

Would you recognize if your child was overweight?

The image displays three posters from the Pennsylvania Medical Society, each titled "Picture the Facts of Your Child's Future." The posters compare the health outcomes for normal-weight children versus overweight children. Each poster features two children, one normal-weight and one overweight, both holding blue buckets. Text on the posters lists risks for asthma, orthopedic problems, clinical depression, diabetes, and heart disease, along with life expectancy.

Poster 1 (Left): Compares two 8-year-old boys. The normal-weight boy (BMI Percentile: 50th) has a low risk of asthma, orthopedic problems, and clinical depression; signs of diabetes may appear around age 50; signs of heart disease may appear around age 50; and life expectancy is age 84. The overweight boy (BMI Percentile: 95th) has a high risk of asthma, orthopedic problems, and clinical depression; signs of diabetes may appear around age 20; signs of heart disease may appear around age 35; and life expectancy is age 72.

Poster 2 (Top Right): Compares two 5-year-old boys. The normal-weight boy (BMI Percentile: 50th) has a low risk of asthma, orthopedic problems, and clinical depression; signs of diabetes may appear around age 50; signs of heart disease may appear around age 50; and life expectancy is age 84. The overweight boy (BMI Percentile: 95th) has a high risk of asthma, orthopedic problems, and clinical depression; signs of diabetes may appear around age 20; signs of heart disease may appear around age 35; and life expectancy is age 72.

Poster 3 (Bottom Right): Compares two 5-year-old boys. The normal-weight boy (BMI Percentile: 50th) has a low risk of asthma, orthopedic problems, and clinical depression; signs of diabetes may appear around age 50; signs of heart disease may appear around age 50; and life expectancy is age 84. The overweight boy (BMI Percentile: 95th) has a high risk of asthma, orthopedic problems, and clinical depression; signs of diabetes may appear around age 20; signs of heart disease may appear around age 35; and life expectancy is age 72.

Overweight children suffer adult health problems.
Ask a health professional how you can play a role in managing your child's weight.

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In these posters put out by the Pennsylvania medical society, the children on the right are considered obese.

Nearly all parents of overweight preschoolers and most parents of obese kids are unaware their children are classified as

such , say researchers at New York University and two other medical centers. Click here for Happy Healthy Kids' interview with Dr. Kardos on the subject.

Julie Kardos, MD with Naline Lai, MD
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The best allergy medicines for kids



Gepetto always said his son had allergies, but the villagers knew better

Recently, Dr. Lai was so excited to see Flonase in the local pharmacy that she texted all of the providers in our practice

with the news. Flonase (fluticasone), a nose spray allergy treatment, is the latest allergy medication to go over-the-counter. Now, nearly every allergy medication that we wrote prescriptions for a decade ago is now available to kids over-the-counter.

As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy medications can be overwhelming. Should you choose the medication whose ads feature a bubbly seven-year-old girl kicking a soccer ball in a field of grass, or the medication whose ads feature a bubbly ten-year-old boy roller blading? Is it better to buy a “fast” acting medication or medication that promises your child “relief?”

A guide to sorting out your medication choices:

Oral antihistamines: Oral antihistamines differ mostly by how long they last, how well they help itchiness, and their side effect profile. During an allergic reaction, antihistamines block one of the agents responsible for producing swelling and secretions in your child’s body, called histamine. Prescription antihistamines are not necessarily “stronger.” In fact, at this point there are very few prescription antihistamines. The “best” choice is the one that alleviates your child’s symptoms the best. As a good first choice, if another family member has had success with one antihistamine, then genetics suggest that your child may respond as well to the same medicine. Be sure to check the label for age range and proper dosing.

- **First generation antihistamines work well at drying up nasal secretions and stopping itchiness but don’t tend to last as long and often make kids very sleepy:**

Diphenhydramine (brand name Benadryl) is the best known medicine in this category. It lasts only about six hours and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids.

Occasionally, kids become “hyper” and are unable to sleep after taking this medicine. Opinion from Dr. Lai: dye-free formulations of diphenhydramine are poor tasting. Other first generation antihistamines include Brompheniramine (eg. brand names Bromfed and Dimetapp) and Clemastine (eg. brand name Tavist).

- **The newer second and third generation antihistamines cause less sedation and are conveniently dosed only once a day:**

Cetirizine (eg. brand Zyrtec) causes less sleepiness and it helps itching fairly well. Give the dose to your child at bedtime to further decrease the chance of sleepiness during the day. Loratadine (brand name Alavert, Claritin) causes less sleepiness than cetirizine. Fexofenadine (brand name Allegra) causes the least amount of sedation. The liquid formulations in this category tend to be rather sticky, the chewables and dissolvables are favorites among kids. For older children, the pills are a reasonable size for easy swallowing.

Allergy eye drops: Your choices for over-the-counter antihistamine drops include ketotifen fumarate (eg. Zatidor and Alaway). For eyes, drops tend to work better than oral medication. Avoid products that contain vasoconstrictors (look on the label or ask the pharmacist) because these can cause rebound redness after 2-3 days and do not treat the actual cause of the allergy symptoms. Contact lenses can be worn with some allergy eye drops- check the package insert, and avoid wearing contacts when the eyes look red.

Allergy nose sprays: Simple nasal saline helps flush out allergens and relieves nasal congestion from allergies. As we mentioned above, Flonase, which used to be available by prescription only, is a steroid allergy nose spray that is quite effective at eliminating symptoms. It takes about a week until your child will notice the benefits of this medicine.

Even though this medicine is over-the-counter, check with your child's pediatrician if you find that your child needs to continue with this spray for more than one allergy season of the year. Day in and day out use can lead to thinning of the nasal septum. Avoid the use of nasal decongestants (e.g., Afrin, Neo-Synephrine) for more than 2-3 days because a rebound runny nose called rhinitis medicamentosa may occur.

Oral Decongestants such as phenylephrine or pseudoephedrine can help decrease nasal stuffiness. This is the "D" in "Claritin D" or "Allegra D." However, their use is not recommended in children under age 6 years because of potential side effects such as rapid heart rate, increased blood pressure, and sleep disturbances.

Some of the above mentioned medicines can be taken together and some cannot. Read labels carefully for the active ingredient. Do not give more than one oral antihistamine at a time. In contrast, most antihistamine eye drops and nose sprays can be given together along with an oral antihistamine.

If you are still lost, call your child's pediatrician to tailor an allergy plan specific to her needs.

The best medication? Get the irritating pollen off your child. Have your allergic child wash her hands and face as soon as she comes in from playing outside so she does not rub pollen into her eyes and nose. Rinse outdoor particles off your child's body with nightly showers. Filter the air when driving in the car and at home by running the air conditioner and closing the windows to prevent the "great" outdoors from entering your child's nose.

Naline Lai MD and Julie Kardos, MD

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Prepare your child for a younger sibling



A thrilling moment in the office is when a mom of a patient shares with me that she is pregnant again. I say, "Wonderful!" What better gift to give your firstborn than a sibling! And I love being a part of good news! As an older sister myself, as a mother of three children, and as a pediatrician, I know the net result of adding another child to the family is positively fabulous.

Although the news is good, sometimes parents are anxious. Here are some suggestions of how to prepare your child for a younger sibling:

For most kids under the age of three to four years, time literally has no meaning.

At best, everything in the past occurred yesterday, and everything in the future will occur tomorrow. So in general, there is no magic moment to announce a forthcoming new baby. A few weeks ahead of time, simply start talking about “when a baby comes to live with us.” Don’t expect your child to really believe you until you walk into the house with the baby. And don’t be surprised if your firstborn asks, “When is it leaving?” Kids this age do not understand the idea of “forever” or “permanent.”

Believe it or not, your second newborn might not be all that demanding.

Parents often feel guilty about bringing a second baby into the home. They worry they will not have as much time for their firstborn. Well, here’s one secret. Newborns aren’t all that demanding. Unlike with your first born, you will never have the time or urge to stare endlessly at your second born while she sleeps.

By the second time around, you will realize that feeding, changing, and washing a newborn take up relatively little time. Your firstborn will likely continue to be the center of attention. She is, after all, much more interesting now that she can pretend and play simple games. Believe me when I tell you that you CAN play *Candyland*® and breastfeed an infant at the same time. You CAN burp an infant while reading aloud to a toddler. You CAN change a diaper while pretending you and your toddler are wild jungle animals. You CAN make a formula bottle while telling a terrifically exciting story to your toddler.

A word about visitors and gifts:

The best part of a gift, to a toddler, is opening it, NOT what’s in it. So don’t worry about trying to make sure your older child gets a gift for every gift the new baby gets. Just

allow your toddler to open all the baby's gifts (if she wants to) because "babies don't know how to open presents, but big kids do!" Also, newborns don't care who holds them so visitors are a perfect chance to hand off the baby and get on the floor and play with your toddler. To a toddler, parents are the most important and interesting people in the world. Even if ten people walk in to visit the baby, your toddler will not be jealous if YOU are the one playing with her.

By three years old, kids understand taking turns.

In addition to the above tips, if your eldest asks why you need to hold/feed/care for the baby "so much," just explain that it's the baby's turn. Then reinforce how glad you are that your eldest is able to talk, feed herself, play with toys, and maybe use the potty. Remind her that her ability to be independent make her more similar to Mommy and Daddy than to a baby.

You have plenty of love to go around.

Finally, realize whether your firstborn embraces her younger sibling with open arms or pretends that the new baby does not exist, you will have plenty of love to go around. Your heart is big enough for everyone. Dr. Lai tucks each of her three children in at night with the words, "I love you more than anyone in the universe."

Truth be told, **no one will make your younger child laugh as loud and long as her older sibling.** Also, older babies are much more interesting than newborns. Even "luke warm" older siblings will warm up as time progresses and the baby becomes more interactive. You will appreciate this the most when your younger child becomes a toddler. He will find his older brother or sister so entertaining that he will generally stay near his older sibling. Your younger child will not be as apt to wander out of a room if his sibling is around. While you will not have a baby sitter for a while, you will have a tattle-teller.

In the meantime, tell lots of “when you were a baby” stories to your older child. Toddlers are egocentric (they all think the world revolves around them) and they will LOVE being the main character in your stories. Bring out baby pictures and videos of your firstborn to share. Be sure to point out how far she has come and all the great things she can do now as a big kid.

Don't feel pressure to “get everything done” before the new baby arrives. Potty training for the oldest can wait (it's not that glamorous anyway). You don't have to take your oldest child out of the crib (the baby is in a bassinet for a couple months) and your oldest's teeth won't pop out because you haven't weaned the pacifier.

I end with a personal story:

When I was pregnant with my twins, many of our friends commented to us about our firstborn son, “Boy, you are really going to rock his world.”

HIS world, I would think to myself. How about OUR world?

In order to prepare him for his transition from “only child” to “big brother” we emphasized to our son (who was three at the time) that most older brothers get only ONE baby. Our son would be getting TWO babies! He was excited about having two instead of one. For years afterwards, whenever he heard about a pregnant aunt, friend, or neighbor, his first question was always, “Oh, how many babies is she having?”

Out of the mouths of babes...

Julie Kardos, MD and Naline Lai, MD

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How to tell your kids someone they love is dying



It is never easy to break bad news, and it can be especially difficult to break bad news to our children. Bereavement counselor Amy Keiper-Shaw helps parents give advice on how to talk to your children if someone they love is dying.

While we all try to live our best and happiest lives, one day, something bad will invariably happen to us and/or our families. Maybe a grandparent or a pet is so ill they have been told they are going to die, or a family member has been diagnosed with a terminal illness. Are you and your child prepared to communicate effectively during these tough times?

Here are some suggestions to help you talk to your child when death is a possibility.

“One must talk little and listen much.”—African proverb

- First, try to distinguish your emotions about the news from what to tell your kids. It’s always harder to talk about bad news when it’s an emotional issue for you. Allow yourself to “sit with” the feelings you have about it before sharing it with a child. Try to be calm—even if the news is upsetting to you. If you’re overly emotional, your child may feel like he or she needs to take care of you instead of having his or her own reaction.
- Mentally rehearse how you will deliver the news. You may wish to practice out loud, as you would prepare for public speaking. Script specific words and phrases to use or avoid. Be open and prepared for your kids’ reactions. Some may cry. Others may get angry. Some may not seem to react at all. Don’t read too much into your child’s initial reaction. For some kids, it takes a while for the news to sink in.
- Arrange to talk to the child in a private, comfortable location. For example, have your child sit on your lap, or talk to your child on his or her bed. Having your child’s favorite comfort item available (a blanket, a stuffed animal or favorite toy) can also help. Turn off your cell phone, TV, or other background distractions.
- Long before we realize it, children become aware of death and when bad news is approaching. It may be tempting to withhold bad news. It’s important to be honest with your kids and not to be afraid of their reactions. When we aren’t honest about what is going on, children make up their own explanation for the tense environment. What they imagine is often worse than the truth. Foreshadow the bad news, “I’m sorry, but I have

bad news.”

- When you meet with the child ask what they already know and understand. Be prepared to provide basic information about prognosis and treatment options if there are any available. Give information according to your child’s age. Younger children will require less information than older teenagers.
- Speak frankly but compassionately. Avoid euphemisms and medical jargon. Use the words cancer or death rather than “going to sleep” or giving false hope. Offer realistic hope. Even if a cure is not realistic, offer hope and encouragement about what options are available such as hospice or medications which will help the person or pet have the best quality of life as possible until they die.
- Have the child tell you his or her understanding of what you have said, use repetition and corrections as needed. Encourage them to ask questions if they have any now or in the future and be sure to follow up often to see if any new questions have arose.
- Allow silence and tears, and avoid the urge to talk to overcome your own discomfort. Proceed at the child’s pace. Be empathetic; it is appropriate to say “I’m sorry” or “I don’t know.”
- Talk about what the bad news means for them personally. Be as clear as possible about how the bad news will make their life change—or not change. “Mom won’t be able to take you to school anymore so our neighbor will bring you instead.” Older kids will want to know more details about this than younger kids.
- Reassure your kids. When bad things happen, they need to hear that you love them and that you’re there for them. If you’re uncertain how long you can be there for your

children (such as when you receive a terminal prognosis), make sure they know of other caring, trusted adults who will also be there for them.

- Don't be surprised if your child tries to blame you or someone else for the bad news. It's hard for children and teens to understand that sometimes bad things just happen.
- Do something special with your child. You can say that when bad things happen, it often helps to do something you enjoy to try to feel better. For example, ask your child what he or she would like to do with you. Maybe your child will want to go to the playground or play a board game. It is important that children know it is okay to still want to have fun and to enjoy life. They should not feel guilty about wanting to be happy.
- Model the grief process. It helps children and teens to see that there are hard times and that people can get through these tough situations by making positive coping choices. For example, even if you don't feel like exercising, you notice that exercise helps you feel a bit better. Explain that even though you may be tempted to eat badly, you notice that you feel better when you eat healthy. Talking about the ups and downs (while modeling positive coping strategies) will help your child be more intentional about the choices he or she makes and they are grieving.
- Keep in mind, although older teenagers may seem like they can take on more hardship than younger kids, remember that they still don't have the life experience that you have. Hearing bad news can be extremely difficult on a teenager, and it can sometimes trigger risky behaviors, particularly if they were struggling before the bad news hit or they're feeling extremely vulnerable.

- Talk to other significant adults in your child's life. For example, talk to your child's teacher, coach, or club leader. Sometimes a child will talk to another adult, and it helps if everyone knows the same information.

Parents, remember this:

- Attend to your own needs during and following the delivery of bad news. Find a few people who are good listeners and can help with practical things such as taking kids to after school activities.
- Allow yourself to accept help.

It can be challenging to be the bearer of bad news, but keep in mind that there are others who can assist with this. Asking for help from a social worker, counselor, a trusted friend, or spiritual adviser can help to facilitate this conversation, as well as connect families to resources in the community.

Amy Keiper-Shaw, LCSW

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Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs Handsholdinghearts.com, a resource for children who have experienced a significant death in their lives.

Toddler Discipline Tips: tantrums and tranquility



As we prepare for a session on child development and behavior at Homefront: Family Preservation Center, a center for temporary emergency housing in Mercer County, New Jersey, we realize that we haven't shared with you in a little while one of our most popular podcasts.

Join us as we talk about tips on toddler discipline:

<https://www.twopedsinapod.org/wp-content/uploads/2009/09/Episode-8-Toddler-Discipline.mp3>

Julie Kardos, MD and Naline Lai, MD

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Deception in Packaging: Navigating the Nutrition Information Highway



Today, we welcome Health Coach Mary McDonald's insight on how to read food labels for nutritional content...

Have you ever stood in the cereal aisle staring at the rows and rows of choices and feeling like a deer in headlights? You know that you want to select a cereal that is healthy for your family, but you are not sure which one to choose. So, you start reading the nutrition claims on the front of the box. "Multi-grain. Low fat. Good source of vitamins and minerals.

No high fructose corn syrup.” You select a cereal that you think is a good option, only to find out later that the first two ingredients are sugar and grains that are void of nutrition. Navigating the nutrition information highway can be extremely complex, even for an educated person.

One of the reasons for the confusion is the mass influx of marketing from major food manufacturers. According to the Federal Trade Commission, the 44 major food and beverage marketers spent \$2.1 billion marketing food to youth in 2006. A second report in 2012 compared data from 2006 to 2009 and found that total spending on food marketing to youth dropped 19.5% to \$1.79 billion. But, spending on new media, such as online and viral marketing, increased 50%. The report found that the overall picture of how marketers reach children did not change significantly.

With the major food manufacturers sending constant messaging about the health benefits of their products, a consumer can get very confused about what is healthy to eat. Couple this with the fact that most formal nutrition education ends when a person graduates from high school. Therefore, the major food manufacturer, whose purpose is to sell food, has become the nutrition education for our society. This creates a perfect storm and makes it really difficult to know what is healthy to purchase and consume. So, how we fix this problem? Here are a few quick tips that can help you navigate the nutrition hype:

1. **Don't look at the front of the packaging to determine if a product is nutritionally sound.** Remember, the claims on the packaging are designed to sell more products. In our fast-paced society, it's easy to fall into this trap, but ignore the marketing because there is more reliable information in the ingredient list. Which brings me to my next point.
2. **Read the ingredient list.** You may be surprised if you open your pantry and start to read the labels on the food sitting on your shelves. Many products contain

ingredients that are difficult to pronounce, let alone know what they are. What is more concerning is the fact that some ingredients are deceptive in the way that they are represented. For example, enriched wheat flour sounds like a nutritious ingredient, but in reality it is a refined grain that is very similar to white flour. Enriched wheat flour is milled to strip the bran and germ and then some vitamins and minerals are added back in. When reading your labels, don't be fooled into thinking that you are eating something packed with nutrition when you see enriched wheat flour. If you are looking for a nutritious grain, then look for labels that say whole-wheat flour, and make sure that it is one of the first ingredients on the label.

3. **Five is the magic number.** Michael Pollan, the author of *Omnivore's Dilemma*, suggests that you should not eat anything with more than five ingredients, or with ingredients you don't recognize or can't pronounce. In my opinion, this is singularly one of the best pieces of advice. When you use this rule of thumb, it will naturally lead you towards healthier foods with less additives and preservatives. For example, compare labels on snack bars. According to *Eat This Not That*, the "coating" on Special K Double Chocolate Protein Meal Bar is made with trans fats, soy, and sugar with a little cocoa processed with alkali, artificial flavor, polysorbate 60 and other artificial ingredients. And that's just the outside! Then there are the "Chocolatey Chips," which is market slang for "not real chocolate." Instead they are just more sugar, soy, trans fats, and artificial flavors mixed with a little cocoa that's been "alkalized," a type of processing that destroys up to 75 percent of the healthy nutrients in the chocolate. Compare that snack bar to Clif Kit's Organic Peanut Butter bar that has only four (yes, 4) ingredients: Organic Dates, Organic Peanuts, Organic Almonds, Sea Salt. I recognize all of those ingredients!

4. **Positive nutrition messaging.** One of the best ways to achieve success in any goal is to surround yourself with positive messaging. I have connected with a variety of websites that provide great nutrition education. Eatright.org, a division of the Academy of Nutrition and Dietetics, and Nutritionaction.com, a division of Center for Science in the Public Interest, are two credible sources. Search for a site that fits your needs and sign up for free newsletters. The information will come to you and you can choose when and what to read. It's that simple.
5. **Cook more at home.** Yes, cooking at home can be one of the most effective ways to navigate the nutrition information highway. I realize that this is not always easy considering work, school, and sports schedules. But, it is important to make time for the things that matter most. What can be more important than the health of you and your family? Just like a major roadway, navigating the nutrition highway is complex. Fortunately, we live in a time when there are a variety of ways to receive information.

Mary McDonald, MA

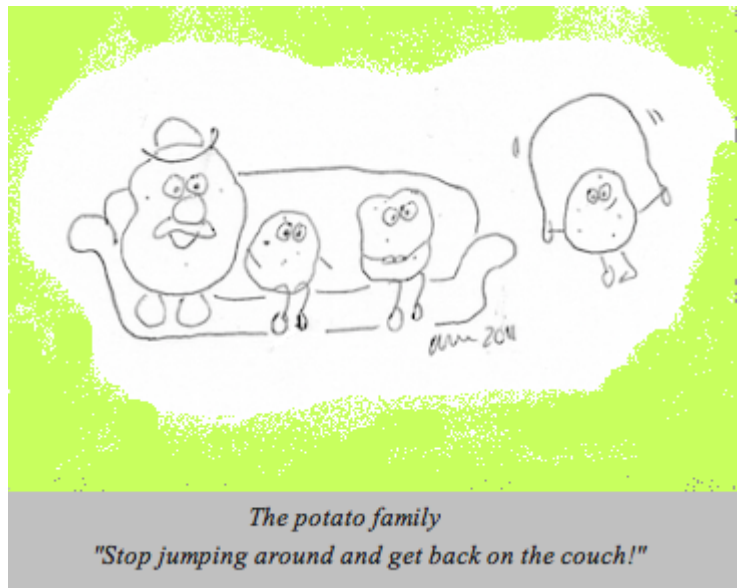
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If you live in Bucks County, PA, the Doylestown Food Co-op will be hosting a screening of the documentary, *Fed Up*, hosted by Katie Couric. This is an eye-opening account of how we view the food that we consume. The screening takes place Thursday

3/26/15 at 7 pm at the County Theatre in Doylestown, PA.

Get your kids off the couch: ideas for indoor exercise



Let's face it, it's hard to move when it's cold , and it's freezing at my home. I believe today's high is 20 degrees Fahrenheit. Now while this may not deter younger children from bundling up and going sledding, teen couch potatoes are busy whining that it's "too cold." So there they sit.

What's the secret to keeping them active in the winter months? Have them **schedule an activity, and be an example yourself.**

Ideas for teens (and you) to do when it's cold outside:

- Have a 15-minute dance party
- Have a Wii contest
- Try swimming (indoors please!)
- Dust off the treadmill or stationary bike in the basement and GET ON IT
- Play ping-pong

- Do a few chores
- Jump rope
- Jog during T.V. commercials
- Pull out some “little kid games” such as hopscotch, hula-hoop or Twister
- Let each child in your house choose an activity for everyone to try

Teens, like everyone else, need exercise to stay healthy. Staff from the Mayo Clinic recommend kids ages 6-17 years should have one hour of moderate exercise each day. Exercise can help improve mood (through the release of endorphins), improve sleep and therefore attention (critical with finals coming up), and improve cardiovascular endurance. Those spring sports really ARE just around the corner.

Here are some numbers to get the kids moving: All activities are based on 20 minutes and a teen who weighs 110 pounds. The number of calories burned depends on weight. If your teen weighs more, he will burn a few more calories, if he weighs less, he'll burn a few less. Below the table are links to some free and quick calorie calculators on the web so your teen can check it out for him self. For those attached to their phones, there are web apps too.

ACTIVITY	CALORIES USED
Shooting Basketballs	75
Pickup Basketball game/practice	100
Biking on stationary bike	116
Dancing	75
Hopscotch	67
Ice Skating	116

Jogging in place	133
Juggling	67
Jumping Rope	166
Ping Pong	67
Rock Climbing	183
Running at 5 mph	133
Sledding	116
Treadmill at 4 mph	67
Vacuuming	58

What's the worst that can happen? You'll have a more fit, better rested, and happier teen! Or at least you'll have a cleaner home!

Try these activity calculators:

<http://primusweb.com/fitnesspartner/calculat.htm>

www.caloriesperhour.com/index_burn.php

<http://www.caloriecontrol.org/healthy-weight-tool-kit/lighten-up-and-get-moving>

Deborah Stack, PT, DPT, PCS

With nearly 20 years of experience as a physical therapist, guest blogger Dr. Stack heads The Pediatric Therapy Center of Bucks County in Pennsylvania www.buckscountyped.com. She holds both masters and doctoral degrees in physical therapy from Thomas Jefferson University.

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Measles outbreak: Would you recognize measles in your child?



A typical measles rash, courtesy of the public health library, Centers for Disease

Control and Prevention

Who knew when we first published this post in June 2014 that another measles outbreak would occur in the US. In light of the numerous measles cases that emerged out of the California Disneyland exposure, we re-publish signs of measles in children. Parents who have children who are not completely immunized against measles should be especially vigilant.

Measles typically starts out looking like almost every other respiratory virus— kids develop cough, runny nose, runny bloodshot eyes, fever, fatigue, and muscle aches.

Around the fourth day of illness, the fever spikes to 104 F or more and a red rash starts at the hairline and face and works its way down the body and out to arms and legs, as shown here at the Immunization Coalition site. Many kids also develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base 1-2 days before rash. Call your child's doctor if you suspect that your child has measles. Parents should be most suspicious if their children have not received MMR vaccine or if their immunized child was exposed to a definite case of measles or visited an area with known measles.

In the US, one in 10 kids with measles will develop an ear infection and one in 20 will develop pneumonia. Roughly one in 1000 kids develop permanent brain damage, and up to two in 1000 who get measles die from measles complications. Kids under age 5 years are the most vulnerable to complications. These statistics are found here. For global stats on measles, please see this World Health Organization page.

There is no cure for measles and there no way to predict if your child will have a mild or severe case. Fortunately, one dose of the MMR (Measles, Mumps, Rubella) vaccine is 92-95% effective at preventing measles, and two doses are 97-99% effective at preventing measles. That's the best we can do,

and this protection rate works great when everyone is vaccinated. The American Academy of Pediatrics recommends giving the first dose of MMR vaccine at 12-15 months and the second dose at school entry, between 4-6 years of age.

If parents refuse the MMR vaccination for their children, then more people are left susceptible to measles. This leads to more people who can spread the disease when it hits a community. Measles is one of the most contagious diseases known: 9 out of 10 unvaccinated people exposed to measles will become sick, and infected people are contagious even before symptoms appear. One of the reasons behind the increase in measles cases is the increase in unvaccinated children. One patient of Dr. Kardos's was a four-year-old boy who was behind on his vaccines and hospitalized for measles pneumonia. Before he was diagnosed he exposed an entire Emergency Department to measles.

In our global world, another reason for the spike in measles cases is the increase in travel between countries. In fact, young children traveling internationally should now get the MMR vaccine outside of the routine schedule. If you plan on traveling, check here to see if you need to give your child the MMR vaccine on an early schedule.

With increased vigilance and vaccination, hopefully measles will once again become a disease few doctors have ever encountered. After all, vaccines did eradicate small pox. The last case of smallpox in the United States was in 1949, and the last case in the world was in 1977. In the meantime, you'll know how to "spot" a case of measles too.

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Dry, chapped hands: home remedies



Raw hands- recognize your kid?

I wash my hands about sixty times a day, maybe more. This frequent washing, in combination with cold Pennsylvania air, leads to chapped hands. Here are the hands of a patient. Do your children's hands look like these?

To prevent dry hands:

- Don't stop washing your hands, but do use a moisturizer afterwards.
- Whenever possible, use water and soap rather than hand sanitizers. Hand sanitizers are at minimum 60% alcohol- very drying. Be sure to fully dry hands after washing.
- Wear gloves or mittens as much as possible outside even if the temperature is above freezing. Remember chemistry class- cold air holds less moisture than warm air and therefore is unkind to skin. Gloves will prevent some moisture loss.

- Before exposure to any possible irritants such as the chlorine in a swimming pool, protect the hands by layering heavy lotion (Eucerin cream) or petroleum based product (i.e. Vaseline or Aquaphor) over the skin.

To rescue dry hands:

- Prior to bedtime, smother hands in 1% hydrocortisone ointment. Avoid the cream formulation. Creams tend to sting if there are any open cracks. Take old socks, cut out thumb holes and have your child sleep at night with the sock on his hands. Repeat nightly for up to a week. Alternatively, for mildly chapped hands, use a petroleum oil based product such as Vaseline or Aquaphor in place of the hydrocortisone.

- If your child has underlying eczema, prevent your child from scratching his hands. An antihistamine such as diphenhydramine (Benadryl) or cetirizine (Zyrtec) will take the edge off the itch. Keep his nails trimmed to avoid further damage from scratching.

- For extremely raw hands, your child's doctor may prescribe a stronger cream and if there are signs of a bacterial skin infection, your child's doctor may prescribe an antibiotic.

Happy moisturizing. Remember how much fun it was to smear glue on your hands and then peel off the dried glue? It's not so fun when your skin really is peeling.

Naline Lai, MD and Julie Kardos, MD

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Should I vaccinate my child?



“Let’s skip this ride.”

Should I vaccinate my child? Yes, yes, yes!

The recent measles outbreak originating in Disneyland among mostly-unvaccinated children and adults highlights how important it is to continue to immunize children against preventable infectious diseases, even if we think they are rare.

There are many deadly diseases we can’t prevent, but we do have the power to prevent a few. We now have the ability to prevent your children from getting some types of bacterial meningitis, pneumonia, and overwhelming blood infections. With vaccines we can prevent cases of mental retardation,

paralysis, blindness, deafness, and brain infections. Immunizations are a safe way of boosting children's natural immune systems. Yet some of our parents continue to doubt the benefits of vaccines and to fear harm from them.

Let's look at another kind of prevention. You would never drive your car without putting a seatbelt on your child. Even if you don't know anyone who was in a fatal car accident, you still buckle you and your child up. You may know a kid who emerged from a car accident with only a scrape, yet you still buckle you and your child up.

You may never know a child who is paralyzed by polio or who died of whooping cough, but it does happen and can be prevented. Just like with car accidents, it's better to prevent the injury than to play catch-up later. Dr. Kardos's grandfather routinely rode in the front seat of his car without his seatbelt because he "had a feeling" the seatbelt might trap him in the car during an accident. Never mind that epidemiologists and emergency room doctors have shown people are much more likely to die in a car accident if they are not wearing a seat belts, he just "had a feeling."

We know no one likes a needle jab, but for most vaccines, no one has invented any better way of administration.

When it comes to your children, parental instinct is a powerful force. We routinely invite our patients' parents to call us about their children if their instincts tell them something might be wrong, and we always welcome and at times rely on parents' impressions of their children's illnesses to help us make a diagnosis and formulate a treatment plan.

However, in the face of overwhelming evidence of safety and benefits of vaccines, we pediatricians despair when we see parents playing Russian roulette with their babies by not vaccinating or by delaying vaccinations. We hope fervently that these unprotected children do not contract a preventable

debilitating or fatal disease that we all could have prevented through immunizations.

There is no conspiracy here. We both vaccinate our own children. We would never recommend any intervention where the potential for harm outweighs the potential for good. We have valid scientific data that every year vaccines save thousands of lives. One of them could be your child's life.

Should you vaccinate your child?

YES!

Julie Kardos, MD and Naline Lai, MD

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Updated from our earlier 2011 post

Visit these posts for more information about vaccines: [How Vaccines Work](#), [Evaluating Vaccine Sites on the Internet](#), [Do Vaccines cause autism?](#) and [Closure: there is no link between the MMR vaccine and autism](#)

Also, please visit the recent Institute of Medicine's analysis of vaccine side effects.