

BLUE FISH

PEDIATRICS

2021 Summer Newsletter

In This Issue Find Out:

- 🐟 Sunscreen / Mosquito Repellant Recs p.1
- 🐟 Insect Bite / Rash Care p.2
- 🐟 Travel Recommendations p.3
- 🐟 Vaccines / General Medical Advice p.4
- 🐟 Food & Drink p.5
- 🐟 Sample First Aid Kit / Bike & Water Safety p.6
- 🐟 CDC Guidelines for Vaccinated / Daycare Info p.7
- 🐟 Summer Camp Guidance / Summer Check-ups & Physicals / Health Forms p.8

Having a Safe Summer

Due to the **COVID-19 pandemic**, we are experiencing unprecedented times which will make planning your summer a bit more complicated. While there are many variables out there, we would like to offer some helpful tips that will go a long way in reducing stress and ensuring that your family stays healthy while you enjoy your summer.



Sunscreen

- Use products with broad UVR (UVA + UVB) protection 20 minutes before exposure.
- We recommend you use at least SPF 30 for all children 6 months and older.
- Titanium dioxide and zinc oxide provide the broadest UVR protection.
- Apply appropriate amount and reapply often (at least every 2 hours).
- Babies under 6 months should be kept out of the direct sun. Use wide brimmed hats and loose fit clothing to shield them. We recommend the use of sunblock only on face, hands, and feet as needed.



Mosquito Repellant

- **Do not** apply mosquito repellant to infants under 2 months of age.
- **Do not** apply over cuts or wounds.
- **Do not** apply to young children's hands or near eyes or mouth.
- **Do not** apply under clothing.
- Whenever possible, dress children in light colored clothing that covers both arms and legs.
- Avoid over application. Use just enough to cover exposed skin and clothing.
- For application to child's face, apply to adult hand and then rub on face.
- Repellant containing DEET (10-30% concentration) is safe for use on infants.
- 10% DEET is effective for up to 2 hours of protection.
- 30% DEET is effective for up to 6 hours of protection.
- Picardin is an effective synthetic alternative that provides protection for up to 2 hours.
- Oil of Lemon or Eucalyptus is an effective plant based insect repellant that provides protection for up to 90 minutes. Do not use on children less than 3 years old.
- Mosquito netting which can be treated with permethrin or deltamethrin over bedding, strollers, and car seats also provides protection.
- After returning indoors, wash treated skin with soap and water.



Management of Insect Bites/Rash

- For comfort, give a **SHORT** daily lukewarm bath of 5-10 minutes with a mild soap. **Aveeno Oatmeal bath treatment** is a good choice.
- Apply the following medicine to the bites:
 - For the face –Hydrocortisone ½%-1%** (Over-The-Counter) 2x/day. Use this no longer than 2 weeks.
 - For the body –Hydrocortisone 1%** (Over-The-Counter) 2x/day. Use this no longer than 2 weeks.
- To keep the bites/rash from becoming infected, apply an **antibiotic cream (OTC)** (such as Neosporin) to the bites 2x/day. The antibiotic cream can be used at the same time as the hydrocortisone cream.
- Keep the fingernails as short as possible. This will reduce injury to the skin from scratching, as well as keep unwanted germs/dirt/debris from being harbored under long nails.
- When the child is itchy/scratching take **Loratadine (Claritin OTC) or Cetirizine (Zyrtec OTC)** in the morning and/or take **Diphenhydramine HCl (Benadryl OTC)** at night. For dosing see charts at right.
- If there are signs of an infected skin lesion, please bring the child in a.s.a.p.
 - Tenderness
 - Whitish discharge or pustule formation
 - Fever (temperature >100.4 Fahrenheit)
 - Redness (increasing over time, initially all bites will have some redness)
 - Swelling (increasing over time, initially all bites will have some swelling)
 - Generally looking worse

Children’s Loratadine (Claritin OTC) or Cetirizine (Zyrtec OTC)

Age	Dose
Children 1 year and older to 2 years old	2.5 ml or 2.5 mg daily, do not take more than 5 mg in 24 hours
Children 2 years and older to 6 years old	2.5-5 ml or 2.5 - 5 mg daily, do not take more than 5 mg in 24 hours
Children 6 years and older	5-10 ml or 5 - 10 mg daily, do not take more than 10 mg in 24 hours

Children’s Diphenhydramine HCl (Benadryl (1+ Year Old)

Weight	Dose - Liquid (12.5mg/5mL)	Dose - Chewable (12.5 mg)
20-24 pounds	3.75 ml every 6 hours, do not take more than 3 tea-spoons in 24 hours	N/A
25-37 pounds	5 ml every 6 hours, do not take more than 4 teaspoons in 24 hours	1 tablet every 6 hours, do not take more than 4 tablets in 24 hours
38-49 pounds	7.5 ml every 6 hours, do not take more than 6 tea-spoons in 24 hours	1½ tablets every 6 hours, do not take more than 6 tablets in 24 hours
50-99 pounds	10 ml every 6 hours, do not take more than 8 teaspoons in 24 hours	2 tablets every 6 hours, do not take more than 8 tablets in 24 hours
100+ pounds	N/A	4 tablets every 6 hours, do not take more than 16 tablets in 2 hours



Travel Recommendations

Please note that guidelines are changing regularly. Visit [cdc.gov](https://www.cdc.gov) for the most up-to-date information.

Travel increases your chance of spreading and getting COVID-19. Delay travel and stay home to protect yourself and others from COVID-19, even if you are vaccinated.

If you **must** travel, take steps to protect yourself and others:

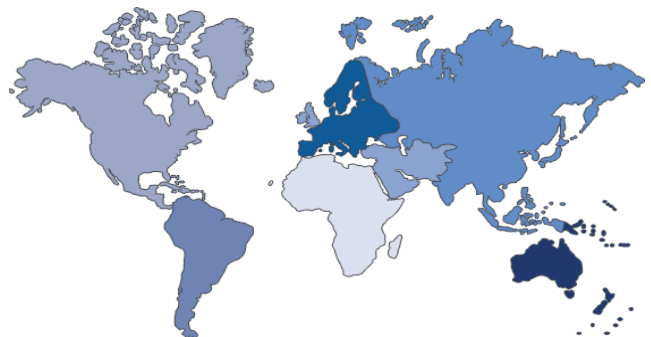
- If you are eligible, get fully vaccinated for COVID-19.
- Before you travel, get tested with a viral test 1-3 days before your trip.
- Wear a mask over your nose and mouth when in public.
- Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who did not travel with you.
- Get tested 3-5 days after your trip and stay home and self-quarantine for a full 7 days after travel, even if your test is negative. If you don't get tested, stay home and self-quarantine for 10 days after travel.

Follow all state and local recommendations or requirements after travel.

www.cdc.gov/travel

Air Travel

- Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily on flights. However, there may be a risk of getting COVID-19 on crowded flights if there are other travelers on board with COVID-19.
- If possible, use a car seat. Check with your airline since they may require you to pay for an extra seat.
- We do not advise using Benadryl or other OTC medications to help your child fall asleep. Your children should be allowed to fall asleep naturally.
- Parents who use sleep medication themselves should make sure that one adult, who is not under the influence of medication, is always available to attend to the children.
- During takeoffs and landings, try to breast/bottle feed or allow your children to chew on gum. This helps to equilibrate the middle ear pressure and prevents unwanted ear pain.
- Infants should not be fed more than usual because higher altitudes cause gases to expand and infants may experience distension during air travel.
- Children should have sufficient quiet entertainment for the length of the journey. (Taking new toys they haven't seen before always helps.)
- In case your child gets separated during the journey, personal information, including the child's name, address where the family is staying, and contact phone numbers should be put in the child's pocket. This information should not be displayed in plain view.





Vaccines

Ideally, medical preparation for travel should begin 2 months before departure to allow enough time for vaccinations that may require several doses and for initiation of necessary prophylaxis. Infants are at higher risk of becoming ill during travel because of their immature immune system and incomplete immunization status. If the destination poses a high risk of vaccine-preventable diseases and the timing of the trip is flexible, parents should postpone travel with children until they can complete the primary vaccine series and receive one early dose of measles-mumps-rubella (MMR) vaccine (if not already given).

Different areas of the world have health risks that are specific to their region. Please visit the Centers for Disease Control website (<http://www.cdc.gov/travel>) to obtain information about these health risks.

If you are traveling to a developing country, please be aware that insects may carry life threatening diseases (malaria, dengue, filariasis, Japanese encephalitis, Chagas disease, etc.). Barriers—including clothing, netting, and insecticides—are essential for preventing exposure to insects that can lead to infection. (Please refer to *Mosquito Repellant* on page 1)

Available vaccines/prophylaxis (at travel clinics):

- Typhoid
- Japanese Encephalitis
- Rabies
- Yellow Fever
- Measles-Mumps-Rubella (available at Blue Fish)
- Malaria (we write this prescription)

General Medical Advice

- Prevent fungal and parasitic infections by keeping feet clean and dry. Do not go barefoot.
- Do not handle animals.
- Use sunscreen with an adequate SPF rating (Please refer to *Sunscreen* on page 1).
- Use mosquito repellent with either DEET, Picardin, or oil of lemon eucalyptus (Please refer to *Mosquito Repellant* on page 1).
- Wear proper clothing and head wear to prevent sunburn and insect bites.
- Use bed netting treated with Permethrin or Deltamethrin.

Where to get vaccinated

International Medicine Center

Memorial Hermann Memorial City
9230 Katy Freeway, Suite 400
Houston, TX 77024
713-550-2000

Texas Children's Hospital Travel Medicine Clinic

Texas Children's Clinical Care Center
6701 Fannin Street, Floor 17
Houston, TX 77030
832-822-1038
<https://www.texaschildrens.org/departments/travel-medicine>

Passport Health

9601 Katy Freeway, Suite 315
Houston, TX 77024
713-467-6575

Houston Travel Medicine Clinic

Bonnie Word, MD
St. Joseph Professional Building
2000 Crawford St., Suite 1105
Houston, TX 77002
713-652-4900
<http://www.houstontravelmedicine.com>

Baylor Travel Medicine

3701 Kirby Dr., Suite 100
Houston, TX 77098
713-798-7700



Food

The most common causes of gastrointestinal infection to travelers are transmitted by fecal-oral route. Although encounters with these pathogens are often inevitable, careful attention to hand washing and avoiding unsafe foods can prevent exposure and decrease the intensity of the exposure, which may avert clinical illness.

Hand hygiene is critical and special care must be taken to wash hands with soap and water before meals. Alcohol-based hand sanitizers are effective but should be used in only small amounts, and no more than necessary to avoid ingestion.

Avoid:

- uncooked foods or vegetables from which the outer skin has not been removed
- undercooked meat and seafood
- milk (unless you know it is pasteurized)
- sandwiches and other dishes topped with lettuce, tomatoes and onions
- fruits that have been peeled at outdoor stands because they are often dipped in water to keep them appearing moist
- sauces placed on hot food because they are often made with raw vegetables

Drink

Travelers must be extra vigilant when it comes to what they drink. Safe water can be bought in sealed bottles. Check that the seal is not broken because local vendors sometimes “recycle” old water bottles and fill them with tap water. If sealed bottles are unavailable, purchase carbonated water.

Water that has come to a rolling boil for at least one minute (longer than three minutes at high altitude) is considered safe. Treating water with iodine kills bacteria and viruses but may not kill all parasites. Water filters remove bacteria—and filters with an absolute pore size from 0.1 to 1 micrometer and labeled as reverse osmosis remove most parasites such as *Giardia* and *Cryptosporidium*—but cannot filter out viruses. Iodine must be added to filtered water to kill viruses. *Pregnant women should not consume iodinated water.*

Avoid:

- drinking tap water (not even for brushing teeth)
- juice and drinks mixed with tap water
- ice made from tap water





Sample First Aid traveling kit

- Child's health records
 - Immunization records
 - Chronic medical conditions
 - Names and dosages of medications
 - Blood type (if already known)
 - All allergies
- Prescription medications
 - Medication for unexpected exacerbation of chronic condition
 - Epinephrine pens (if indicated)
 - Malaria medication (not for young children, speak with your child's physician if you have questions or concerns)
- Extra pair of prescription glasses
- Basic first aid supplies
 - Bandages
 - Moleskin for blisters
 - Water-resistant tape
 - Gauze
 - Steristrips (for closing wounds)
- Over the counter medications
 - Acetaminophen or ibuprofen
 - Antihistamine
 - Antibiotic ointment
 - Topical antifungal preparation
 - Cortisone cream
- Skin barrier protection for children in diapers
 - Petroleum jelly
 - Zinc oxide
- Insect repellent containing DEET
- Sunscreen
- Thermometer
- Oral rehydration packets
- Flashlight

Bike Safety Tips

- A helmet protects your child from serious injury, and should always be worn. And remember, a helmet at all times helps children develop the helmet habit.
- When purchasing a helmet, look for a label or sticker that says the helmet meets CPSC safety standard.

<https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/Pages/Summer-Scooter-Bicycle-and-Playground-Safety-from-the-AAP.aspx>

Water Safety

Water is one of the most ominous hazards your child will encounter. Young children can drown in only a few inches of water, even if they've had swimming instruction. Swimming lessons are not a fool-proof way to prevent drowning in young children.

New evidence shows that children ages 1 to 4 may be less likely to drown if they have had formal swimming instruction. The studies are small, and they don't define what type of lessons work best, so the AAP is not recommending mandatory swim lessons for all children ages 1 to 4 at this time. Instead, the new guidance recommends that parents should decide whether to enroll an individual child in swim lessons based on the child's frequency of exposure to water, emotional development, physical abilities, and certain health conditions related to pool water infections and pool chemicals.

The AAP does not recommend formal water safety programs for children younger than 1 year of age.

<http://www.healthychildren.org/English/safety-prevention/at-play/Pages/Water-Safety-And-Young-Children.aspx>



CDC Guidelines for Vaccinated

Please note that guidelines are changing regularly. Visit [cdc.gov](https://www.cdc.gov) for the most up-to-date information.

- “Indoor visits between fully vaccinated people who do not wear masks or physically distance from one another are likely low risk.”
- “Unvaccinated people can visit with fully vaccinated people indoors, without anyone wearing masks, with a low risk of SARS-CoV-2 transmission.”
- So, if you’re vaccinated you can be unmasked around an unvaccinated, low-risk family member. However, please note, even if someone is low risk, that doesn’t necessarily mean there is NO risk; they can still end up in the hospital from COVID19.
- “If any of the unvaccinated people or their household members are at increased risk of severe COVID-19, all attendees should take precautions.”
- You need to be careful if you’re vaccinated and visiting an unvaccinated older adult, pregnant friend, or someone with underlying medical conditions.
- “If unvaccinated people come from multiple households, there is a higher risk of SARS-CoV-2 transmission among them. Therefore, all people involved should take precautions.” Individual risk between two unvaccinated people from two households is still high. As a rule of thumb, everyone still needs to be careful when mixing households.
- “All people, regardless of vaccination status, should avoid medium- or large-sized in-person gatherings and to follow any applicable local guidance restricting the size of gatherings.”

Daycare Guidance

At a minimum, daycares should maintain social distancing, wipe surfaces, enforce hand washing frequently and adhere to the recent guidelines laid out by the Centers for Disease Control and Prevention (CDC). If cases of COVID-19 in Houston are rising significantly, it may be better not to send your child to daycare. TMC.edu is a great resource for tracking cases in Houston.

Some questions to ask yourself:

1. How healthy is your child? Do they have any chronic health conditions that would put them at an increased risk of significant illness from coronavirus, such as diabetes, asthma or immune deficiency?
2. How healthy are your other household members? Is there anyone who your child (upon returning from daycare) would have frequent contact with who is unvaccinated and at increased risk of severe illness from COVID-19?
3. If your child gets sick at daycare, it could potentially mean the child or family would need to be on home quarantine for two weeks. What impact would this have on your household?





Summer Camp Guidance

With the widespread deployment of COVID-19 immunizations and the knowledge that children are at far lower risk for serious COVID-19 disease and complications, it may be tempting to sign your children up for summer camp.

However, please bear in mind that because the COVID-19 vaccine will likely not be available for children (under 16yo) until mid-2021/early 2022 and with the spread of new COVID-19 variants, there is still real risk to children from the pandemic.

Some questions to ask yourself in choosing whether to send your child to summer camp this year:

1. How healthy is your child? Do they have any chronic health conditions that would put them at an increased risk of significant illness from COVID-19, such as (but not limited to) diabetes, asthma, or an immune deficiency?
2. How important is this camp to your child? If they are ambivalent about going, it may not be worth the increased exposure. If they have been looking forward to it for a long time, a serious family discussion may be warranted.
3. Can you defer this camp until next year and substitute a safer alternative this year?
4. An overnight camp would post the highest risk due to indoor close quarters. Is there a day camp alternative as a safer option this year?
5. What safety measures is the camp taking against COVID-19? Is there a screening process? What happens if someone get sick at camp? Will they be following CDC guidelines?
6. If there remain unvaccinated individuals at home, are they at risk for serious disease if the child brings COVID-19 home from camp?

We hope these questions will give you a framework for making the best decision for your family this summer.

Summer Check-ups & Physicals

For well child visits this summer, we encourage you to make your appointment sooner than later. Please do not delay calling to schedule this appointment until the week before school starts; otherwise it is highly likely you will not be seen until after school starts. Here is a reminder of our office policy regarding School and Camp forms:

1. You must be up to date on your check ups: In order for our doctors to fill out a school/camp form, your child must be up to date on his/her checkups. For example, children over two years old must have been seen for a well check within the last 12 months.

2. Forms can be mailed in, faxed in, emailed in, or handed in: Forms do not need to be handed to our office in person. They can be emailed, faxed, or sent to us by mail. We prefer email when possible.

3. Allow at least one week: Please allow our office at least one week (5 business days) to process and return your form. Forms allowed this lead time will be processed free of charge.

4. Express processing: Forms requiring same day express processing will be subject to a \$30 per form fee. Please call your office for more information.

If you have any questions or concerns, feel free to contact your respective office.

Health Forms

In the summer, Blue Fish Pediatrics experiences an influx of requests for health forms to be filled out for summer camps and the following school year. So that we can provide the best service to you and the rest of our patients, please plan ahead and try to schedule your well child check-up at least six weeks in advance.

Please allow at least five business days for any school/camp forms you may need. Our office does provide an express service if the form is needed more immediately for a small charge.

You can call us to schedule an appointment with our front office staff.