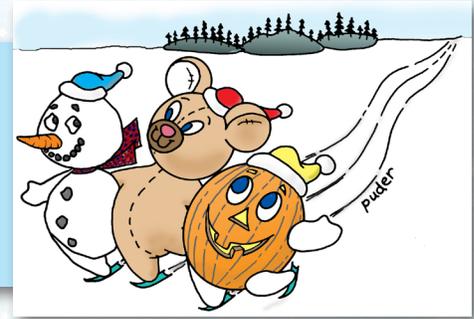


**PARENT  
LETTER**

the best parents ever!

**Winter  
2024**



## How to manage Eczema, Winter Cheeks and Dry Skin Rashes



So many babies and toddlers get red, chapped cheeks in the winter. Many children get dry skin which breaks out into a rash. This is called **eczema** or **atopic dermatitis** and it affects at least one in ten children. Most of them are under age 5 years. Eczema can be mild or it can last all season or all year. About 2 out of 3 of children "outgrow" their eczema, although they may always have a tendency for dry skin. Only a few continue to have troublesome eczema in adult life.

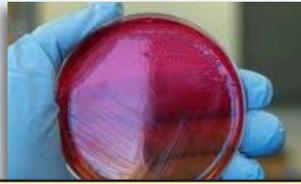
Children with **eczema** have a problem in their skin barrier. We need our skin barrier to stop water loss out through the skin. It also stops irritants, bacteria, and allergic material from getting in. Eczema runs in families and it is very itchy. Sadly, scratching makes it worse. Food allergy may cause severe eczema but for most children food allergies are not the cause. Allergy testing (milk, egg, peanut, wheat, and soy) is recommended only for severe or difficult to control eczema.

- ❑ **Maintenance of skin care:** Daily baths are ok, but keep them short! No bubble baths. Moisturize the whole body within a few minutes of getting out. Soap and all skin products must be **unscented and hypoallergenic**. Ointments are greasy but work best, creams are a good alternative. (**Cetaphil, CeraVe, Eucerin, Aquaphor**, etc.)
- ❑ **Anti-inflammatory medications:** When the skin breaks out into a rash, **cortisone creams** are generally the next treatment. Most need a prescription and are usually used on the rash areas only and for up to two weeks. The stronger creams or ointments cannot be used on the face, neck, or skin folds. We may add a non-steroid, anti-inflammatory cream such as pimecrolimus.
- ❑ **Itch control:** Non-drowsy antihistamines such as **cetirizine** (zyrtec) are good for daytime and **diphenhydramine** (benadryl) at bedtime. Avoid antihistamine creams as they can make eczema worse.
- ❑ **Managing infected skin:** Bacteria like strep and staph can grow on the skin of eczema patients. We may need to control skin infection with prescription antibiotic ointment or oral antibiotics.

If moisturizers aren't working, we should examine your baby or child in the office. We can control eczema! Exciting new "biologic" medications are available for the severe eczema. For these, we will refer your child to a dermatologist.

[www.clarkstownpeds.com](http://www.clarkstownpeds.com)

# STREP! What Parents Should Know...



## Strep Throat Quiz:

**What's the most important reason to give your child antibiotics if they have strep throat?**

- They won't be contagious after 24 hours...
- They will feel better days sooner...
- They won't get heart disease known as Acute Rheumatic Fever if you give a full course (usually 10 days) of antibiotics...

**How long does it take to get strep throat if exposed?**

- A week
- A month
- Two to five days

**True or False?**

- Most children with strep throat do **not** need their tonsils removed.
- Parents can get **strep throat** too, and should be tested if they are sick.
- Follow-up throat cultures are usually **not** necessary



**A**lthough a sore throat can be caused by a harmless virus, **strep throat** (bacteria group "A" *streptococcus*) must be ruled out. We worry about **strep throat** at all times of the year, but most often in winter. Children over three years old with symptoms of sore throat, fever, and swollen glands have the highest risk of **strep throat**.

Children with viral sore throats will recover within a few days without antibiotics. But children with **strep throat** must be treated with an antibiotic to prevent serious complications. A toxin produced by **strep** can damage the heart permanently! Fortunately, **strep** has not developed resistance to our usual antibiotics such as amoxicillin.

If we think strep throat is possible after examining your child we swab their throat. A "**rapid strep test**" is run while your child is at our office along with an overnight **strep culture**. Positive **rapid strep tests** are very accurate, but miss about 10% of children with **strep**. **Strep culture** will diagnose the rest.

Children with **strep throat** are contagious for 24 hours after antibiotics are started. When children are exposed to **strep**, they will usually become ill within two to five days. Family members and playmates of a child with **strep throat** do not require antibiotics unless they develop symptoms. Infants rarely develop **strep throat**. Children who feel well after ten days of treatment do **not** need a follow-up throat culture.

Parents often wonder if removing the tonsils might help. No, most children will be better off as adults if they still have their tonsils, as tonsils are part of the immune system. Tonsillectomy may be needed for children who get more than six **strep throats** in a year, if abscessed tonsils recur, or if sleep apnea develops (with heavy snoring and restless sleep). by Doug Puder, MD

# Should I Put My Facemask On Again?

## Didn't you say the Pandemic Was Over?

by Erica Berg, MD

**S**ince the pandemic we've had an on-again/off-again relationship with masking. We all grew accustomed to requirements for wearing a mask inside hospitals and medical offices like *Clarkstown Pediatrics*. As evidence-based protocols have evolved, mask mandates have changed. While mandatory masking ended in late March, you're still encouraged to wear a mask in some situations, such as if you're entering an area with high-risk patients or **if you have symptoms of a respiratory virus.**

**Masks can still be a good idea for some people, and they still may be required in some situations. Here's what you need to know about masking and staying prepared for the future:**

❑ **What is your family's chance of getting severe COVID-19 and how fast is COVID-19 spreading in your community?** It's fine if you want to continue wearing a mask, even if you're not sure.

❑ **If you're at high risk of getting a severe case of COVID-19, or live with someone who is, wearing a mask will help keep you safe.** This winter there will probably be a high level of COVID-19 in our community, so it may be a good idea to wear a mask. Getting the **COVID-19 Vaccine** is the **best thing** you can do to reduce your chance of getting a serious case of COVID-19 or spreading it to others.

❑ **Evidence shows that face masks help protect against viruses other than COVID-19, particularly Influenza A and B, the viruses which cause the flu. So if you want extra protection from the Flu, RSV and other Respiratory viruses, it's a good idea to go ahead and put on a face mask. We can look back on our flu seasons of 2021 and 2022, and we see that our Flu transmission rates were super low. The overwhelming evidence is that masking works to prevent and reduce transmission of these viruses!**

❑ **We're moving out of a phase of testing for every sniffle. If we don't know what every sniffle is, then a mask can still be an important tool, particularly if you're visiting your friend who just had a baby, or if you're visiting your 95-year-old grandmother, for example. There may be times when avoiding illness is more important than others (such as when you have a vacation or a family visit coming up that and don't want to be sick). Not quite sure if you've got allergies or a cold? Best to mask up...**

❑ **Other smart precautions to take: Get your annual Flu shot, practice proper hand hygiene by washing with soap and water for 20 seconds or hand sanitizer, and avoiding touching your face as much as possible. We have Flu vaccines and COVID-19 Vaccines available now and are hoping for a shipment of RSV shots for babies soon!**



**Under the nose  
doesn't work...**



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.

# What helps children with winter viruses?

by Doug Puder, MD

## Like Flu, COVID, RSV and the common cold?

**W**e hope your office visit (or *TeleVisit*) for your child's winter cold was reassuring. So you know your child is stable and doesn't need the hospital or emergency room. They are breathing fine and drinking fluids pretty well. They are not wheezing so albuterol isn't needed. Strep throat was ruled out so antibiotics won't help. They don't need *Tamiflu* (oseltamivir) because their *flu* test was negative. But really, is there *anything* we can do to help them?

### What can make sick children more comfortable?

**W**e encourage acetaminophen (*tylenol*) every 4 hours or ibuprofen (*motrin* or *advil*) every 6 hours if needed for fever or aches. You can give both if you need to. We like saline nosedrops (don't be afraid to use 5 or more drops in each nostril and suction after). A room humidifier and some steam in the shower can help.

### So why not try the OTC (over-the-counter) cold meds?

**B**ecause they have side effects and they can't be shown to work in **any** study. When these various *OTC* medications were tested against a teaspoon of honey, the honey won! Avoid "multi-symptom" products as children may receive the wrong *acetaminophen* dose.

**T**he FDA has already taken a number of *OTC* medications off the market such as *phenylpropanolamine* and *ephedrine*. *Pseudoephedrine* (*Sudafed* and any product ending with *xxx-D*) can raise blood pressure. *Mucinex* (*Guaifenesin*) is advertised as an expectorant but has not been shown to be effective. The *FDA* recommends that *OTC* cough and cold medicines should "**not be given to children under 6 years old because of lack of effectiveness and potential for side effects**". So don't be fooled by all the advertising!

### What about a bit o' Honey?

**W**e are not pushing honey, but it can give some relief. **Honey cannot be given to infants under age 12 months** (for risk of botulism), or those with allergy to bees. A teaspoon of honey at bedtime helped coughs more than *OTC* cough remedies. Why would honey work? It's soothing, tastes good, contains antioxidants.

### Really!? Vitamin C, Zinc, Eldeberry don't work?

**W**hile too little *vitamin C* causes a disease called scurvy, high dose *vitamin C* doesn't make illness milder or shorter. Studies show no benefit from *zinc* or *eldeberry* either. Long term *zinc* use can lead to copper deficiency. *Eldeberry* has antioxidants but can be poisonous (cyanide) if not thoroughly cooked. Sure, a glass of juice or fruit, but no megavitamins!

### What About Chicken Soup or Hot Tea?

**C**hicken soup did help soothe kids in research studies. It helped nasal congestion and had a mild anti-inflammatory effect. (My grandma made the best chicken soup, just sayin'!) Hot tea helped to thin mucus and ensure proper hydration of the body. Green and black teas are filled with flavonoids, which are potent antioxidants. Good if kids like it, but don't force them.

