

Pediatric Pages

The newsletter of Chestnut Ridge Pediatrics

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Facts about the new Cervical Cancer Vaccine

Gardasil is the new vaccine approved for preventing cervical cancer, as well as vaginal and vulvar cancers and genital warts.

The vaccine works by preventing infection by a group of viruses call HPV or Human Pappilomavirus. Certain subtypes of the virus are most common in causing cancer and these are the strains that are in this vaccine (Types 6, 11, 16, and 18). These viruses are acquired by any kind of genital contact, not just intercourse. More than 50% of sexually active people are infected with HPV at sometime in their lives and most people have no symptoms. For most people the virus will go away by itself, but for some it stays and causes genital warts and cervical cancer.

The vaccine is most effective if given before a person becomes sexually active, before any HPV is transmitted. The vaccine can still be helpful, if a person has a strain of HPV, by preventing other strains.

At CRP, we are strongly recommending the vaccine for all girls in high school and college. We can give the vaccine to any girl age 9 and older. It is a 3-dose regimen which is completed within 6 months. It should offer lifelong protection from the virus. This is the most expensive vaccine to date that we administer. For some insurance carriers with inadequate payment, there will be a \$25 surcharge. Please ask for a fact sheet about the vaccine.

**Ear Piercing Now Available
at CRP**

Please come and visit
our new and improved
website!!

www.crpa.yourmd.com

Attention all parents:
CRP is actively vaccinating all
children and parents for the
current flu season. Please make
your appointments ASAP.
When we are finished with our
current supply of vaccine, we
will not be getting anymore

Office Hours:

Phone Hour M-Sat 7:30 am

Mon. 8:30-7:30 pm

Tues-Thurs 8:30-5 pm

Fri. 8:30-4:30 pm

Sat. 8:30-11:30 am

Evening hours Tues.-Thurs.
until 7:30 will vary from week
to week

The Price of Vaccines

In 2006, you may notice some additional charges in your office bill when your child receives certain vaccines. The prices for vaccinations go up periodically, yet much of the time the insurance companies do not increase the amount they reimburse us. We feel these vaccines are critical to the health of your children, and therefore we will continue to offer the vaccines with a small surcharge added to cover the full cost of the vaccine. We are actively working with the American Academy of Pediatrics, both at the national and state levels, to require the insurer to pay appropriately for vaccines. If these initiatives are successful, the vaccine surcharges will be discontinued.

Does my child have OCD?

Repetitive play, superstitions, and ritualistic behaviors are all normal parts of child development. Sometimes, we face the question of whether these behaviors cross the line into abnormal behavior or obsessive compulsive disorder (OCD).

OCD is a serious childhood illness characterized by unwanted, troubling thoughts (obsessions) and repetitive ritualistic behaviors (compulsions). The child will perform these behaviors in order to reduce the anxiety he/she feels. To meet the official diagnosis, the child must perform these behaviors for more than an hour a day, must interrupt the child's routine, and cause significant distress. OCD is a little more common in boys than girls.

Most children engage in ritualistic or repetitive behaviors. At 2 years, these behaviors often involve rigid routines at mealtime, bath time, and bedtime. At 3-5 years, children often repeat the same activity over and over again while playing (singing a song, crashing cars, etc.). At 5-6 years, group games often have elaborate rules. 6-11 year olds may participate in superstitious games. Older children may become overly preoccupied with an activity (trading wacky packs) or famous people (high school musical) or sports.

To determine if these things are in the normal range, you must ask yourself: How long does my child spend doing this? Does my child get overly distressed if he/she can't do it? Does the behavior disrupt my child's normal activities? If the answer is yes, then speak with the pediatrician.

Should we Observe or Treat an Ear Infection?

Not every child with an ear infection needs an antibiotic. Data show that most ear infections will get better on their own without antibiotics. The overuse of antibiotics can lead to the development of bacteria in your body that are resistant to the antibiotic. Not to mention the common side effects of: hives, diarrhea, and abdominal pain that a lot of kids suffer while on antibiotics.

There are many good studies that show that in certain children, you can just watch the ear infection with pain relievers and see if it resolves on its own. If the pediatrician sees an infected ear in a child over 2 years of age without fever, then one option would be to give the child pain relievers such as Advil or Motrin and recheck the ear in 3 days. If the ear infection is not gone by then, then the pediatrician may choose to start antibiotics. A large percentage of ear infections will have gone away by 72 hours. In children under 2 years or if they have fever, it is not recommended to wait for antibiotics.

This method has been proven to be safe in many studies and can significantly reduce the amount of antibiotics that your child may require. So the next time your child has an ear infection, check with the doctor if he/she might be a candidate for observation with just pain relievers.

