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April 2015

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April-time for all things new (and things newsworthy!) This issue contains articles related to things we have been reading and hearing about pediatric health care over the past few months, as well as practice news. Read on for information regarding antibiotic stewardship, the measles outbreaks and new information on peanut allergies. We hope that the new season will find your family healthy, engaged and interested in pediatric topics in the news today.

Measles Outbreak



From January 1, 2015 to date, at least 176 persons from 17 states and the District of Columbia were reported to have the measles [Click Here to Read CDC Article](#) As you are likely aware, the majority of these cases have been linked to a large and ongoing

outbreak thought to have begun at Disneyland in California. There are currently 3 other outbreaks unrelated to the one that started in California. The majority of people who have gotten sick have not been vaccinated against measles. [Continue Reading](#)

Antibiotics, Resistance Is Growing

The reappearance of vaccine-preventable diseases such as measles isn't the only significant and preventable

7:30 A.M. - 7:30 P.M.
Saturday
9:00 A.M. - 12:00 P.M.

Bell Creek Location

Monday - Thursday
8:30 A.M. - 6:30 P.M.
Friday
8:30 A.M. - 5:00 P.M.

Billing Office

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9:00 A.M. - 4:30 P.M.

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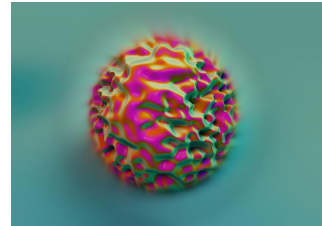
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health threat facing our families in the US today. Antibiotic resistance is a concerning global threat, in 2013 affecting 2 million Americans. Of those, 23,000 died as a result of these infections. The cost in terms of health care



dollars spent on antibiotics is staggering, as high as \$35 billion dollars each year. President Obama recently signed an executive order recognizing the threat and emphasized the need for a national strategy to combat this problem by including funding to combat this potential pandemic in his 2016 budget. [Continue Reading](#)

Peanuts As A Prevention?

Recent reports regarding food allergies may leave some parents confused. A study recently published in the New England Journal of Medicine [Read Here](#) caught both our attention and the attention of the media.



It was noted that the incidence of peanut allergies has been on the increase over the last 10 years. Researchers had found that the risk of developing peanut allergy among Jewish children growing up in the UK was 10 times greater than Jewish children growing up in Israel. The noted difference between these two groups was the fact that in Israel, children were introduced to peanut in the diet at an early age, while in the UK, peanuts were avoided until later in life. This left an important question, could the early introduction of peanuts in the diet be protective against developing a peanut allergy later? In this study, titled "Learning Early About Peanut Allergies (LEAP)" researchers set out to examine the risk of developing peanut allergies in a group of over 600 infants ages 4 months to up to 11 months, in order to determine a strategy for the prevention of peanut allergies. [Continue Reading](#)

Front Desk News & Notes

- We are now scheduling Well Child Check-ups through the month of July. When scheduling your child's appointment, please keep in mind that many school/athletic/camp programs have specific timing requirements for these exams. For all students participating in VHSL high school or middle school sports, physicals must be May 1 or later.
- We are now accepting American Express in addition to Visa, MasterCard, and Discover for any co-payment or balance that may be due.
- We are excited to announce we will soon be offering online bill pay for any balance that is due. Please check our website as we will update with a link and instructions.

Measles Outbreak (cont.)

Measles is a highly contagious viral infection spread by droplet (cough or sneeze) or less commonly, through the air. Measles was once a common childhood infection with potentially devastating effects. In the prevaccine era, for every 1000 persons who contracted measles, 1 to 2 would die from the disease. Measles symptoms commonly include fever, cough, runny and inflamed nose, eye redness and a rash on the body. Complications from an infection with the measles range from ear infections and croup to encephalitis (brain infection) or severe pneumonia. An infected person may carry the disease for 4 days without developing symptoms. During this period, as they go about daily life, there is the potential to infect hundreds of vulnerable persons, at child care, in the grocery store, at school or other gatherings. The measles virus can stay in the air for up to 2 hours after a person with measles has left.

Fortunately, once the MMR (measles/mumps/rubella) vaccine was introduced, the rates of infection in the developed world went down dramatically. However, over the last several years, society has become less familiar with the effects of this highly infectious virus and more fearful of immunization due to misinformation about the safety of the MMR vaccine. As a result, there are many more unimmunized children, adolescents and adults in our communities. This situation is responsible for the continued risk of ever larger and more severe outbreaks.

The measles epidemic currently affecting the US is not the first. In fact, large epidemics have occurred in the US, nearly yearly since 2008. The current outbreak is making news as it is one of the largest and most rapidly spreading in recent history. It is important to remember that measles is still common and large outbreaks still occur in other parts of the world. As the recent epidemic of Ebola in Africa has demonstrated, many infectious diseases are just a plane ride away from our hometowns.

With this scary threat, what is the best way to ensure your family's health and safety? The answer is simple. Vaccinate your children and vaccinate on time and completely. This is the absolute best protection that you, as a parent, can provide to your children against measles and many other scary infectious diseases. The measles vaccine (MMR) has been extensively studied and proven to be both safe and effective. The American Academy of Pediatrics recommends all children receive the MMR vaccine at age 12 months and again at either age 4 or 5 years. High immunization rates in our community both protect the immunized and those too young to be vaccinated. If you aren't sure if your child has been completely immunized against measles, we urge you to call our office and discuss it with us. We also encourage you to keep a copy of your child's immunization record in your home health files. Be sure that your child is up to date on all vaccinations prior to any travel, both inside and outside of the United States.

Antibiotics, Resistance Is Growing (cont.)

Infections acquired in the community such as MRSA or methicillinresistant strep aureus, have become commonplace. Perhaps more scary is the very real bacterial resistance to drugs commonly used for severe illnesses and resistance to 'last-line' drugs previously called upon to treat resistant bacterial infections. We all have a role to play in both the development and the prevention of this frightening epidemic.

Antibiotics have been used inappropriately in the agriculture industry for many years. There is a causal link between the use of antibiotics in agriculture and resistance of human infections to antibiotics. However, that is not the only source of the problem. Studies have shown that as many as 10 million antibiotic prescriptions are written each year for infections where antibiotics aren't needed or unlikely to help. Additionally, many families, despite possibly good intentions, fail to take antibiotics as prescribed by their health care providers. This misuse of antibiotics has directly led to the development and rapid spread of antibiotic resistant bacteria.

As pediatricians, we are on the 'front line' of the battle against this epidemic. Our patient population commonly presents with respiratory tract infections such as runny noses, sore throats or coughs. These are the types of illnesses for which antibiotics are most commonly inappropriately prescribed. Sometimes, this is due to pressure placed on health care providers by well-intentioned but misinformed patients or families. The majority of these illnesses are caused by viruses, such as those that cause the common cold. Often, symptoms can linger for up to 10 days, but will resolve with time. Most symptoms can be relieved with simple remedies or occasionally over the counter medications. It is important to remember that these types of illnesses are NOT made better by antibiotics. In addition, antibiotics themselves often cause new symptoms, due to side effects such as stomach aches, diarrhea or yeast infections. We will help you to understand how to best manage your child's symptoms, and when further intervention, such as antibiotics are needed. Your pediatricians and nurse practitioners utilize the many tools, extensive training and knowledge available to us in deciding both when to prescribe antibiotics and which antibiotics to prescribe for your child.

We see it as our responsibility to safeguard not only the current generation from the spread of antibiotic resistance but that of your children's children as well. We encourage you to help us in this endeavor. We encourage you to talk with us and listen to our advice as to whether antibiotics are appropriate for your child's illness. We hope you will support efforts to decrease the use of inappropriate antibiotics in manufacturing and

agriculture, as well as ongoing efforts for research into prevention of resistant illnesses and development of new antibiotics. Together, we can work to combat this growing and frightening epidemic.

Peanuts As Prevention (cont.)

The infants studied were considered to be at high risk for developing a peanut allergy as they had been previously diagnosed with severe egg allergies or severe eczema. The infants were randomized into two groups, with one group fed either soft peanut snacks or peanut spread at least 3 times weekly until age 5, while the other group avoided peanut consumption. The results were very interesting. Among the 530 infants completing the study, the prevalence of peanut allergy was 13.7% in the group that avoided peanuts vs. only 1.9% in the group that was fed peanut from an early age. Therefore, the study authors concluded that the early introduction of peanuts significantly decreased the frequency of development of peanut allergy.

As you may remember, the American Academy of Pediatrics previously recommended avoidance of peanuts and peanut containing products until age three years. By 2008, it was recognized that this strategy was having no impact on increasing rate of peanut allergy, so the recommendation was dropped. The above study may provide one piece of evidence to this confusing picture, but it doesn't answer all questions regarding peanut or other food allergies.

So, what does this study mean for your family? Until we have more evidence, we must proceed with some caution. If your child has ever had any reaction to peanut, such as a rash or GI upset, we recommend that child continue to AVOID peanuts and peanut containing products. Additionally, if your child has a history of other food allergies or eczema, it is suggested that you do not introduce peanut unless you discuss it with your doctors first. In the study cited above, all children were skin tested for sensitivity to peanut before any peanuts were offered. In this higher risk situation, that may be a good first step. If your child has a strong family history of food allergies, we may also recommend testing or another approach.

If your child has no history of food allergies or other risk factors, you may consider introducing peanuts to the diet. Peanuts and many peanut containing products, however, fall into the category of choking hazards. You should never give whole peanuts or peanut pieces (including chunky spread) to a child under age 4 years. Consider instead a very thin layer on a small amount of soft bread or other peanut containing soft foods to give your child.

Please remember that there is a very high incidence of peanut allergy in the community, and that these allergies can be life-threatening. It is still important to avoid or carefully label any peanut containing treats offered to children or brought to schools or parties. We ask that you continue to be aware of peanut allergies when offering your child snacks in public places or waiting rooms. While ongoing research may help us to answer the question of how best to avoid development of peanut allergies, we must also continue to work to protect the health of the many children who have this potentially deadly allergy.

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