



# Healthy Start Newsletter

January 2010

## Common Cold vs Runny Nose

### Overview of Common Cold

A cold usually includes a runny nose, sore throat, sneezing, and coughing. These symptoms can last for up to two weeks.

### Causes of the Common Cold

- Over 200 viruses can cause the common cold
- The rhinovirus is the most common type of virus that causes colds

### Runny Nose during a Cold

When germs that cause colds first infect the nose and sinuses, the nose makes clear mucus. This helps wash the germs from the nose and sinuses. After two or three days, the body's immune cells fight back, changing the mucus to a white or yellow color. As the bacteria that live in the nose grow back, they may also be found in the mucus, which changes the mucus to a greenish color. This is normal and does not mean you or your child needs antibiotics.

### Signs and Symptoms of the Common Cold

- Sneezing
- Stuffy or runny nose
- Sore throat
- Coughing
- Watery eyes
- Mild headache
- Mild body aches

### See a Healthcare Provider if You or Your Child has:

- Temperature higher than 100.4° F
- Symptoms that last more than 10 days
- Symptoms that are not relieved by over-the-counter medicines

Your healthcare provider can determine if you or your child has a cold and can recommend symptomatic therapy. If your child is younger than three months of age and has a fever, it's important to always call your healthcare provider right away.

### Antibiotics are Needed When...

Antibiotics are needed only if your healthcare provider tells you that you or your child has a bacterial infection. Your healthcare provider may prescribe other medicine or give tips to help with a cold's symptoms, but antibiotics are not needed to treat a cold or runny nose.

### Antibiotics Will Not Help if...

Since the common cold is caused by a virus, antibiotics will not help it get better. A runny nose or cold almost always gets better on its own, so it is better to wait and take antibiotics only when they are needed. Taking antibiotics when they are not needed can be harmful.

Each time you or your child takes an antibiotic, the bacteria that normally live in your body (on the skin, in the intestine, in the mouth and nose, etc.) are more likely to become resistant to antibiotics. Common antibiotics cannot kill infections caused by these resistant germs. Learn more about antibiotic resistance by going to the CDC website.

### How to Feel Better

Rest, over-the-counter medicines and other self-care methods may help you or your child feel better. For more information about symptomatic relief, visit the "Symptom Relief" section of the CDC website or talk to your healthcare provider or pharmacist. Remember, always use over-the-counter products as directed. Many over-the-counter products are not recommended for children younger than certain ages.

### Preventing the Common Cold

- Practice good hand hygiene.
- Avoid close contact with people who have colds or other upper respiratory infections

Centers for Disease Control and Prevention  
1600 Clifton Rd, Atlanta, GA 30333  
800-CDC-INFO (800-232-4636)  
[www.cdc.gov](http://www.cdc.gov)

# Prepared for Winter

# Winter Blues...

*Centers for Disease Control and Prevention  
1600 Clifton Rd, Atlanta, GA 30333  
800-CDC-INFO (800-232-4636)  
www.cdc.gov*

Prepare for extremely cold weather every winter—it's always a possibility. There are steps you can take in advance for greater wintertime safety in your home.

## Prepare Your Home for Winter:

Although periods of extreme cold cannot always be predicted far in advance, weather forecasts can sometimes provide you with several days' notice. Listen to weather forecasts regularly, and check your emergency supplies whenever a period of extreme cold is predicted.

If you plan to use a fireplace or wood stove for emergency heating, have your chimney or flue inspected each year. Ask your local fire department to recommend an inspector, or find one in the yellow pages of your telephone directory under "chimney cleaning."

Also, if you'll be using a fireplace, wood stove, or kerosene heater, install a smoke detector and a battery-operated carbon monoxide detector near the area to be heated. Test them monthly, and replace batteries twice a year.

Your ability to feel a change in temperature decreases with age, and older people are more susceptible to health problems caused by cold. If you are over 65 years old, place an easy-to-read thermometer in an indoor location where you will see it frequently, and check the temperature of your home often during the winter months.

Insulate any water lines that run along exterior walls so your water supply will be less likely to freeze. To the extent possible, weatherproof your home by adding weather-stripping, insulation, insulated doors and storm windows, or thermal-pane windows.

If you have pets, bring them indoors. If you cannot bring them inside, provide adequate shelter to keep them warm and make sure that they have access to unfrozen water.

## Checklist

- Insulate walls and attic.
- Caulk and weather-strip doors and windows.
- Install storm windows or cover windows with plastic from the inside.
- Insulate any water lines that run along outer walls (water will be less likely to freeze).
- Service snow-removal equipment.
- Have chimney and flue inspected.
- Install easy-to-read outdoor thermometer.

Depression is a true and treatable medical condition. Most people get better with treatment. Try not to let hopelessness or shame stop you or a friend from getting medical help. Take action.

Many Americans suffer from mental conditions such as depression and anxiety. Studies show these health problems and illnesses affect about 1 in 5 Americans. A tough situation such as a natural disaster, the loss of a loved one, or financial distress can trigger or increase depression and anxiety.

## Do You Know the Signs?

Someone who is depressed has feelings of sadness or anxiety that last for weeks at a time. He or she may also experience:

- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness, and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps, or digestive problems that do not get better, even with treatment.

## Effective Treatment Exists

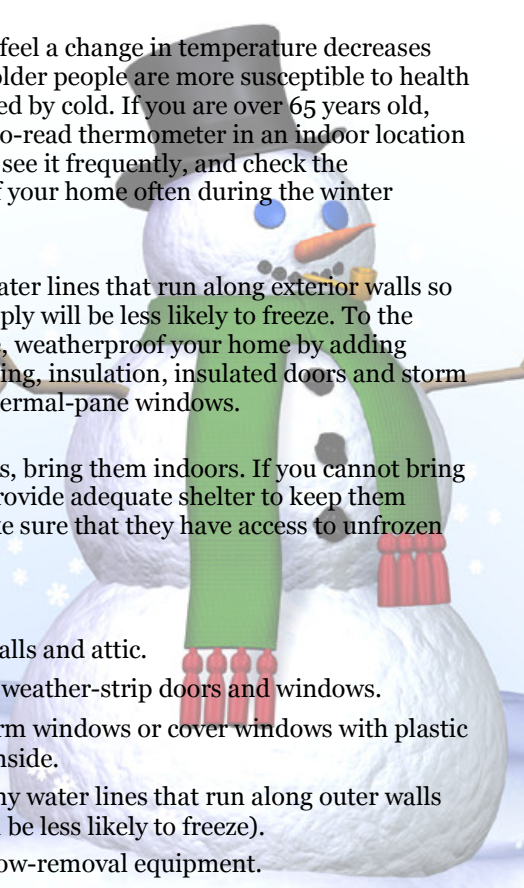
People who suffer from depression or anxiety should seek help as early as possible. Most adults see an improvement in their symptoms when treated with antidepressant drugs, psychotherapy, or a combination of both. Unfortunately, many never seek treatment. New research suggests that racial minorities and people with less than a high school education may be less likely to be diagnosed for depression. It is often difficult for depressed or anxious people to believe that things can get better. Try not to let hopelessness or shame stop you or a friend from getting medical help. Take action.

## Where to Find Help

If you or someone you care about is in crisis, please seek help immediately.

- Call 911
- Visit a nearby emergency department or your health care provider's office
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor

Improving mental health is part of CDC's overall public health mission. For more research on depression, anxiety, and other chronic conditions, go to the CDC website.



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## A Caution About Giving Tamiflu to Children

### Do Hand Sanitizers Pose A Risk To Children?

With growing concern about flu, alcohol-based hand sanitizers (like Purell) are being placed in homes, schools, supermarkets, and many other places. These products use alcohol as a base, and there have been stories, fueled by the media and Internet, that the high alcohol content of these products could pose a health hazard to children.

To see how much reality there might be to these stories, researchers at a regional poison center reviewed all calls they received concerning exposure to these products among children under 6 years of age over a recent 7-year period. There were 847 children who had been exposed, with an average age of just under 2 years. None of the children experienced effects that were considered moderate or major, nor were there any deaths due to these exposures.

The authors concluded that “children of this age have frequent hand-to-mouth activity and environmental curiosity, making the application or availability of a hand sanitizer the perfect situation for an exposure to occur.” Despite this, and the fact that alcohol-based products have the potential to cause some toxic effects, “the benefits of prevention of illness outweigh the hazards when used in a supervised situation.” (*Mrvos R et al: Pediatric Emergency Care, October, 2009, pp 665-666*)

**Comment:** This report is reassuring, particularly in these months when concerns about transmitting flu have made hand sanitizers such an important part of good hand hygiene. At the same time, this report serves to remind us that these hand sanitizers do indeed contain relatively large amounts of alcohol, and like so many other medicines and related products, they should be kept out of the reach of children and should only be used with appropriate supervision.

One approach to preventing or treating flu in children, and particularly the new H1N1 variety, involves using a drug called Tamiflu. The pediatric version comes as a liquid suspension and is given with an oral syringe. A recent letter-to-the-editor of a major medical journal described a 6 year-old with H1N1 flu who was prescribed Tamiflu, to be given at a dose of 3/4 teaspoon twice daily. However, parents—one of whom is a doctor—had great difficulty figuring out the right dose to give! While the label instructed that 3/4 teaspoon be given, the oral syringe that came with the medication was not marked in teaspoons, but rather in the number of mg of medication. Using information provided to doctors, the parents were finally able to figure out that 3/4 of a teaspoon translated to 45 mg on the syringe. Fearing that substantial dosing errors could occur, the authors recommend that dosing instructions be given in mg, not teaspoons, so the amounts will correspond to the markings on the syringe. (*Parker RM et al: New England Journal of Medicine, September 23, 2009*).

This incident prompted the manufacturer of Tamiflu to send all doctors a letter warning them of this potential problem; it also states that when Tamiflu suspension is dispensed, pharmacists should be sure that the units of measure on the prescription instructions match the units on the oral syringe that they provide with the medicine. Since the approved dosing recommendations are given in milligrams, the device packaged with the medication should be given to patients, since it too is marked in milligrams. However, if the prescription instructions specify the dose in milliliters (mL) or teaspoons, then the device included with the Tamiflu should be removed and replaced with an oral syringe marked in mL or teaspoons. (*Letter of Healthcare Professionals, Roche, October 9, 2009*)

**Comment:** This can all get very confusing, but what's important to remember if your child is prescribed liquid Tamiflu is to make sure that the doctor who orders it and the pharmacist who dispenses it are aware that if the dose is ordered on the prescription is given in mg, the oral syringe that comes with the Tamiflu package is fine.

However, if the dose is written in mL, or teaspoons, then the pharmacist needs to discard the oral syringe that comes with the Tamiflu package and replace it with one that is marked mL (or cc) or teaspoons.

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*\*Please contact Amy Brown at 270-686-7747, ext. 3021 with any comments or questions.*

## What is EPSDT?

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid program for children. In Kentucky, it is divided into two components: EPSDT Screenings (in which is discussed below) and EPSDT Special Services.

### **EPSDT Screenings:**

The EPSDT Screening Program provides routine physicals or well-child check ups for Medicaid eligible children at certain specified ages. It is considered preventive care. Children are checked for medical problems early. Specific tests and treatments are recommended as children grow older.

The areas of health care that are checked include: preventive check-ups; growth and development assessments; vision; hearing; teeth; immunizations; and laboratory tests.

Children should receive health check-ups regularly or before the following ages: 1 month; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 24 months; 3 years; 4 years; 5 years; 6 years; 8 years; and once a year for ages 10-20.

### **Eligibility Information:**

Any Medicaid eligible child is eligible for EPSDT screenings. Additionally, any Medicaid eligible child may receive EPSDT Special Services as long as the services are medically necessary and not covered in another Medicaid program area. Children who pay KCHIP III premiums are not eligible for EPSDT Special Services or non-emergency transportation.

EPSDT Special Services may only be provided to individuals under age 21. Services may be provided through the last day of the month in which the individual turns 21. For example, if someone is receiving services through the EPSDT Special Services Program, and their 21st birthday is March 16, they may continue to receive services through EPSDT Special Services through March 31 (if they are still eligible for Medicaid.)

For questions regarding EPSDT policy, please call 502-564-6890 or email questions to [dmsweb@ky.gov](mailto:dmsweb@ky.gov).