



Spring has arrived finally after a very long winter. It's the season for getting outside and enjoying fresh air and more exercise. In this issue we have some advice on how to handle the frequent bug bites that occur while our children spend time outdoors. You also may have heard about the recent measles outbreak in our area. Here we review what we know about the MMR vaccine and how important it is to administer to our children and we detail the signs and symptoms of measles illness to watch out for. Enjoy!



## Bug Bites and Stings

Bug bites and stings usually are just nuisances. They bring momentary alarm, temporary discomfort and pain, but no serious or lasting health problems. But on occasion, they can cause infections that require treatment and allergic reactions that can be serious.

### What to Do About:

#### Bee and Wasp Stings

- ✓ A bee will leave behind a stinger attached to a venom sac. Try to remove it as quickly as possible. (Wasps don't leave their stingers in the skin after stinging, which means they can sting more than once.)
- ✓ Wash the area carefully with soap and water. Do this two to three times a day until the skin is healed.
- ✓ Apply an ice pack wrapped in a cloth or a cold, wet washcloth for a few minutes.
- ✓ Give acetaminophen or ibuprofen for pain.
- ✓ For pain and itching, give an over-the-counter oral antihistamine if your child's doctor says it's OK; follow dosage instructions for your child's age and weight. You could also apply a corticosteroid cream or calamine lotion to the sting area.

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# MEASLES

Measles has hit close to home with a few cases recently diagnosed in Fairfield County. This virus has not been eliminated as a childhood illness in the US and a few children get the virus every year. Recent outbreaks have increased the frequency with which this happens. Measles is still a common infection in most other parts of the world.

The virus is spread easily through the air when an infected person sneezes or coughs and someone nearby inhales the infected droplets. It can also be transmitted by direct contact with fluids from the nose or mouth of an infected person. The incubation period is 8-12 days and infected children tend to be contagious for 1-2 days before symptoms emerge and for 4 days after rash disappears.

Children with measles first develop cold-like symptoms, including a cough, runny nose, fever and inflamed eyes. After 2-3 days the rash becomes visible, first as tiny red bumps that form

larger patches of red. The rash begins on the face and spreads to the torso and extremities. It lasts for 5-8 days. Complications of the virus include pneumonia and encephalitis, which can cause permanent brain damage.

Treatment is supportive - pain, fever control and fluids.

The best way to prevent you child's risk of contracting Measles is to make sure he or she has received the MMR vaccine. Contact us if you are unsure your child has Measles.

Source: *Immunizations and Infectious Diseases: An Informed Parents Guide*



## Picture this Disease

Can you correctly identify the disease to the photos below?

Chicken pox



Measles



Fifths disease



Impetigo



Coxsackie



# Measles, Mumps, Rubella Vaccines: What You Need to Know

## Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

## Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

## Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

## Who should get MMR vaccine and when?

### Children should get 2 doses of MMR vaccine:

- First Dose: 12-15 months of age
- Second Dose: 4-6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

MMR vaccine may be given at the same time as other vaccines.

### Some people should not get MMR vaccine or should wait:

- Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.
- Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.

- Tell your doctor if the person getting the vaccine:
  - ✓ Has HIV/AIDS, or another disease that affects the immune system
  - ✓ Is being treated with drugs that affect the immune system, such as steroids
  - ✓ Has any kind of cancer
  - ✓ Is being treated for cancer with radiation or drugs
  - ✓ Has ever had a low platelet count (a blood disorder)
  - ✓ Has gotten another vaccine within the past 4 weeks
  - ✓ Has recently had a transfusion or received other blood products

Any of these might be a reason to not get the vaccine, or delay vaccination until later.

## What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm is extremely small. Getting MMR vaccine is much safer than getting measles, mumps or rubella.

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (about 1 person out of 75)
- Pain, redness, or tenderness at site of injection
- Temporary decrease in the number of platelets (blood cells needed for clotting)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

## Does the MMR vaccine cause autism?

In 1998, the idea that vaccines cause autism was proposed by one paper published by researchers in England claiming that MMR vaccine caused autism. Other scientists tried to find the same results but could not. Subsequently, twelve studies have produced no evidence that children who receive the MMR vaccine are at greater risk of autism than those who have not.

A few years later parents feared that autism was caused by too many vaccines given too early. Another study was done comparing the rates of autism and other neurodevelopmental disorders in children who were vaccinated according to the recommended schedule with the rates in children whose parents had chosen to delay or withhold vaccines. Again, there was no difference between the two groups. Delaying or withholding vaccines did not lessen the risk of autism.

## How can I learn more?

Contact the Centers for Disease Control and Prevention (CDC):  
Call 1-800-232-4636 (1-800-CDC-INFO) or  
Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

*Last Updated 8/7/2013 Source U.S. Department of Health & Human Services Centers for Disease Control and Prevention: Vaccine Information Statement*

# RESOLVE CONFLICTS WITH YOUR TEEN



Sometimes it seems as if adolescence sets parents and children on a perpetual collision course. As much as we love our kids, their seesawing moods, penchant for challenging authority and lapses in judgment can be maddening at times. Of course, to hear them talk about us, we can be equally exasperating: basically lovable, but overly demanding and oftentimes clueless about what really matters—to them, that is.

Place adults and children under the same roof, and some conflict is not only inevitable but normal. Disagreements and verbal skirmishes aren't necessarily symptomatic of an unhealthy or unhappy household, unless arguing becomes the standard mode of communication. It's certainly preferable that family members feel free to express their feelings honestly—including airing grievances—than to repress them. That's how problems get resolved before small misunderstandings snowball into more serious conflicts. But in order for confrontations to ultimately be constructive, everyone needs to observe certain ground rules. As parents, it falls to us to model the behaviors and attitudes conducive to healthy disagreements and we hope resolution.

## Rules of the Ring: How to Fight Fair

### Time-out for parents

If you feel your temper start to flare out of control when you confront your teenager about some lapse, excuse yourself until you regain your composure.

Take five to ten minutes. Walk around the block if you need to, march outside and dig a new flower bed in record time or barricade yourself in the bathroom, the private sanctuary of parents everywhere. After that you should be ready to address the issue at hand more calmly and rationally. Dr. Helen Pratt, director of behavioral and developmental pediatrics at Michigan State University's Kalamazoo Center for Medical Studies, has an expression to describe those moments "when you're not ready to be on; to be reasonable, loving and nurturing".

"When you feel that way," she continues, "you need to be able to separate from the rest of the family and actively do something to bring yourself around. And children should have the same opportunity," she points out.

### Use "I" statements that reflect your feelings.

Sentences that begin with the word "you" sound accusatory and threatening and will elicit a defensive response.

### If you do make an accusation, be specific:

"David, you forgot to give me four phone messages last week."

Not: "You never take phone messages when you're supposed to."

### Explain why the behavior makes you upset or angry:

"When I don't get a message like this one, it creates a lot of problems for me that could have been avoided."

### Don't dredge up events from the past.

Complaints are like yogurt: they have an expiration date. It's unfair to confront someone about something he can no longer change. If it bothered you then, then was the time to say so.

### Never belittle the other person's feelings.

You may not agree with how your youngster sees the situation. You may not believe he is even entitled to feel the way he does. But there can be no disagreements about how he feels.

### Ask your youngster to offer his solution to the problem.

Our ultimate goal isn't to win the argument, it's to resolve the conflict.

### You're wrong? Admit it.

Mothers and fathers sometimes resist apologizing to their teenagers when they are wrong, in the mistaken belief that to do so would somehow compromise their authority. If anything, the opposite is true: being big enough to say you're sorry only deepens your youngster's respect for you. Teenagers detest hypocrisy and they figure out right away when a parent was wrong. To be able to say to our teenagers, "Can you forgive me?" is a humbling experience for us, but esteem-building for them. It models for teenagers how to apologize and also sends a comforting message: Mom and Dad aren't perfect. Whether we realize it or not, our children are continually measuring themselves against us. When kids know that you're not perfect, they realize that you don't expect them to be perfect either, which takes some of the pressure off them.

The preceding paragraphs have presented strategies for resolving conflict. Knowing when it's best to sidestep conflict is another essential parenting skill. Often our natural inclination is to pick up the scent of confrontation like a bloodhound and go chasing after it. We wag a finger and sternly admonish our youngster not to act so disrespectfully, or else. And we're absolutely correct in doing so. Sometimes though, keeping the peace is preferable to diving into a power struggle—for everyone's sake. "Parents can choose to disengage from the power struggle," suggests Dr. Pratt, "and decide not to argue."

Source *Caring for Your Teenager* (Copyright © 2003 American Academy of Pediatrics)

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- ✓ A sting anywhere in the mouth warrants immediate medical attention because stings in oral mucous membranes can quickly cause severe swelling that may block airways.
- ✓ Get medical help right away if you notice any of the following signs, which may indicate a serious or potentially life-threatening allergic reaction:
  - wheezing or difficulty breathing
  - tightness in throat or chest
  - swelling of the lips, tongue, or face
  - dizziness or fainting
  - nausea or vomiting

- ✓ Seek medical care if you notice a large skin rash or swelling around the sting site, or if swelling or pain persists for more than 3 days, which could indicate an infection.

## Spider Bites

- ✓ Wash the area carefully with soap and water. Do this two to three times a day until skin is healed.
- ✓ Apply cool compresses.
- ✓ Give acetaminophen or ibuprofen for pain.
- ✓ To protect against infection, apply an antibiotic ointment and keep the child's hands washed. If you have any reason to suspect a bite by a black widow or brown recluse spider, apply ice to the bite site and take your child to the emergency room. Even if a child doesn't show any symptoms, get medical attention right away.

Most spiders found in the United States are harmless, with the exception of the black widow and the brown recluse spider. The brown recluse spider — a tiny oval brown spider with a small shape like a violin on its back — is found mostly in midwestern and southern parts of the United States. The bites usually don't hurt at first, and a child might not even be aware of the bite, but in some cases they cause swelling and changes in skin color and a blister.

The black widow spider, which is found all over North America, has a shiny black body and an orange hourglass shape on its underbelly. The venom (a toxic substance) in a black widow bite can cause painful cramps that show up within a few hours of the bite. The cramps can start in the muscles around the bite and then spread. The bite may also lead to nausea, vomiting, chills, fever, and muscle aches. If your child has any of these

