand your child's developmental abilities in order to discipline appropriately and have reasonable expectations. Learn how and when to use "time out." For your teen, learn how to talk with them. Help your child learn to "go it alone," and calm test/school work anxiety.

As for us, we resolve to continue to be your source of dependable pediatric advice. We resolve to keep current with pediatric advances, remain honest, and treat your family with respect and care as we help you grow your children into confident, independent adults.

Wishing you health and peace in the New Year,
Drs. Kardos and Lai

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Non electronic last minute gift ideas



Still looking for that gift that does not involve screen time? We're reposting our back-to-basics gift ideas post:

0-3 months: Babies this age have perfect hearing and enjoy looking at faces and objects with contrasting colors. Music, mobiles, and bright posters are some age appropriate gift ideas. Infants self-soothe themselves through sucking- if you can figure out what your nephew's favorite type of binkie is, wrap up a bunch-they are expensive and often mysteriously disappear.

3-6 months: Babies start to reach and grab at objects. They enjoy things big enough to hold onto and safe enough to put in their mouths- try bright colored teething rings and large plastic "keys." We often see Sophie the Giraffe accompanying babies for their office visits. New cloth and vinyl books will likewise be appreciated; gnawed books don't make great hand-

me-downs.

6-12 months: Around six months, babies begin to sit up. Intellectually, they begin to understand “cause and effect.” Good choices of gifts include toys with large buttons that make things happen with light pressure. Toys which make sounds, play music, or cause Elmo to pop up will be a hit. For a nine-month-old just starting to pull herself up to a standing position, a water or sand table will provide hours of entertainment in the upcoming year. Right now you can bring winter inside if you fill the water table with a mound of snow. Buy some inexpensive measuring cups and later in the summer a toddler will enjoy standing outside splashing in the water.

12-18 months: This is the age kids learn to stand and walk. They enjoy things they can push while walking such as shopping carts or plastic lawn mowers. Include gifts which promote joint attention. Joint attention is the kind of attention a child shares with people during moments of mutual discovery. Joint attention starts at two months of age when a parent smiles at their baby and their baby smiles back. Later, around 18 months, if a parent points at a dog in a book, she will look at the dog then look back at the parent and smile. A child not only shows interest in the same object, but will acknowledge that both she and the parent are interested. Joint attention is thought to be important for social and emotional growth.

18-24 months: Although kids this age cannot pedal yet, they enjoy riding on toys such as “big wheels” “Fred Flintstone” style. Dexterous enough to drink out of a cup and use a spoon and fork, toddlers can always use another place setting. Toddlers are also able to manipulate shape sorters and toys where they put a plastic ball into the top and the ball goes down a short maze/slide. They also love containers to collect things, dump out, then collect again.

Yes, older toddlers are also dexterous enough to swipe an ipad, but be aware, electronics can be a double edged sword– the same device which plays karaoke music for your daddy-toddler sing-along can be

transformed into a substitute parent. The other day, a toddler was frightened of my stethoscope in the office. Instead of smiling and demonstrating to her toddler how a stethoscope does not hurt, the mother repeatedly tried to give her toddler her phone and told the child to watch a video. Fast forward a few years, and the mother will wonder why her kid fixates on her phone and does not look up at the family at the dinner table. Don't train an addiction. A device can be entertainment, learning, and communication but it is NOT a source of comfort.

2-3 years: To encourage motor skills, offer tricycles, balls, bubbles, and boxes to crawl into and out of. Choose crayons over markers because crayons require a child to exert pressure and therefore develop hand strength. Dolls, cars, and sand boxes all foster imagination. Don't forget those indestructible board books so kids can "read" to themselves. By now, the plastic squirting fish bath toys you bought your nephew when he was one are probably squirting out black specks of mold instead of water- get him a new set. Looking ahead, in the spring a three- year-old may start participating in team sports (although they often go the wrong way down the field) or in other classes such as dance or swimming lessons. Give your relatives the gift of a shin guards and soccer ball with a shirt. Offer to pay for swim lessons and package a gift certificate with a pair of goggles.

3-4 years: Now kids engage in elaborate imaginary play. They enjoy "dress up" clothes to create characters- super heroes, dancers, wizards, princesses, kings, queens, animals. Kids also enjoy props for their pretend play, such as plastic kitchen gadgets, magic wands, and building blocks. They become adept at pedaling tricycles or even riding small training-wheeled bikes. Other gift ideas include crayons, paint, markers, Play-doh®, or side-walk chalk. Children this age understand rules and turn-taking and can be taught simple card games such as "go fish," "war," and "matching." Three-year-olds recognize colors but can't read- so they can finally play the classic board game *Candyland*, and they can rote count in order to play the sequential numbers game *Chutes and Ladders*. Preschool kids now understand and execute the process of washing their hands independently... one problem... they can't reach the faucets on the sink. A personalized, sturdy step

stool will be appreciated for years.

5-year-olds: Since 5-year-olds can hop on one foot, games like Twister® will be fun. Kids this age start to understand time. In our world of digital clocks, get your nephew an analog clock with numbers and a minute hand... they are hard to come by. Five-year-olds also begin to understand charts— a calendar will also cause delight. They can also work jigsaw puzzles with somewhat large pieces.

8-year-olds: Kids at this point should be able to perform self help skills such as teeth brushing. Help them out with stocking stuffers such as toothbrushes with timers. They also start to understand the value of money so kids will appreciate gifts such as a real wallet or piggy bank. Eight-year-olds engage in rough and tumble play and can play outdoor games with rules. Think balls, balls, balls- soccer balls, kickballs, baseballs, tennis balls, footballs. Basic sports equipment of any sort will be a hit. Label makers will also appeal to this age group since they start to have a greater sense of ownership.

10-year-olds: Fine motor skills are quite developed and intricate arts and crafts such as weaving kits can be manipulated. Give a “cake making set” (no, not the plastic oven with a light bulb) with tubes of frosting and cake mix to bake over the winter break. Kids at this age love doodling on the long rolls of paper on our exam table. Get a kid a few rolls of banner paper to duplicate the fun. Buy two plastic recorders, one for an adult and one for a child, to play duets. The instrument is simple enough for ten-year-olds or forty-year-olds to learn on their own. Ten-year-olds value organization in their world and want to be more independent. Therefore, a watch makes a good gift at this age. And don’t forget about books: reading skills are more advanced at this age. They can read chapter books or books about subjects of interest to them. In particular, kids at this age love a good joke or riddle book.

Tweens: Your child now has a longer attention span (30-40 minutes) so building projects such as K’nex models will be of interest to her. She can now also understand directions for performing magic tricks or making animal balloons. This is a time when group identity becomes more important. Sleepovers and scouting trips are common at this age

so sleeping bags and camping tents make great gifts. Tweens value their privacy – consider a present of a journal with a lock or a doorbell for her room. It's already time to think about summer camps. Maybe you can convince the grandparents to purchase a week for your child at robotics camp or gymnastics camp this year.

Teens: If you look at factors which build a teen into a resilient adult, you will see that adult involvement in a child's life is important. We know parents who jokingly say they renamed their teens "Door 1" and "Door 2," since they spend more time talking to their kids' bedroom doors than their kids. Create opportunities for one-on-one interaction by giving gifts such as a day of shopping with her aunt, tickets to a show with her uncle, or two hours at the rock climbing gym with dad.

Encourage physical activity. Sports equipment is always pricey for a teen to purchase- give the fancy sports bag he's been eying or give a gym membership. Cool techy trackers like Fitbit will always be appreciated or treat your teen to moisture wicking work-out clothes.

Sleep! Who doesn't need it, and [teens often short change themselves on sleep and fall into poor sleep habits](#). Help a teen enjoy a comfortable night of rest and buy luxurious high thread count pillow cases, foam memory pillows, or even a new mattress. After all, it been nearly 20 years since you bought your teen a mattress and he probably wasn't old enough at the time to tell you if he was comfortable. Since a teen often goes to bed later than you do, a remote light control will be appreciated by all.

Adolescence is the age of abstract thinking and self awareness– Google "wall decals" and find a plethora of inexpensive ways to jazz up his or her room with inspiring quotes.

Enjoy your holiday shopping.

Naline Lai, MD and Julie Kardos, MD

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Update on teen meningococcal (meningitis) vaccines



Olga Pasick, mom of a teen who died of meningococcal disease, shares her personal experience and information about the updated guidelines.

I wish I had known the importance of vaccination for meningococcal disease before it was too late for my son. Back in September of 2004, David was a happy, healthy 13 year old, who came down with flu-like symptoms one evening. He first felt cold, then spiked a high fever, and vomited throughout the night. In the morning we called the pediatrician to have him seen. Everything ached, and he needed help getting dressed. That's when I noticed purplish spots on his chest and arms. I didn't know how serious that symptom was.

As soon as the doctors saw him, they knew he had meningococcal disease. He was rushed to the ER for a spinal tap and treatment. Unfortunately, the disease spread quickly and his organs failed. David died within 24 hours of first developing

those flu-like symptoms from a potentially vaccine-preventable disease. Unbelievable... and heartbreaking.

Meningococcal disease is spread through respiratory droplets, such as coughing or sneezing, or through direct contact with an infected person, such as kissing. About 1 in 10 people are carriers, and don't even know it. It doesn't affect everyone. It is difficult to diagnose because symptoms are similar to the flu, and include high fever, headache, stiff neck, nausea, vomiting, exhaustion, and a blotchy rash. The disease spreads quickly and within hours can cause organ failure, brain damage, amputations of limbs, and death.

The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend meningococcal vaccination for all 11-18 year olds. The newest recommendation is for permissive use (recommended on a case by case basis) of a type of meningococcal vaccine called meningococcal serotype B. The serotype B vaccine is for ages 16-23, with a preferred age of 16-18. This recommendation joins the long-standing recommendation that all adolescents get meningococcal A, C, W and Y vaccine (this one vaccine protects against these four serotypes) at age 11-12 with a booster dose at 16. The newer serotype B vaccine is particularly important for older adolescents and young adults because it is the most common cause of meningococcal disease in this age group. No vaccine is 100% effective, but it is the best preventative measure we can take.

Because of my experience, I became a member of the National Meningitis Association's (NMA) Moms on Meningitis (M.O.M.s) program. We are a coalition of more than 50 mothers from across the country whose children's lives were drastically affected by this disease, and are dedicated to supporting meningococcal prevention.

Visit the NMA website for more information and to view powerful personal stories of those affected. Talk to your

doctor about vaccination. It could save a life. How I wish those recommendations were in place years ago.

Olga Pasick
Wall, New Jersey

Note: In the United States, you may know the meningococcal A, C, W and Y vaccine as either Menactra® or Menveo®. The serogroup B meningococcal vaccine you may recognize as either Bexsero® or Trumenba®.

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Flu vaccine myth busters



Ben's runny nose, as depicted by Ben

The good news is that there was only a smattering of influenza (flu) cases across the United States over the summer. The

great news is that according to the Centers for Disease Control, most of the detected strains are covered in this year's vaccine.

If you're still hesitant to vaccinate your family, let's talk frankly about some myths we sometimes hear about flu vaccines:

If my friend's child has flu symptoms, I'll just avoid their house to avoid catching the flu

False. According to the CDC , you are infectious the day before symptoms show up. So it is TOO LATE to avoid only those already sick.

My family never gets the flu so it's not necessary to get the vaccine.

False and dangerous. Saying "My child and I have never had the flu so we don't need the flu vaccine" is like saying, "I've never a car accident so I won't wear my seat belt."

I got the flu shot last year and then I got sick. So the flu shot must have made me sick.

Our condolences. True, you were sick. **But this statement is False**, because the illness was not caused by the flu vaccine. Vaccines are not real germs, so you can't "get" a disease from the vaccine. But to your body, vaccine proteins appear very similar to real germs and your immune system will respond by making protection against the fake vaccine germ. When the real germ comes along, pow, your body already has the protection to fend off the real disease.

It is important to realize that the vaccine takes about 2 weeks to take effect in your body. So, if you were unlucky enough to be exposed to someone with the flu and then got the vaccine the next day, you still have a good chance of coming down with the flu. Unfortunately, the vaccine will not have had a chance to work yet.

Please know, however, there is a chance that for a couple days after a vaccine, you will ache and have a mild fever. The

reason? Your immune system is simply revving up. But no, the flu vaccine does not give you the flu.

No one dies from the flu anymore, do they? Flu is just not that dangerous, so my child does not need a flu shot. I will just take my chances with flu.

False! A total of 107 influenza-associated pediatric deaths were reported for the 2016-2017 season. In past seasons up to 90% of children who died from flu did not receive a flu vaccine. So please, vaccinate yourself and your children.

The vaccine coverage is awful.

Not the case this year. On the other hand, even if coverage was spotty, look at it this way— if half of the flu out there was covered, that's a lot fewer people that won't give your kid the flu.

Naline Lai, MD and Julie Kardos, MD

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rev Oct. 10, 2017 see comments

Got little kids? One must-have number to put in your phone: Poison Control



The number to put in your phone when you have little ones? Poison Control: **1-800-222-1222**. Text "POISON" TO 797979 to save the contact information in your smartphone.

Did your toddler eat dog poop? Or a berry from your backyard bush? Did you give the wrong medication to your child? **Call Poison Control.**

Experts at Poison Control will direct your next step. They have access to extensive data on poisoning, and they can give you that information much quicker than a drug-manufacturer or pharmacist or even your own doctor. **The call is free.**

One of Dr. Lai's kids ate a mushroom from the yard when she was 20 months old—she called Poison Control. A mom asked Dr. Lai about carbon monoxide exposure—she called Poison Control. If doctors have a question about any ingestion or poisoning—we call Poison Control. But don't wait for us to call, go ahead yourself and call.

People often jump first to the internet for information. However, a small 2013 study found that the internet is NOT the best place to research questions about toxins. Many sites fail to direct readers to the Poison Control Center, and those who do, fail to supply the proper phone number – again, that's

1-800-222-1222. If you do want to use the internet, use www.PoisonHelp.org which is a product of the American Association of Poison Control Centers

If your child needs emergent treatment, surfing the internet for what to do next wastes precious time. Don't reach for your phone to "google it." In the case of a possible poisoning, reach for your phone and make a CALL.

It could be life-saving.

Julie Kardos, MD and Naline Lai, MD

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Pediatric tidbits-probiotics, sport burnout and more



In front of “The Bean” in Chicago

We’re back from the American Academy of Pediatrics National Conference and Exhibition in Chicago—sharing with you some tidbits from the forefront of pediatrics:

New high blood pressure guidelines are here. Starting at age 3 years, children should have their blood pressure checked annually, more often if they have certain medical conditions such as diabetes or kidney disease. The cutoff for “high blood pressure” has been lowered so more and more, you may notice your pediatrician scrutinizing your child’s blood pressure.

We’ve noticed many more over-use injuries from kids who play the same sport year round. We were reminded that most professional athletes played multiple sports in high school and some even up through college. Specialization in a particular sport leads to more injuries, burnout, depression, and anxiety. If you feel that sports rule your child’s life,

remember this good rule of thumb: for high school kids, keep training under 16 hours a week. For the younger kids, keep the total number of hours per week playing organized sports under an hour per week for each year of age. For example, an 8 year old should spend no more than 8 hours per week playing organized sports.

Probiotics are ubiquitous these days, but are they helpful? In viral diarrhea, probiotics can be mildly helpful, and may shorten the duration of diarrhea by about a day. Probiotic therapy is showing promise for treating colic, but not for treating eczema. For more information see the International Scientific Association of Probiotics and Prebiotics.

If your child scalds himself, put the burn under COLD running tap water for *20 minutes* to stop further injury. This treatment is effective for up to 3 hours after a burn.

A cautionary word about herbs: Know that herbs are not regulated by the FDA (Food and Drug Administration). Companies that supply herbs are under no obligation to show that the product works. Additionally, the company that sells the herb does not have to show that the herb is safe or effective, and cannot claim that the product can cure or prevent anything. Additionally there are no manufacturing standards to adhere to, which means you do not know how much herb or for that matter, any other contaminants, are in the herbs that you buy.

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