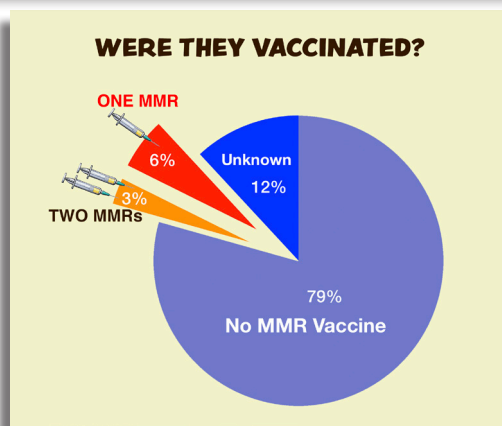
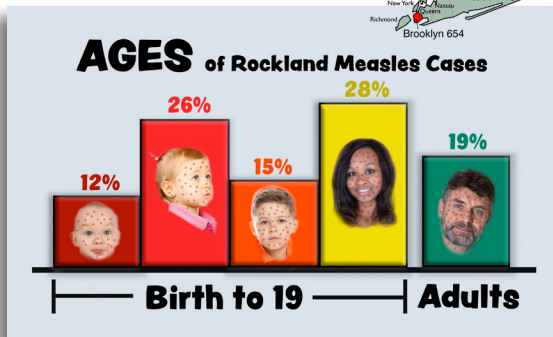
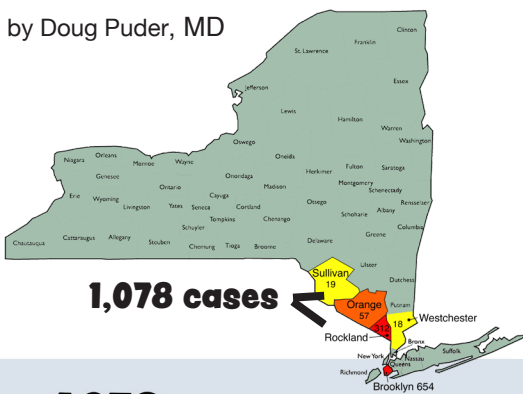


MEASLES Outbreak Ends!

by Doug Puder, MD



An outbreak of measles began in Rockland County on October 1st, 2018. Nearly a year later, September 25th 2019, our Rockland County outbreak was declared over. Finally we had no new cases for 42 days (two 21 day incubation periods).

During this time there were 312 documented cases of measles in Rockland county. New York City had 654 cases, Orange County had 57, Ulster County 19, Westchester County 18. In total New York State had 1,078 cases. Measles was also seen in 30 other states, but 75% of cases were in New York. This is the highest total by far since 1992! Imagine that in year 2000 measles had been declared eliminated in the US.

There were 131 people hospitalized during this outbreak, and 65 with complications such as pneumonia or brain swelling (encephalitis). Over 80% of cases were under age 19 (see chart).

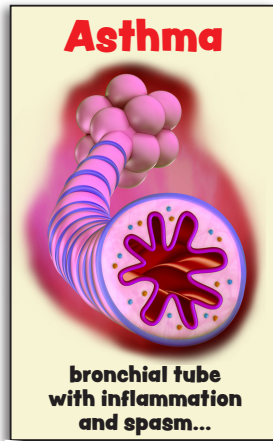
One dose of MMR will protect about 93% of people and two doses will protect about 97%. This is exactly what was shown during the outbreak (see chart). If an entire community is vaccinated, the disease will not spread. Those who are not immune from the vaccine will still be protected.

Thanks again to all of you who came for extra MMR vaccines. You are the heros who stopped this outbreak! We can finally go back to our normal MMR vaccine schedule (ages one and four).

visit us at

www.clarkstownpeds.com

What Treatments Control Asthma?



Control vs. Quick Relief:

Quick relief or rescue medication should always be available (see albuterol article on next page). But these medications won't help the real problem, airway inflammation. With asthma, air doesn't flow in or out of the lungs normally. Symptoms of chest tightness, deep cough, shortness of breath, or wheezing can develop. Controller medications treat inflammation or swelling in the airways (bronchial tubes). Children with persistent asthma should be able to have a full and active life. They should rarely (if at all) need trips to the emergency room or have any of these symptoms if we control their asthma properly.

Why can't I use my controller for quick relief?

Controller medications don't work immediately and require steady use to take effect. So an action plan needs to be made with your doctor for how long to continue controller medications. Usually controllers need to be given for a full month or a full season.

Which asthma medications control asthma?

Inhaled corticosteroid medications are the nationally recognized standard for asthma control in children and adults. They have been shown to be extremely safe at the doses we use, and are the most effective in treating airway inflammation.

Approved doses of these medications don't decrease a growing child's adult height. They don't weaken bones (bone density), or suppress the immune system. The danger of uncontrolled asthma far outweighs any risk of controller medication. Parents should not be afraid of these medications.

The most common first line controllers:

- FLOVENT QVAR PULMICORT (Budesonide) ASMANEX

Most common second Line controllers:

(Inhaled Corticosteroids with a Long Acting Beta Agonist)

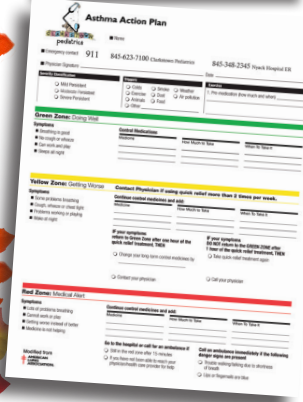
- ADVAIR SYMBICORT DULERA

Third Line Controllers:

- SINGULAIR (Montelukast) tablets XOLAIR injections

What non-medical treatments can help?

Avoid smoke! Adults smoking anywhere in a child's home make the child's asthma twice as severe. We would love to see parents quit smoking, and can offer ways to help them. Many children with asthma have allergy to pets and dust mites. Let's discuss ways to decrease these irritants. Unless there are other signs of food allergy such as rash or diarrhea, asthma is not usually caused by foods. There is no evidence that alternative medical treatments can improve asthma control.



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.

Tell Me Again When to Use Albuterol?

by Doug Puder, MD

Asthma is caused by inflammation in the airways and narrowing called **bronchospasm**. It causes shortness of breath, wheezing, and cough. *Albuterol* is a fast acting **bronchodilator**. So it stimulates the bronchial tubes to open by relaxing the muscles wrapping around them.

Should I give albuterol when my child is not coughing?

No. It is not a controller of asthma. It should only be used to relieve wheezing or asthmatic shortness of breath. When your child seems fine, don't use it. It can be used every four hours for wheezing.

What if my child uses albuterol more than twice a week?

If your child needs albuterol more than twice a week for shortness of breath or wheezing, call us. This can be a sign that your child's asthma is not well controlled. It tells us that your child may need a controller medication as well. That doesn't mean you should stop using albuterol, but we need to start additional anti-inflammatory medication.

Does that include albuterol before sports?

No, with sports induced asthma, albuterol can be given about 15 minutes prior to participation. Pre-sports albuterol is not a sign of poor asthma control.

Should I use a spacer (aerochamber, etc)?

Children younger than eight will get much more of their HFA inhaler medication into their lungs if they use a spacer device. Even many tweens do better with a spacer. Under age five we recommend spacers with a mask, after age five the mask is not necessary. New dry powder inhalers do not need any spacers attached as they are breath activated.

Do all the albuterol brands have the same color?

No! It would make sense and be less confusing. There are two major albuterol brands now: *Ventolin* (grey-blue color) and *ProAir* (bright red color). *ProAir Respiclick* (white with a red top) is a dry powder breath activated inhaler.

Is a nebulizer better?

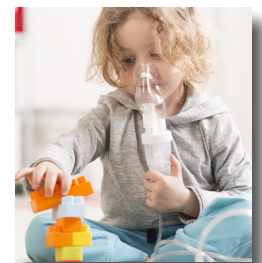
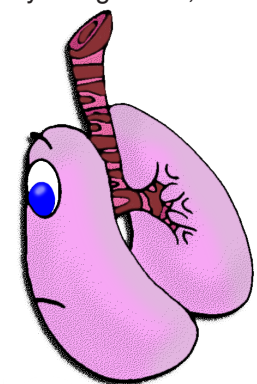
Albuterol by nebulizer may give a slightly higher albuterol dose than an inhaler does. Otherwise there is no difference. We find many toddlers do better with a nebulizer, but generally prefer the inhalers with a spacer after age three to four. A nebulizer can help during a major asthma attack, but is not often needed otherwise and it does **not** improve asthma control.

When should I be adding a controller medication to albuterol?

If your child has needed prednisone to control asthma or if there have been more than two asthma flares in the past year, we should discuss adding controller medication. If there is frequent shortness of breath, night wheezing or deep coughing, or if asthma keeps your child from activities let's discuss controller medication.

Why don't I get refills on albuterol prescriptions?

Some doctors find it useful to monitor how often you are refilling your albuterol. It gives us information about your child's controller needs.



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EVERYONE NEEDS FLU VACCINE!

"Oh, but doc, We Just Don't Do That!"

by Doug Puder, MD

I never get the flu...



H3-CHOO!!! OOPS...

**All of the
Doctors, Nurses,
and Staff at
Clarkstown
Pediatrics
take flu vaccine
for their protection
and YOURS!**

...and none of us
got sick from
our flu shot!

Flumist is back:

It works as well as the shot but is in short supply. Manufacturing issues have been resolved so it is approved again. It is an option for healthy people age 2 to 50 when available.

But my child still got the flu last winter:

Most of the time flu vaccine gives full protection against influenza strains in our area. But sometimes the virus changes (mutates) or is different than what scientists predict. Even then, vaccinated people have milder illness. Most importantly, the most serious flu complications occur mostly in unvaccinated people. Also, protection against the H3N2 strain of *influenza* is much improved for this season.

...really? It protects you and everyone around you!

We often hear this from parents who otherwise trust us completely. They believe that all other vaccines are life saving, but the *flu* is no big deal. Parents may say "it doesn't work, I get sick from it, I never get the *flu*, etc..." The *American Academy of Pediatrics* has published the reasons they strongly recommend *influenza* or "*flu*" vaccine for *all* children over age six months and for *all* adults:

This past winter 180 *influenza* deaths occurred in children. More than 80% of these children were unvaccinated. Half of these deaths occurred in children who were previously healthy.

No need to worry about egg allergy:

Studies proved that even severely egg allergic children and adults can safely receive *influenza* vaccine without increased reaction. None of our egg allergic patients have reacted.

You cannot get sick from flu vaccine:

It is not a live vaccine so it cannot make you sick! We only use single dose, thimerosal free, prepackaged *influenza* vaccine. All *flu* vaccines cover four *influenza* strains (many only cover three). These are the four strains of *influenza* which are predicted to be in our community this winter.

Please take flu vaccine for yourself:

But also take it to protect your children and other people. If you become infected with *influenza* virus, you will be contagious for one day before you get sick. What if someone else caught the *flu* from you and got a serious complication? A fragile baby? An elderly person?

Can't I just take Tamiflu or Xofluza if I get sick?

We may recommend *Oseltamivir* or *Baloxavir* for those who develop the *flu*, but it is not a substitute for vaccination. Remember: if symptoms of the *flu* develop, get treated in the first 48 hours otherwise *Tamiflu/Xofluza* won't be as effective.