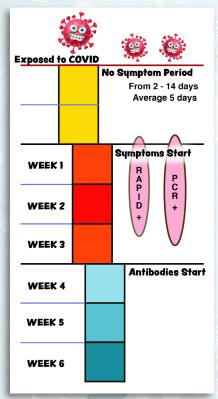
We have Rapid COVID Testing at Our Offices

We have rapid *COVID-19* testing equipment now at both of our offices. We also have the ability to test and send specimens to outside labs (*LabCorp* and *Quest*). Rapid testing takes about 15 minutes. Outside labs take about 2-5days for test results.

by Doug Puder, MD



Typical Course of COVID Infection with Recovery



Rapid Testing works really well in the first week of symptoms

Which test is best? How does rapid testing work?

Labcorp and Quest use PCR technology to identify genetic material from the COVID virus. It is currently the most accurate test. Families will need to quarantine until the result is back.

Our **Sofia** machine at the Nanuet office uses antigen testing. It tests a swab from your child's nose to see if there are COVID substances called antigens (protein fragments). It is most accurate during the first week that a patient has symptoms. It dectected 95% of positive patients and correctly ruled out COVID in over 98.%. One week after symptoms develop the test becomes slightly less accurate.

Our **Abbott ID** Now machine at the Eckerson office uses RNA amplification (similar to PCR). We will test a swab from your child's nose to see if there is any viral genetic material from COVID-19. (COVID-19 is an RNA virus.) It comes close to PCR lab testing in accuracy.

My child was exposed to COVID last week... can we come out of quarantine if the test is negative?

No, sorry. Even if you have a negative test, you should quarantine, wear a mask, physically distance, wash your hands frequently, and monitor yourself for symptoms. A viral test only tells you if you are infected **now**. If you test negative you may become COVID positive within the 10 to 14 day quarantine period.

Can I have people over if my COVID test is negative?

No, still not recommended. Family "bubble" exceptions should be limited. We will enjoy many family gatherings when this is over!

How long is the quarantine if my child tests positive?

At a minimum your child must have be off fever meds and have no fever for at least 24 hours (shortened from 72 hours). At least 10 days must have passed since the positive test and he feels better.

Can rapid testing get my child back into school?

If there is no COVID exposure, then yes. (As long as the school does not insist on PCR testing.)

When should I have my child tested if we traveled?

Test 3-5 days after arrival and quarantine for at least 7 days.

What is the Antibody test? When can I do that?

It is a blood test and can tell you if you had COVID more than a few weeks ago. It won't tell you if you have COVID now.

These tests are incredibly useful!

It's so important to understand what rapid testing can tell you and what it can't tell you. If all of this information is confusing, the doctors at Clarkstown Pediatrics are here to help you make sense of it all. Be safe!

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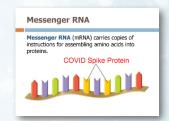
Yea!! COVID Vaccines are here!

Two COVID vaccines, one by Pfizer and another by Moderna, have been approved by the FDA for use in the United States. A few more will be here soon. They come at a time when COVID cases, hospitalizations, and deaths have never been higher. It will take a while for these vaccines to end the pandemic so don't stop masking, social distancing, etc. We all need to keep doing our parts!

Throughout medical history, vaccines have been the greatest life savers and yet are the subject of needless controversy. Anyone can post misleading antivaccine falsehood on social media. Vaccines against *Polio*, *HIB*, *Rubella*, *Measles*, *Pertussis* and many more have nearly wiped out these diseases.

All vaccines work by introducing a foreign protein (an antigen) into the body. Our immune system is stimulated to fight that protein and create immune memory (antibodies) so that protein cannot attack again. Research identifies which proteins are important for protection and how to get that protein to stimulate a safe immune response. Usually, these proteins are connected to other weakened viruses that are known to stimulate an immune response. New vaccine technology allows our own cells to make a protein (the Spike Protein) which gives immunity to COVID-19.

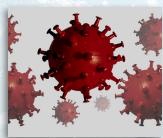
How did this happen so fast? There are many reasons, but primarily science! In less than 2 weeks after the first cluster of cases presented in China, we knew the genetic make up of the Covid-19 virus. Weeks later potential antigens were identified. Vaccine companies shifted their focus to creating a vaccine in record time. They used techniques that had already been developed. Because of the urgency, they had no difficulty finding funds, getting volunteers, or having those volunteers exposed to disease. They also were given the green light to start producing vaccine before they completed the studies. They did not cut corners!













Fortunately, the vaccine studies were overwhelmingly successful. The first 2 vaccines are 95% effective and have had only minimal side effects, like those we see with all other vaccines. The first doses were given to healthcare workers in December. By spring, there will be multiple vaccines available for everyone. To end this pandemic, we need 70% of the population to be immune to COVID. With a vaccine, that is possible.

For those who are fearful of COVID vaccine, keep in mind that over 20 million healthcare providers will be vaccinated before you! There will be much more data by the time you are vaccinated. Not vaccinating will result in hundreds of thousands more deaths. Until that time, keep your distance, wear your mask, wash your hands, and avoid gathering. Be fearful of COVID disease but not the cure!

As usual, the first studies and approval is for people over age16 years (Pfizer) or 18 years (Moderna). Studies on younger children have begun and we expect that COVID vaccine will be just as effective. We hope to be able to vaccinate children sometime in 2021. by Gregg Rockower, MD

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.