

Flu update 2014-2015- We may be in for a rough winter



Ben's runny nose, as depicted by Ben

Because we couldn't have said it better ourselves, we have reprinted (with permission) our pediatrician colleague Dr. Roy Benaroch's recent flu update from his blog [The Pediatric Insider](#).

Some bad news about flu this year

We could be in for a rough influenza winter.

First, data just released from the CDC shows that a lot of the flu circulating in the USA isn't a good match for the strains in this year's flu vaccines. About 82% of flu since autumn is a type A H3N2, one that historically has been associated with more-severe illness. Of those, only about half are closely related to the A/Texas/50/2012 strain that was chosen in February to be included in the vaccine. Unfortunately, current methods of vaccine production take a long time, and manufacturers have to commit early—months ahead of time—to what will be included in the vaccines. In February, when the World Health Organization made their recommendations for the Northern Hemisphere 2014-2015 flu vaccine, they chose the H3N2

that was then in circulation. Since then, it's "drifted", or changed, to a related but non-identical type.

What this means is that the current vaccine is well-matched to only about 40% of circulating flu. The vaccine will probably offer some protection against the other 60%— illness will be milder and shorter—but a lot of people who got their flu vaccines are still going to get the flu, and spread the flu. Now, some protection is still better than none, so I'd still go and get that flu vaccine now if you haven't gotten it already. An imperfect (or, honestly, far-less-than-perfect) flu vaccine is better than none. But it isn't looking good this year.

And it gets worse. It's becoming increasingly clear that Tamiflu, the anti-viral medication we rely on to help treat influenza, doesn't work very well. As summarized by the Cochrane Collaboration earlier this year, studies show that Tamiflu is only modestly effective in reducing the length of influenza illness, and may be only slightly effective at reducing complications. If it does work for treatment of flu, it works best when started very early in the course of the illness. The FDA labeling calls for it to be started within 48 hours, but honestly it seems to barely work if started that late. Better to get it started within 24, or even better, 12 or 6 or 2 hours.

In practice, Tamiflu really doesn't seem to do much of anything for most of the flu patients seen in hospitals and doctor's offices, because we usually see patients too late. It does have a role in helping family members at risk for flu. They can start it immediately, at the first symptoms, and will probably get more benefit.

Tamiflu can also be used as a prophylactic, or preventive, agent in people exposed to flu with no symptoms, though again, the benefits are modest at best. Crunching the numbers, we probably have to treat about 33 people on average for just one

person to benefit from prophylaxis. That's not very good, especially considering that all 33 people will have to pay for it and risk the side effects.

And Tamiflu does have some significant side effects. Nausea and vomiting are quite common, but the scarier reactions are depression, hallucinations, and psychosis. Neuropsychiatric side effects are most common in people of Japanese ancestry.

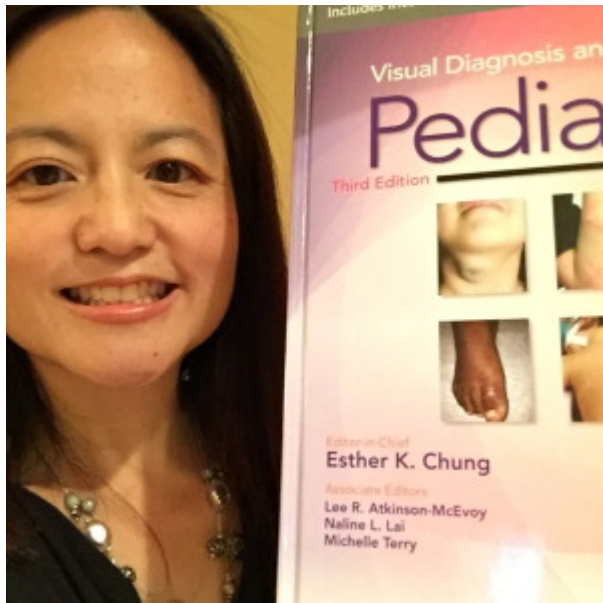
So: the flu vaccine, this year, will probably offer only modest benefits. And Tamiflu really has very limited usefulness. It looks like we'd better prepare for a rough winter, and keep in mind some of the old-fashioned ways to keep from getting the flu:

- Stay away from sick people.
- If you're sick, stay home.
- Keep your mucus to yourself—sneeze into your elbow, or better yet into a tissue. And then wash your hands.
- Don't touch your own face. Flu virus on your hands doesn't make you sick until you help it get into your body by touching your eyes, nose, or mouth.
- Wash or sanitize your hands frequently, and especially before touching your face or eating.

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In practice near Atlanta, Georgia, Dr. Roy Benaroch is an assistant clinical professor of pediatrics at Emory University, a father of three, and the author of *The Guide to Getting the Best Health Care for your Child and Solving Health and Behavioral Problems from Birth through Preschool*. Most recently he is the Narrator of the Great Courses Series: *Medical School for Everyone*. We are fans of his blog *The Pediatric Insider*

For you medical photo geeks- 3rd edition of Visual Diagnosis and Treatment in Pediatrics



For all you medical photo geeks, Two Peds in a Pod is excited to announce that Dr. Lai is an associate editor of the newly published 3rd edition of Visual Diagnosis and Treatment in Pediatrics – for pediatric health care professionals or anyone who has enjoyed pinning our medical photos to Pinterest (we know you are out there).

Julie Kardos, MD and Naline Lai, MD

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More ideas and mouth watering recipes from our backyard organic gardening physician



The many hues of cauliflower-photo by Dr. Mass

Pediatrician and mom Dr. Marion Mass writes this post in honor of Random Acts of Kindness Day, today November 19 in Bucks County, PA. This day is in memory of Abby Schumer, a friend of Dr. Mass's family, who lost her life to a brain tumor at age 10. Gardening, cooking with her children, and donating meals to families in need is how Dr. Mass's family celebrates this day.

* * * * *

Despite the fact that it's November and several frosts have hit the Northeast, we still have a surplus of fresh vegetables from our organic garden. If you would like to be in this

enviable position next year, please see my former guest-blog post explaining why you should get started now!

We garden because we value healthy high quality organic food. There is a no more satisfying way for your family to get it than from your own yard. Right now, garden centers across the Northern Hemisphere are selling off their seeds for cheap. And these seeds can be saved until next year. How should you choose what to grow? Grow some produce you know your family is will eat. First, consider looking for seeds with different hues. For example, many kids will eat lettuce. How about a red or maroon-leafed variety? Ditto that with the gardener's favorite, tomatoes. There are yellow, orange, pink, black and blue varieties. One of my pet hypotheses is that the more colors we ingest, the healthier we are...and kids love a rainbow plate. Grow some vegetables that are easy to grow: radishes, beans, beets, and the butternut squash and New Zealand spinach described below, all fall into this category.

Spinach is high in vitamins A, B2, B6, E and K, as well as numerous antioxidants and iron. Shockingly, one cup of spinach contains 25% of the US RDA of calcium, welcome information for those who do not consume dairy products. We grow New Zealand spinach because it does not get stringy and bitter like other varieties and doesn't get mushy when cooked. In addition, two seeds of this variety grow a plant that is so prolific that it feeds my family and several others from late July (seed planted in May) until the hard frost takes it out.

Butternut squash is high in fiber and extraordinarily high in vitamin A. It is great to grow up a gate or fence, the flowers are edible, and if your kids don't mind crushing stink bugs, easy to grow. This year only 6 seeds grew 65 pounds of our favorite hard squash!

Cauliflower is also high in fiber as well as vitamin C. Recent studies suggest that there are certain phytochemicals in cauliflower with cancer-fighting properties. It's a little

harder to grow, given its attractiveness to the cabbage looper caterpillar, one of my garden nemeses. Vigilance and a few tricks can help you! We purchase praying mantis egg cases and lacewing insect eggs from online stores such as Gardens Alive. These beneficial insects will eat the cabbage looper caterpillar. In addition, finding the green worms on the back of the leaves and hand crushing them depletes their population.



New Zealand Spinach

Mouth watering recipes:

Farfalle, Sausage and NEW ZEALAND Spinach

This recipe is good with any leafy greens, and would be OK with traditional spinach, but it is exceptional with New Zealand spinach which has a great bite and holds up after cooking. This recipe is the creation of my wonderful foodie-friend Jeannine

Ingredients – (flexible on all quantities)

1 lb Italian sweet sausage, casing removed

2 cloves garlic, minced

1/3 cup red wine

salt/pepper to taste

New Zealand Spinach, washed/dried -enough leaves to cover (2) dish towels

Farfalle pasta, $\frac{3}{4}$ lb

Parmesan, freshly grated, to taste

Preparation – takes 15 minutes

1. Cook pasta in pot boiling salt water. Farfalle usually takes 10 minutes.
2. At the same time, in a deep skillet, cook sausage, crumbling with cooking utensil as it cooks; you can add a little water while it cooks, to prevent sticking, but don't add too much; the meat sticking will help you when you deglaze pan later
3. Once sausage is cooked, add the minced garlic (1) minute
4. Add wine, simmering a few minutes, deglaze the pan with your spatula, all the stuck pieces of browned meats will come off bottom skillet.
5. Then add the dry spinach leaves; even if pan is overflowing with spinach, it will wilt to a much smaller amount. If using "new Zealand" spinach, it needs extra liquid to cook – scoop out a measuring cup of the boiling pasta water and add to the sausage/spinach mixture to help cook. Cover with lid for approx 2 minutes. You want the spinach to be wilted, but not overcooked.
6. Season with salt and pepper to taste
7. Drain cooked pasta and mix in serving bowl with sausage mixture.
8. Pass grated parmesan cheese
9. Great leftover too.



Butternut squash -
photo by Dr. Mass

Roasted Butternut Squash with Pepitas and Pomegranates

Preheat oven to 375. Cube a medium butternut squash into $\frac{3}{4}$ inch pieces. I leave the skin on for extra fiber. Place on a rimmed cookie sheet and drizzle with 1-2 tbsp olive oil, sprinkle with $\frac{1}{2}$ tsp salt. Roast in oven till fork tender, about 45 minutes. Remove from oven, sprinkle with roasted pepitas (pumpkin seeds) and sprinkle with pomegranate seeds. Serve warm or at room temp. Makes a great Thanksgiving vegetarian entrée, just add cubed fresh Mexican cheese (queso fresco)

Roasted Cauliflower

Preheat oven to 350. Cut 1 medium head of cauliflower into 1 inch florets and place on rimmed cookie sheet. Drizzle with 2 tbsp melted butter (it really tastes better than olive oil here) and sprinkle with 2 tsp organic cane sugar, $\frac{1}{2}$ tsp salt, $\frac{1}{2}$ tsp cumin, and a tiny pinch of cinnamon. Roast in oven for 30 minutes until fork tender. We serve this as an appetizer or a side dish. You can vary the spices used... We added chili powder last night, have done it with oregano and thyme or coriander.

Some of my favorite garden websites:

Kitchen Gardeners International (features forums, recipes, blogs and the ability for people to gather on a local level)

Chiot's Run (garden journal of a small organic garden in the Midwest)

The Royal Horticultural Society (the UK's leading gardening charity, promotes horticulture and gardening.)

You Grow Girl (unusual plants, recipes, beautiful pictures, and gardening tips)

Skippy's Vegetable Garden (a Boston city vegetable garden)

Marion Mass, MD

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Gift ideas by ages and stages



Nice Auntie Mimi bought me Candy Land for the holidays... too bad I won't know my colors or understand how to take turns until next year.

It's gift-giving season! Now that your families are another year older, it's time to update our sometimes-you-just-want-to-buy-something holiday gift idea list arranged by ages and developmental stages.

0-3 months: Babies this age have perfect hearing and enjoy looking at faces and objects with contrasting colors. Music, mobiles, and bright posters are some age appropriate gift ideas. Infants self-soothe themselves through sucking- if you can figure out what your nephew's favorite type of binkie is, wrap up a bunch-they are expensive and often mysteriously disappear.

3-6 months: Babies start to reach and grab at objects. They enjoy things big enough to hold onto and safe enough to put in their mouths- try bright colored teething rings and large plastic "keys." New cloth and vinyl books will likewise be appreciated; gnawed books don't make great hand-me-downs.

6-12 months: Around six months, babies begin to sit alone or sit propped. Intellectually, they begin to understand "cause and effect." Good choices of gifts include toys with large buttons that make things happen with light pressure. Toys which make sounds, play music, or cause Elmo to pop up will be a hit. For a nine-month-old old just starting to pull herself up to a standing position, a water or sand table will provide hours of entertainment in the upcoming year. Right now you can bring winter inside if you fill the water table with a mound of snow. Buy some inexpensive measuring cups and later in the

summer your toddler will enjoy standing outside splashing in the water.

12-18 months: This is the age kids learn to stand and walk. They enjoy things they can push while walking such as shopping carts or plastic lawn mowers. Include gifts which promote joint attention. Joint attention is the kind of attention a child shares with you during moments of mutual discovery. Joint attention starts at two months of age when you smile at your baby and your baby smiles back. Later, around 18 months, if you point at a dog in a book, she will look at the dog then look back at you and smile. Your child not only shows interest in the same object, but she acknowledges that you are both interested. Joint attention is thought to be important for social and emotional growth.

At 12 months your baby no longer needs to suck from a bottle or the breast for hydration. Although we don't believe mastery of a sippy cups is a necessary developmental milestone, Dr. Lai does admire the WOW cup because your child can drink from it like she does from a regular cup. Alternatively, you can give fun, colored actual traditional plastic cups, which difficult to break and encourage drinking from a real cup!

18-24 months: Although kids this age cannot pedal yet, they enjoy riding on toys such as "big wheels" "Fred Flintstone" style. Dexterous enough to drink out of a cup and use a spoon and fork, toddlers can always use another place setting. Toddlers are also able to manipulate shape sorters and toys where they put a plastic ball into the top and the ball goes down a short maze/slide. They also love containers to collect things, dump out, then collect again.

Yes, older toddlers are also dexterous enough to swipe an ipad, but be aware, electronics can be a double edged sword- the same device which plays karaoke music for your daddy-toddler sing-along can be transformed into a substitute parent. The other day, a toddler was frightened of my stethoscope in the office. Instead of smiling and demonstrating to her toddler how a stethoscope does not hurt, the mother repeatedly tried to give her toddler her phone and told the child to watch a video. Fast forward a few years, and the mother will wonder why her kid fixates on her phone and does not look up at the

family at the dinner table. Don't train an addiction.

2-3 years: To encourage motor skills, offer tricycles, balls, bubbles, and boxes to crawl into and out of. Choose crayons over markers because crayons require a child to exert pressure and therefore develop hand strength. Dolls, cars, and sand boxes all foster imagination. Don't forget those indestructible board books so kids can "read" to themselves. By now, the plastic squirting fish bath toys you bought your nephew when he was one are probably squirting out black specks of mold instead of water- get him a new set. Looking ahead, in the spring a three- year-old may start participating in team sports (although they often go the wrong way down the field) or in other classes such as dance or swimming lessons. Give your relatives the gift of a shin guards and soccer ball with a shirt. Offer to pay for swim lessons and package a gift certificate with a pair of goggles.

3-4 years: Now kids engage in elaborate imaginary play. They enjoy "dress up" clothes to create characters- super heroes, dancers, wizards, princesses, kings, queens, animals. Kids also enjoy props for their pretend play, such as plastic kitchen gadgets, magic wands, and building blocks. They become adept at pedaling tricycles or even riding small training-wheeled bikes. Other gift ideas include crayons, paint, markers, Play-doh®, or side-walk chalk. Children this age understand rules and turn-taking and can be taught simple card games such as "go fish," "war," and "matching." Three-year-olds recognize colors but can't read- so they can finally play the classic board game *Candyland*®, and they can rote count in order to play the sequential numbers game *Chutes and Ladders*®. Preschool kids now understand and execute the process of washing their hands independently... one problem... they can't reach the faucets on the sink. A personalized, sturdy step stool will be appreciated for years.

5-year-olds: Since 5-year-olds can hop on one foot, games like *Twister*® will be fun. Kids this age start to understand time. In our world of digital clocks, get your nephew an analog clock with numbers and a minute hand... they are hard to come by. Five-year-olds also begin to understand charts- a calendar will also cause delight. They can

also work jigsaw puzzles with somewhat large pieces.

8-year-olds: Kids at this point should be able to perform self help skills such as teeth brushing. Help them out with stocking stuffers such as toothbrushes with timers. They also start to understand the value of money (here is one way to teach kids about money). The kids will appreciate gifts such as a wallet or piggy bank. Eight-year-olds engage in rough and tumble play and can play outdoor games with rules. Think balls, balls, balls- soccer balls, kickballs, baseballs, tennis balls, footballs. Basic sports equipment of any sort will be a hit. Label makers will also appeal to this age group since they start to have a greater sense of ownership.

10-year-olds: Fine motor skills are quite developed and intricate arts and crafts such as weaving kits can be manipulated. Give a “cake making set” (no, not the plastic oven with a light bulb) with tubes of frosting and cake mix to bake over the winter break. Buy two plastic recorders, one for you and one for your child, to play duets. The instrument is simple enough for ten-year-olds or forty-year-olds to learn on their own. Ten-year-olds value organization in their world and want to be more independent. Therefore, a watch makes a good gift at this age. And don't forget about books: reading skills are more advanced at this age. They can read chapter books or books about subjects of interest to them. In particular, kids at this age love a good joke or riddle book.

Tweens: Your child now has a longer attention span (30-40 minutes) so building projects such as K'nex® models will be of interest to her. She can now also understand directions for performing magic tricks or making animal balloons. This is a time when group identity becomes more important. Sleepovers and scouting trips are common at this age so sleeping bags and camping tents make great gifts. Tweens value their privacy – consider a present of a journal with a lock or a doorbell for her room.

Teens: If you look at factors which build a teen into a resilient adult, you will see that adult involvement in a child's life is important.

<http://www.search-institute.org/research/developmental-assets>

We know parents who jokingly say they renamed their teens “Door 1” and “Door 2,” since they spend more time talking to their kids’ bedroom doors than their kids. Create opportunities for one-on-one interaction by giving gifts such as a day of shopping with her aunt, tickets to a show with her uncle, or two hours at the rock climbing gym with dad.

Encourage physical activity. Sports equipment is always pricey for a teen to purchase- give the fancy sports bag he’s been eyeing or give a gym membership. A running watch is always appreciated or treat them to moisture wicking work-out clothes or a gift card to a sports equipment store.

Sleep! Who doesn’t need it, and teens often short change themselves on sleep and fall into poor sleep habits. Help a teen enjoy a comfortable night of rest and buy luxurious high thread count pillow cases, foam memory pillows, or even a new mattress. After all, it been nearly 20 years since you bought your teen a mattress and he probably wasn’t old enough at the time to tell you if he was comfortable. Since a teen often goes to bed later than you do, a remote light control will be appreciated by all.

Enjoy your holiday shopping!

Naline Lai, MD and Julie Kardos, MD

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Modified from our original November 2012 post

Using melatonin in children

Our guest blogger, Dr. Kristann Heinz, a doctor who practices with a holistic and integrative approach, shares her knowledge about melatonin use in children. – Drs. Kardos and Lai



When we got back from Hawaii my three year old daughter, Ruby, was a hot mess! The eight-hour time difference made it hard for her to adjust her internal clock. At first, I just attributed it to routine jet lag but after a week of the same sleep-wake cycle, I knew something was going on. She was wandering around the house in her pink spotted pajamas WIDE AWAKE until 1am, 2am, and 3am. And then in the morning, she was dead asleep and I could barely get her up. So at this point, I took her to our doctor to make sure everything was all right. The doctor told us my daughter's jet lag was leading to a sleep disturbance and suggested I try melatonin. I gave melatonin to Ruby that night. She was asleep by 11pm and slept soundly until morning. Over the next few days, she adjusted beautifully and we were back to a normal sleep routine in 3 days. After that, we stopped the melatonin.

What is Melatonin?

Melatonin is a hormone that occurs naturally in our bodies. A hormone is a signal containing a message from one part of the body to another. Melatonin is naturally secreted by the pineal gland, a gland located in the brain that is very sensitive to light. As night falls, the pineal gland secretes melatonin to tell the brain that it is time to sleep. This process is

sometimes described as the “opening of the sleep gate.”

Why would my doctor prescribe melatonin to my child?

People often use melatonin to help adjust their sleep-wake cycles. For adults melatonin is used to treat a variety of medical disorders including cancer, headaches, and autoimmune disorders as well as insomnia. In children however, the primary reason melatonin is prescribed is for sleep disturbance. Some children with certain medical conditions are thought to have lower levels of naturally produced melatonin, which contributes to sleep-wake disturbances. For these children supplementing with melatonin can be beneficial and enhance sleep. Melatonin has been studied and shown to be helpful to children with developmental delays, ADHD, cerebral palsy, autism, and jet lag.

What dose should I use?

The dose of melatonin should be discussed with your doctor. Doses can range from 0.03mg – 6mg, generally given at bedtime. To establish the appropriate therapeutic dose, your doctor will take into account your child’s weight and the health condition you are trying to treat.

Are there different kinds of melatonin?

Melatonin is synthetically produced but there are also products that contain biological glandular material, a source of natural melatonin. Synthetically produced melatonin is recommended by most doctors because it provides a more consistent dose and is less likely to be contaminated.

Melatonin comes in three different forms: immediate release, sustained released and sublingual. The most convenient form of melatonin for children is the sublingual form because their bodies begin to absorb it as soon as it is placed in the mouth. The sublingual form is easier than swallowing a pill, which can be difficult or uncomfortable for some children. There are many different liquid brands available as well, which have the same benefit. Another good way to administer

melatonin to a child is to dissolve an immediate release melatonin tablet in juice or mix it with applesauce before offering it to your child. Taking melatonin with food does not change the effectiveness of the supplement.

How long does it take to work?

Melatonin should work the first night it is given to a child and it does not require multiple doses to be effective. It can take up to 30 minutes after taking the medication to experience its full effect. Often your child will begin to feel drowsy and tired soon after taking the supplement.

Let's use jet lag as an example of how to use melatonin. You may give the melatonin to your child just before bedtime in the new time zone. The supplement will facilitate sleep within 30 minutes of taking it. But, remember, our internal clocks usually adjust one hour a day when we travel to different time zones, and melatonin can only help to a point. The greater the time difference the more difficult it is for our bodies to resume a normal sleep pattern in the new time zone. If, for instance, there is a twelve-hour time difference, it will still take time for our biologic rhythms to change, even with the help of melatonin. However, the transition is often faster and smoother with the aid of melatonin. Melatonin is not a sleeping pill. It is used to enhance the onset of sleep naturally.

Are There Side Effects or Contraindications?

Melatonin is very safe. The most common side effect for children is excessive sleepiness, which can be moderated by decreasing the dose. In high doses, which are used mostly in treating adults (10mg-60mg melatonin), side effects include headaches, nausea, dizziness and fatigue. For children, taking melatonin is not associated with any short or long-term side effects in relation to growth, development or puberty. Drug interactions can take place between melatonin and sedatives, antidepressants and hormones, so if your child is taking medications of this kind, be sure to discuss whether it is

safe to give your child Melatonin with your child's doctor before doing so.

Kristann Heinz, MD, a graduate of University of Pennsylvania School of Medicine, is board-certified in Family Medicine and Integrative-Holistic Medicine, as well as certified in Medical Acupuncture. She is also a Registered Dietician and Licensed Nutritionist. A mom living in Bucks County, PA, she practices medicine at Stockton Family Practice in Stockton, NJ.

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Cold weather is here: time to start an organic produce garden with your kids



We welcome pediatrician Dr. Marion Mass to talk about starting a garden from a piece of suburban lawn. – Drs. Kardos and Lai

A few years back, my family was getting ready for my parents to come for dinner and I was peeling the skins off the roasted beets we had grown for my mother. One of her favorites...but not mine. My five-year-old Brian had picked the beets and was eager to try them. As Brian brought a sliver of beet up to his mouth I braced myself for a “yucky face”. Instead, I was shocked to see him gobble the beets up. He loved them. To this day, beets are one of his favorite veggies.

Hands down, the best activity I have ever done with my family is planting and nurturing an organic garden for 11 years. Along the path to growing delectable vegetables, we have discovered together gardening’s health, intellectual and social benefits.

Actively tied to the process of supplying their own food, gardening kids will naturally want to eat more and more

produce. Kids develop a sense of pride (truly, a basketful of beans, lettuce and cucumbers is so attractive) and eventually they develop a positive association with the outdoors and vegetables. In addition to eating more quantity, what your kids eat will be healthier than store bought veggies. Produce closer to harvest contains more nutrients and you don't get closer than your own yard to table. If you garden organically, you will also avoid potentially harmful chemicals. Lastly, there is a sense of relaxation upon stepping into a garden. It is a balm for anxiety, for depression, for anger; in short, one of the best adjuvants to mental health therapy that I know.

If you want to harvest a crop next year, and you live in a cold weather area of the northern hemisphere, NOW is the best time to start. The most cumbersome task of starting a garden is to dig up the sod (existing lawn), but a few tricks in the fall can prevent this disc-slipping chore.

- Chose a spot in your yard that gets at least 6 and preferably 8 hours of sunlight a day.
- If possible, stay away from edges, tree lines and spots where large garden parasites (such as deer, rabbit and groundhogs) lurk.
- If you live next to a pesticide happy neighbor, you will want to locate your garden away from a spray zone and will want to think about runoff. A helpful site to determine runoff capabilities of specific pesticides is: <http://www.pw.ucr.edu/>
- Remember you may need to water your organic garden bed once in awhile, so keep it close to a water source (or at least someplace to which you don't mind lugging a hose).
- Start small: a 3 x 10 foot plot can grow a good bit if you plan well. Lay out a 12 layer thick plot of newspaper over the grass where you want your garden to grow and dump 4 inches of composted manure, manure and

hummus mix or mushroom soil over top of the newspaper.

You can purchase in bulk from a garden center (I would do 2 cubic yards for a 3 x 10 spot) or in bags (about 15 40 lb bags).

That's it. Now go away and leave the garden alone until spring. During the fall and winter, the grass will die and the newspaper will rot. Both will become a source of composted nutrients for your garden veggies. While you hibernate this winter, start your wheels turning and think about what crops you will grow. Buy a few packs of discounted seeds now; they will still germinate next year.

When the ground is ready in the spring, rent a tiller or get a sturdy pitchfork (trust me, the tiller is SO much easier!!) and turn over the soil mixing the composted manure, rotted newspaper and dead sod into the rocky soil we have around here. The result will be a much richer garden soil that your vegetables will love.

What are you waiting for?? Get cracking now and start your produce garden. Hopefully, by next spring your kids will be eating and enjoying organic beets that they grew !!!!

Marion Mass MD, FAAP

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In practice for 17 years, Marion Mass MD, FAAP graduated from Penn State and Duke University Medical School. She

completed her pediatric residency at Northwestern University's Children's Memorial Hospital in Chicago. Currently Dr. Mass works at Jellinek Pediatrics in Doylestown, PA and serves on the Wellness Council of the Central Bucks School District, PA. Produce from her kids' garden garnishes the plates of many local families as well as the plates of the restaurant Puck. All garden profits benefit Relay for Life. ☐ When she is not in her home garden, you can find her also tending to her son's middle school garden.

Enterovirus D-68 put into perspective

No doubt, there has been an uptick in respiratory illness in our area, but the news media is causing panic specifically over one of them:
enterovirus
D-68.



The name "enterovirus" does not imply "deadly." Many of you are well familiar with hand-foot-mouth disease, aka "Coxsackie virus." Guess what? This extremely common, benign but annoying virus is also an enterovirus!

Let's put into perspective how this "new" respiratory virus compares with an "old" well-known respiratory virus, influenza

(The Flu). Remember that both flu and enterovirus D-68 are tracked by REPORTED cases. Most of the time doctors do not test children with mild disease so most reported cases are hospitalized patients.

Enterovirus D-68, the numbers: From mid-August through the first week in October (peak enterovirus season)- 664 people are known to have been infected in the USA, most of whom are children. You can track these numbers on this Centers for Disease Control website.

Influenza, the numbers: Each year in the US, approximately 200,000 people (children and adults) are hospitalized from complications of the flu. This year's flu season in the northern hemisphere is just starting. Generally peak flu season is in the winter months. Large numbers of people contract the flu but they are not sick enough to be hospitalized- they suffer a week of fever, cough, sore throat and body aches at home but recover uneventfully. Up to 20% of the population are infected with flu each season.

Death from enterovirus D-68: 1 child. Four other children died who tested positive for this virus but it is unknown if the virus caused their deaths.

Death from influenza during the 2013-2014 flu season: 108 children

Symptoms of enterovirus D-68: range from mild cold symptoms to high fever and severe respiratory symptoms

Symptoms of flu: usually abrupt at the onset: fever, body aches, cough, and runny nose. Please see our prior post for more information.

Prevent enterovirus D-68: same as for all "cold" viruses- wash hands, sneeze/cough into elbow, not hands.

Prevent flu: Same as for enterovirus D-68, AND we have an Influenza vaccine for all children aged 6 months and above, with a few exceptions-see our article for more information. Last year the flu vaccine was about 60% effective: it's not

perfect, but it is certainly better than not vaccinating.

Overall, remember that enterovirus D-68 is one of many cold viruses that circulate the country. We are all familiar with back-to-school viruses. My teen-aged son told me, amid his sniffles and nose-blowing last week, that “more than half my school has a cold now.”

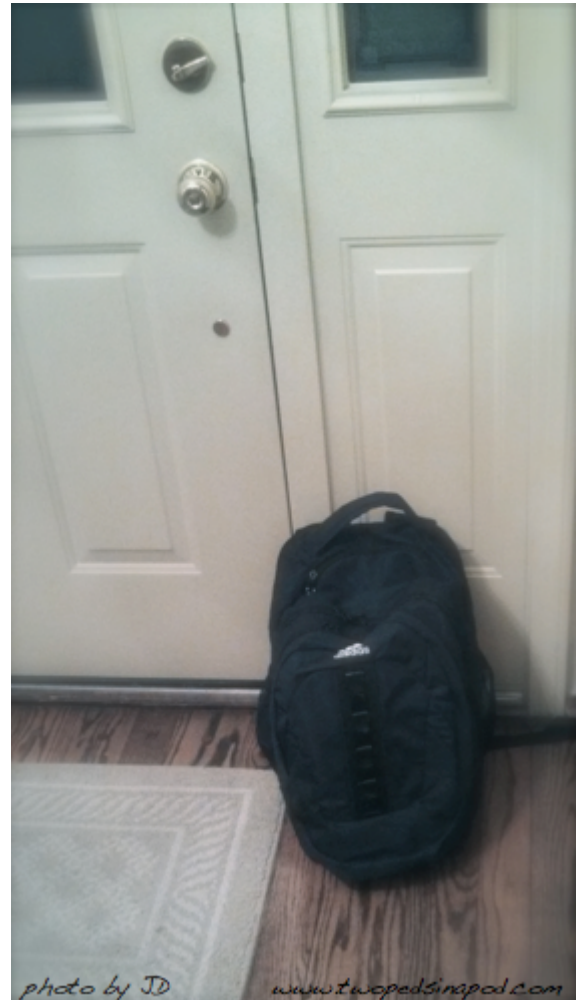
Certainly some of those colds could be enterovirus-D-68. But please don't panic. All respiratory illnesses, including colds, have the potential to travel into your child's lungs. It is more important to practice good illness prevention techniques and to recognize the signs of difficulty breathing. As we have said before, if we parents could worry all illnesses away, no one would ever be sick.

Julie Kardos, MD and Naline Lai, MD

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When a peer dies: How to help your grieving teen

Three of my son's high school classmates died in a tragic car accident just before school started this year. As parents, many of us may have lost someone close to us, and we know from our experience that over time, the acute pain of loss decreases as we ultimately derive strength and joy from our memories of our loved one instead of experiencing only sadness and pain over their loss. Our hearts ache watching our kids experience death first hand, often for the first time. But teens need time to experience this transition for themselves. Telling them "it will get better" will not help them.



If you are parents of a grieving teen who has lost a friend or classmate, following are some things that you can do to help:

- **Offer to be available**, to listen, or to find someone outside your family for your teen to talk to if he wants. Do not insist that your teen talks about his feelings.
- **Refrain from lecturing**— it does not help your teen at this time to hear things like "THAT'S why we won't let you drive with young drivers." She's already figuring this out for herself.
- **Allow her to talk or gather with friends** during the daytime.
- **Go back to basics: make sure your teen eats, drinks and sleeps.** Enforce bedtime. Turn off phones and computers by a bedtime that allows your teen to get at least 8-9 hours of sleep. Do not allow your teen to text late into the night or to continue talking to friends late into the night, even if this means insisting that YOU take his phone for the evening.

Be cautious of sleepovers, which only cause sleep deprivation, leading to exhaustion and more difficulty handling strong emotions.

- **Offer to go for a walk with your teen.** Exercise is helpful and encourages dialogue.

- **Allow your teen to grieve by attend viewings and funerals.** However, do not mandate that she goes. Giving her an idea of what to expect (e.g., there may be an open casket, here are some things you can say to the family) may help ease any discomfort. Offer to go with your teen, but again, don't insist on going.

- **Help your teen to do something constructive to help other survivors.** Send a condolence card to the deceased friend's parents that includes an anecdote of how their teen helped your teen, or of how his deceased friend encouraged, made him laugh, or inspired him. Suggest that your teen cook a meal for the grieving family, mow their lawn, run some errand, or to babysit a younger sibling of the deceased.

- **Utilize community resources.** School guidance counselors provide a wealth of information and support.

Your teen may experience intermittent, intense sadness even months or years after a tragedy, but as time goes by more time should pass between feelings of sadness. Kids who lose close friends learn, over time, to live with their grief. Continue to acknowledge your teen's feelings of loss and continue to be available for your teen. Initial depression usually fades into sadness in a month's time.

It is normal for the death of a classmate to trigger, for the first time, your teen's contemplation of his own mortality. It is normal for him to express fears of his own death.

Normal grief behaviors include:

- Crying
- Talking about their loss
- Wanting to talk to other friends
- Spending more time with friends

- Some might want to be alone with their grief.
- Some kids might want to busy themselves with sports, reading, etc, in order to distract themselves from their grief.
- Temporary altered appetite and difficulty sleeping.
- Temporary difficulty with concentrating on schoolwork.

Abnormal grief behaviors:

- Inability to eat or sleep
- Gaining or losing more than a couple of pounds
- Inability to stop crying
- Refusing to attend school
- Failing classes
- Using alcohol or other drugs to cope with sadness
- Withdrawal from things your teen used to take pleasure in such as sports, hobbies, music, friends, or family.
- Preoccupation with death
- Suicidal thoughts, wishes, or plans

If you see any of these abnormal signs, or you are concerned about how your teen is coping, consult with your pediatrician or a psychologist. For more signs of clinical depression in children, please see our post on child and teenage depression. Also know that the National Suicide Prevention Lifeline is 800-273-8255.

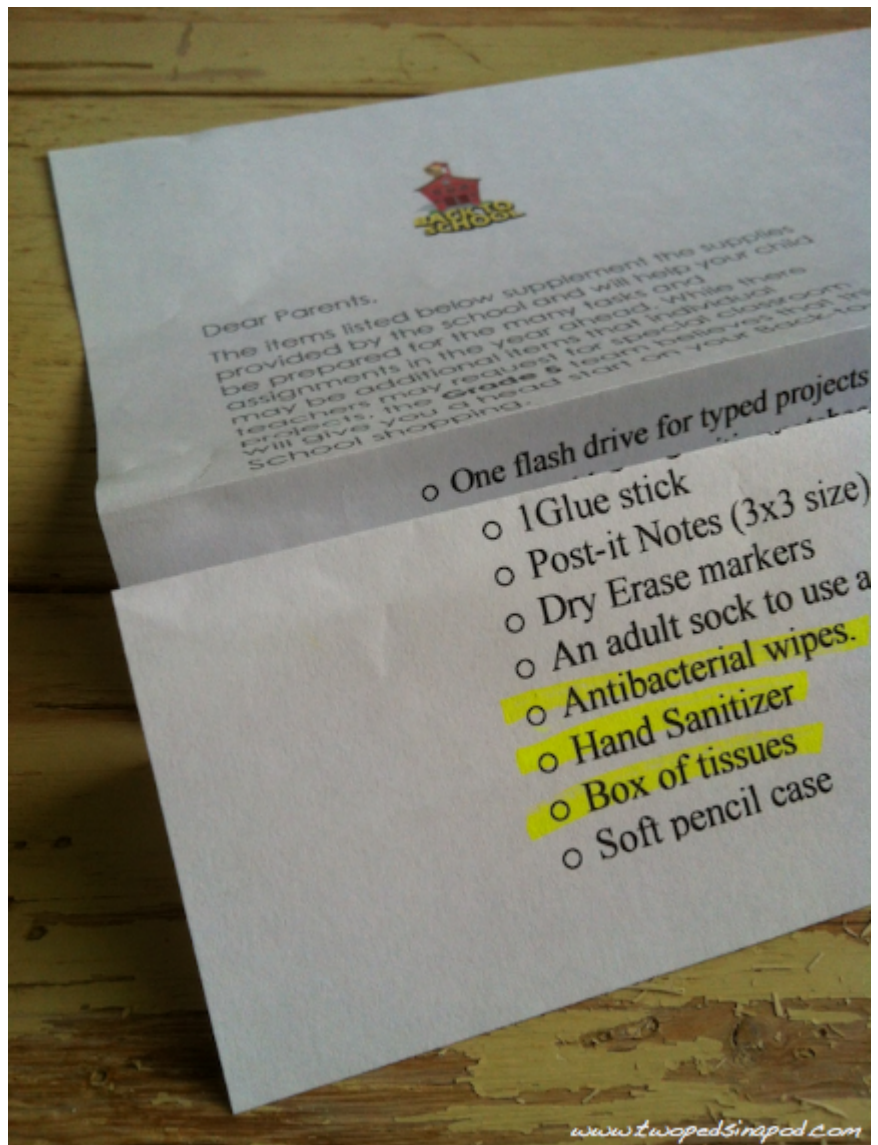
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Flu vaccines: what you need

to know for the 2014-2015 flu season

We gave our kids their back-to-school haircuts, donated their pants that fit like floods, and bought them new folders and notebooks. As shown on our back-to-school supply list photo, back-to-school also means the start of hand sanitizer and tissue season. Yes, it's time for your child's yearly flu vaccine. Even if you gave your child a flu vaccine last year, she'll need another one this



season. Not only does the flu or influenza virus (not to be confused with “the stomach bug/stomach flu”) usually come back every season in a slightly different form, but your child's immunity has waned over the past year. With every flu season, the Centers for Disease Control comes out with new recommendations. Here is a snap shot:

Who needs the flu vaccine?

All children aged 6 months or older, with a few exceptions discussed below, should receive a flu vaccine every year.

How many doses of flu vaccine does my child need this year?

If your child is nine years or older, your child only needs one dose this season.

If your child is younger than nine, your child only needs one dose this season **UNLESS**:

- This year will be the **first** time your child receives the flu vaccine. Then, she will need a second (booster) dose at least 4 weeks later.
- Your child skipped last year's flu vaccine. Then, she may need a booster dose this year. Check with your child's doctor.

Which type of flu vaccine is better, a shot or the mist (squirt in the nose)?

This year, the Centers for Disease Control suggests, if available, to give children aged 2-8 years the squirt in the nose. However, if the mist is unavailable, do not delay the vaccine. Give your child a flu shot instead. For older kids, the data is not as clear cut as to which vaccine works better to prevent the flu. Give your child either form of the vaccine.

Who cannot receive the mist?

Kids younger than 2 years; kids with certain medical conditions such as ongoing asthma (wheezing in the past year, or 2 through 4 years of age with asthma) and diabetes; kids undergoing aspirin therapy; kids who have had influenza antiviral therapy in the last 48 hours; kids with immune deficiencies; and kids around immunosuppressed people who require a protective environment (e.g. around people hospitalized in a bone marrow transplant unit), should not receive the mist. **These kids should receive the injectable form of flu vaccine.** Your child's doctor can provide the complete list of contraindications.

Who should NOT receive any flu vaccine?

Babies younger than 6 months old and children with severe egg allergy (anaphylaxis) should not receive the flu vaccine.

Our office is slotted to receive our annual supply of flu vaccine in the next few weeks. Our own families have learned to expect the annual flu vaccine with the start of each school year. Now we just need to convince them that they needed the haircuts.

Julie Kardos, MD and Naline Lai, MD
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On letting go and coming back



Friends make birthdays better

I have been musing ever since our hosting site told us they were switching blog platforms. In a blink of an eye, our blog was slated to disappear. The dynamic Two Peds in a Pod community would be plunged into silence. At first, disbelief gave away to intrigue. Was this a sign to change personal paths? As I started to think of all the things I could do with the time that I would have spent writing the blog, my to-do list grew and grew. I could hear my son's closet, overflowing with outgrown clothing, crying out to be re-organized.

When I told friends of the opportunity to dissolve the blog, I heard time and time again "I think you should save it." Even friends without children were aghast. When I told my own children that the blog was on the verge of imploding they looked at me blankly and said, "Why would you stop writing for Two Peds?"

Then I remembered the mom who read our article on croup seven times in one night. I remembered Dr. Kardos's patient whose dad said our strep throat article helped him decide not to cut his family's vacation short. I thought of the many times parents thanked me for posts which allayed their fears of fever.

The blog did eventually stop when the old hosting site went down. But as my friends and family reminded me, the goal of the blog is to positively impact children globally by guiding their caretakers; and by the time the blog went down, we had reached nearly three million views. Two Peds in a Pod is "Practical pediatrics for parents on the go." After more thought, I decided it would be difficult to accomplish this goal from the back of one of my kid's closets.

So today, I am happy to post that the stop was just a temporary suspension. I credit my friends and family for reminding me of the original goal of the blog. In particular,

thanks to Dr. Kardos. While I was mulling, Dr. Kardos was busy staying up past midnight valiantly importing posts from the rapidly fading old site.

We're back, albeit a little rough around the edges as we construct the new site. And it's just in time for our 5th birthday!

Thanks, my friend, Dr. Kardos. I wouldn't be able to blow those candles out without you.

Happy 5th Birthday Two Peds in a Pod- may there be many more.

Dr. Lai

Naline Lai, MD and Julie Kardos, MD

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