

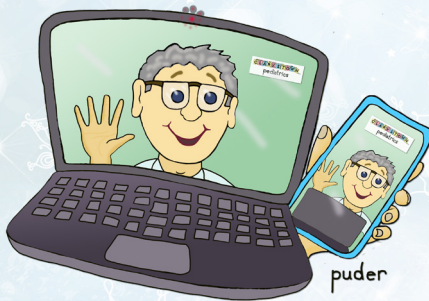
## Winter 2021



# Now Offering Evening TeleVists!

by Doug Puder, MD

**open 365 Days!**



**TeleVisits have become the modern housecall!**



**10pm**

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

No matter how often we say it, parents are surprised to hear that Clarkstown Pediatrics has office hours staffed by one of our doctors **seven days a week every day of the year!** Christmas and New Years? Yes. Fourth of July? Yes, really. Every day.

We also have evening office hours Mondays through Fridays starting at 6pm. One of our doctors is available to see sick patients of ours whose parents call for an appointment. (We don't see children enrolled with other pediatricians after hours.)

But what about after that, when the doctors leave the office? What about weekends and holidays when the doctor leaves the office? We have always been available for after hours phone calls to our doctors. No worry, we will always have this service.

But now, parents can call after hours to schedule a **TeleVisit** until **10pm**. Just call our regular office number, 845-623-7100, and you will be able to set it up.

We've been using **TeleVisits** throughout the COVID pandemic and we realized how valuable they are. We will know if you need to bring your child to the Emergency Room or Urgent Care. (Call 911 if your child has a life threatening emergency.) We may be able to prescribe for your child during a **TeleVisit**, or we may ask you to come to our office for further testing the next morning.

Parents find it very reassuring to know their doctor has looked and listened to their child. They feel safe knowing when waiting until the morning is best. And they will get advice about what to do for their child overnight.

If you have a smartphone (iphone or android) or a computer (with a camera and microphone) we can get you set up quickly. Your insurance will cover a **TeleVisit** just like an office visit.

Don't forget that you can schedule a **TeleVisit** during the day too! We've been able to check children away on vacation, at college, or when it isn't possible to come into the office.

In the old days, doctors made house calls. It was convenient but was phased out because there are so many tests available in the office. **TeleVisits** have become the modern housecall! We hope this gives you even more confidence in the care we offer at, your children's medical home, Clarkstown Pediatrics.

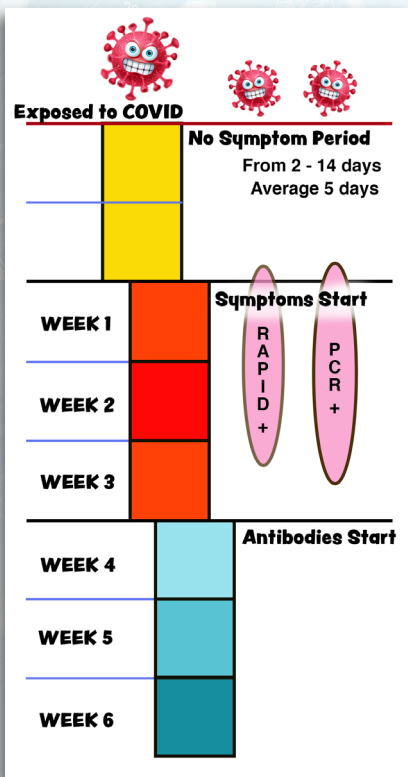
# We have Rapid COVID Testing at Our Offices

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 2-5 days 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 detected 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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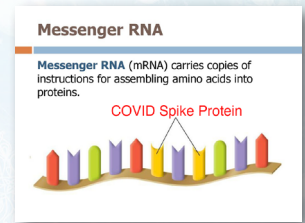
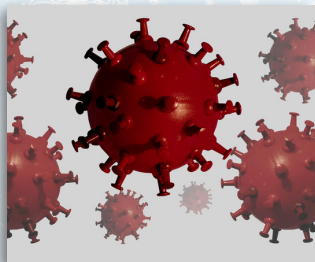
# Yea!! COVID Vaccines are here!

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 age 16 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.

# What helps children with winter viruses?

## Like Flu, COVID, and all the others?



I've had a *TeleVisit* or office visit with my child's doctor. So I know my child is stable and doesn't need the hospital or emergency room. He is breathing fine and drinking fluids pretty well. Strep throat was ruled out. I know I won't need *Tamiflu* (oseltamivir) unless it's the *Flu*. We are quarantined at home. We try not to touch our eyes, mouth, or nose until we've washed washed our hands or used hand sanitizer (which we keep out of reach of young children.)

### What can we give children to make them more comfortable?

We encourage acetaminophen (*tylenol*) or ibuprofen (*motrin* or *advil*) for fever or aches. We like saline nosedrops, a room humidifier or even some steam in the shower.

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

Because 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 "multisymptom" products with *acetaminophen* as children may receive the wrong *acetaminophen* dose.

The FDA has already taken a number of *OTC* medications off the market such as *phenylpropanolamine* and *ephedrine*. *Pseudo-ephedrine* (the ingredient in *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 advisory board recommends that *OTC* cough and cold medicines **"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?

We 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?

While 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* is a source of antioxidants but can be poisonous (cyanide) if not thoroughly cooked. A one-a-day vitamin, glass of juice, or fruit, *sure*. But no megavitamins!



### What About Chicken Soup or Hot Tea?

Chicken 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.

by Doug Puder, MD