

Having trouble viewing this email? [Click here](#)

You're receiving this email because of your relationship with Senders Pediatrics. Please [confirm](#) your continued interest in receiving email from us.

You may [unsubscribe](#) if you no longer wish to receive our emails.



Q & A on H1N1

10/20/09

We continue to experience huge interest in H1N1 disease symptoms and treatments. Although we would like to answer each question personally, we find that we physically cannot keep up with the pace of advice questions, both during the day and in the evening. We have hired extra receptionists to reduce your phone wait, extra medical assistants to provide medical support and are in the process of adding an additional provider. In order to find space in our schedule for the necessary ill visits, we have also taken the extraordinary step of stopping to schedule new well child care visits for children greater than 24 months until at least the end of 2009. In addition, weekend well visits have been suspended until further notice. All currently scheduled weekday well visits will be accommodated, however.

We anticipate receiving H1N1 vaccine for distribution in the next few weeks. We are developing a contingency plan that will allow for the scheduling of thousands of patients over a short period of time without completely overwhelming the phone system. Accordingly, when we actually receive vaccine (we will not schedule a single H1N1 vaccine until we actually receive vaccine in house), we will be doing all H1N1 vaccine scheduling by email. More about the system in subsequent emails!

To help our patients with advice on the H1N1 disease, we have prepared this Q & A. Hopefully, most of the common questions will be answered in this document. Please feel free to forward this email to your friends, here and elsewhere because if, in some small way, it helps lighten the load for parents and providers, it will have been worth the effort. As always, please check the [Breaking News](#) section of our website (www.senderspeditrics.com) for more information. And of course, if you feel your child needs to be seen, please call and schedule a visit.

What are the most common symptoms of H1N1? Most commonly, we are seeing fever, cough, runny nose and congestion. Some children are experiencing nausea and vomiting. Sore throat is also common. Remember, strep throat is uncommon in this wave of illness and almost never causes a cough. Sore throat with a cough is usually a viral illness and H1N1 accounts for only 25% of the viral illnesses that we are seeing these days.

How about the fever? The fever can be as high as 105. Remember, that fever is not dangerous! It helps potentiate or enhance the immune response. There is even a recent study that shows that giving many doses of Tylenol prior to a vaccine, lowers the immune response (marginally) to the vaccine. So fever is our friend. It simply is annoying and is responsible for the achiness and misery. So treat a child with fever if they are uncomfortable but PLEASE don't keep monitoring their temperature since the actual numbers are not so relevant. We need to know about a child with fever if, when the fever comes down, the child continues to not be playful or is unable to drink.

Does a child need to be seen if they have the symptoms? Not really. There is not much we can do about flu like symptoms or fever. Providing relief of the symptoms is about the most important thing you can do (more about that below).

When should a child be brought in? Children should be brought in if: 1) They look really ill when their temperature is low (when they feel cool to the touch) 2) They got much better and now they look much worse. 3) They can't catch their breath 4) They aren't drinking. A drop in appetite is normal but kids should continue to drink, even at 50% of normal. 5) They have had fever or have felt warm for more than a week. Occasionally, this indicates that the child is developing an ear or a sinus infection.

What can be done about the fever? Generally, we give ibuprofen (motrin and advil) first, at about 4 mg per pound (max of 400 mg) and this can be alternated with acetaminophen (Tylenol and others) at about 7 mg per pound (max of 500 mg) every 3 hours. If it is in the middle of the night, give a dose of ibuprofen or acetaminophen (whichever is due) and then wrap the child in wet, cold blankets on and off until they are feeling more comfortable. They will cry and you will cry but they will feel better and by the time you are finished, the meds will have kicked in and you will both be able to drift off to sleep.

What is the incubation period? Because there are so many illnesses floating around, this is a difficult question to answer. Generally, it is 3-5 days so if your child was exposed yesterday to a friend with H1N1 and comes down with these symptoms, it is likely a different virus.

Will exposure always lead to illness? No! This is true of all viruses. Many people have ongoing exposure but have immune protection against the disease.

How long do the symptoms last? Generally, we say 5-7 days. Many kids are ready to go back to school sooner but you should be a good citizen and wait until the cough subsides and the fever is gone. As mentioned above, if the child is getting better and, at a week, starts getting worse again, they should probably be seen. Remember, despite media hoopla, the kids who have serious complication from H1N1 are few and far between. They likely had a previously undetected immune deficiency. Most of the most miserable children we have seen actually do not have H1N1 but some other undefined virus. H1N1 has generally not made children seriously ill even if it has made them uncomfortably ill.

When can a child return to school? The rule of thumb is that they can go back when they are feeling better for at least 24 hours and at least fever free for 24 hours. As mentioned above, the only way we will be able to stop the passing of the disease is to either vaccinate everyone or avoid exposure. So even if you have to get back to work, please make arrangements for your child not to go back to school or day care until they are healthy enough.

Do I have to notify the school? No. Schools are full of children with H1N1 and the CDC and the Ohio Department of Health no longer requires notification. However, some schools are requiring a note to come back and if that is the case, we will need to see the child before we can sign that note.

Who is at highest risk for the disease and its complications? The children at highest risk are those under 6 months for whom there is no vaccine and children under 4 years of age whose immunity is felt to be less robust. Children with asthma, sickle cell disease, heart disease (not heart murmurs but requiring surgery) and diabetes are at higher risk as well.

How do we test for it and do you need to test for it? The test that we are doing in the office is a regular Influenza A rapid test. Since H1N1 is the only form of Influenza A that is circulating, we assume that if it is positive, that the child has H1N1 disease. This will become much more complicated once we hit January or February and there is more than one form of Influenza A circulating in the community. But for now, it is the least expensive way of testing for H1N1 disease.

Do you have to be tested if just exposed to a child or adult with H1N1? Of course not! As mentioned above, very few of those exposed actually come down with the disease. And if the child is not seriously ill, you can assume that they have H1N1 disease without testing for it since it is so common.

What about tamiflu? Tamiflu is an antiviral medication that has been shown to be effective against H1N1. It reduces the symptoms by only about 48 hours and gives a whole set of symptoms of its own including vomiting and diarrhea which are often as annoying as the disease. In consultation with Infection Disease specialists, it has not been our policy to treat patients with tamiflu unless they have underlying immune deficiencies or other serious illnesses. We are worried about the side effects of the medication and more importantly, about the emergence of resistance. However, patients who are sick enough to be hospitalized will receive Tamiflu. We fortunately, have not had any such cases yet.

What about the vaccine? The vaccine that we will be distributing (when we receive it) has a great safety record. As with any flu vaccine, it cannot be given to children or adults with an egg allergy. Children will receive 2 doses, one month apart.

If your child has tested positive for H1N1 in our office, do they need the vaccine? It is not clear. Since we are not positively proving that they have H1N1, most infectious disease specialists are recommending that they get the vaccine when it is available.

How can we prevent the spread of the disease? We want patients to live in the real world but take care to wash their hands a lot more and use hand sanitizers more frequently. It is interesting that social niceties like shaking hands upon introduction are going out the window. But remember, for most people this is not a terribly serious disease. It is annoying and keeps a lot of kids up at night (and their parents) but like most diseases, is designed for our immune system to clear. There is even a lot of evidence that the elderly are not being hit very hard with H1N1 because they were exposed when much younger and were able to deal with it then.

We will continue to update our patients and their families. We ask that you call when you need to come in or if your situation seems to be different than the rest. Thanks for your patience as we form the front lines to tackle this latest infectious disease challenge.

Daily Dose of Reading Read-a-thon

And now for some enjoyable news... Daily Dose of Reading, the literacy organization that was started at Senders Pediatrics almost 10 years ago, is having its 2nd Annual Readathon. The principle behind a Readathon is to get children to commit to read a certain number of hours over a prescribed period of time and to get relatives and friends to reward that activity by donating a specified number of dollars (or cents) per hour to that charity. Our goal is to get 2000 children to commit to 10,000 hours of reading over the two week period from October 25 to November 8. Our goal is also to raise \$30,000 dollars for Daily Dose of Reading, an organization that has supplied your children and over 200,000 other children in Northeast Ohio with Prescriptions for Reading, Topical Booklists and StoryTimes for these many years. The services provided by Daily Dose of Reading are all free. We ask only once a year, for your help in supporting this organization by encouraging your children to participate in a project that will also be meaningful to them. There are prizes for all participants and prizes for the winners in all age groups but the grand prize for the child who raises the most money are 10 tickets to the Monsters Hockey game, a bench warming possibility and the once in a lifetime opportunity to drop the puck to start the game. Click [here](#) to help in this worthy cause and register your child today!



Cleveland Cavaliers Holiday Toy Drive

And now for some even more enjoyable news! Our son, Joey Senders, will be celebrating his Bar Mitzvah over the Thanksgiving holiday. A Bar Mitzvah is the time in a Jewish young man's life where he "comes of age". We believe that "coming of age" really means becoming a socially responsible young adult who recognizes that it is as important to give as it is to receive. We have encouraged Joey to pick a project that



could really help make a difference for a lot of people, especially those less fortunate than he. Joey has elected to collect toys as part of the Cleveland Cavaliers Holiday Toy Drive as presented by Charter One.

Between now and Thanksgiving, please help Joey support this toy drive by dropping off any new, unused toy (only new toys will be distributed) at Senders Pediatrics. Together, we can all provide a happier holiday season to the children of Cleveland.

Thanks for your willingness to help in these two outstanding charities.

As always, thank you for your continued support of our practice. We look forward to taking care of your family's needs this fall.

Sincerely,
Senders Pediatrics

2054 South Green Road
South Euclid, OH 44121
Phone (216) 291-9210
Fax (216) 291-9422
senderspeditrics.com

Join Our Mailing List!

[Forward email](#)

✉ **SafeUnsubscribe®**

This email was sent to kids@senderspeditrics.com by kids@senderspeditrics.com.
[Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

Email Marketing by



Senders Pediatrics | 2054 S Green Road | South Euclid | OH | 44121