



Fall 2007

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Parents today are presented with an ever-expanding menu of vaccines for their children, far beyond what they experienced themselves.



The single greatest medical advance that impacted the most lives in the 1900's was the development of vaccines. Childhood scourges such as measles, polio, and tetanus have been virtually eliminated in the United States. Parents today are presented with an ever-expanding menu of vaccines for their children, far beyond what they experienced themselves. Here is a brief summary of some of the latest vaccines.

Changes in chicken pox and flu vaccinations

Two current vaccines have changes that parents need to be aware of. The Varicella vaccine for chicken pox is now recommended as a 2-dose vaccine. Some studies have shown that the previous single dose may not provide lasting protection, so a booster dose is now recommended. Parents and grandparents know that the same virus that causes chicken pox also cause shingles. They may not know that there is now a shingles vaccine for people over 60 years old. The other vaccine that has a change is the flu vaccine. The intranasal vaccine is now approved down to 5 years old, so many children can now avoid a shot.

Learn the facts about the new vaccination for girls

Gardasil®, the new vaccine against human papilloma virus (HPV), is the first vaccine that is specifically targeted to reduce the incidence of a type of cancer, namely cervical cancer. It protects against 4 strains of HPV that are the cause of most cervical cancer and genital warts. HPV is spread through sexual contact. Because the underlying principle of any vaccine is to provide protection before being exposed, this vaccine is for girls as young as 9 years old, preferably before the onset of sexual activity. The vaccine can be given to older girls and will still be protective provided they have not been exposed to HPV. Full immunization requires a series of 3 vaccinations over 6 months. The vaccine has been shown to be over 90% effective in preventing disease associated with the four HPV strains it covers. The most reported side effect has been pain at the injection

site. Critics of the vaccine have focused on its cost and social implications. The vaccine's direct cost is about \$120 per shot plus the physician's administrative costs. More insurers are paying for the vaccine now that several large medical organizations have recommended its use, however, there may still be some cost to the patient. The social implication has been that by protecting against a sexually transmitted disease the vaccine is promoting promiscuity. To even make this argument requires a leap of logic that is completely unsupported by research of teenage and adult sexual behavior and it still does not justify going without protection.

Has your child had the Hepatitis A vaccine?

Another newly required vaccine has been around for years, and it is the vaccine against Hepatitis A. Hepatitis A is not that different from chicken pox in that it usually results in a mild to moderate illness that completely resolves. However, like chicken pox, certain individuals are at risk for severe disease. For those persons Hepatitis A infection can cause liver failure and death. Hepatitis A is spread by hand contamination, leading to periodic outbreaks from food sources. The vaccine has been in sue for many years. It had been indicated for certain high-risk individuals and populations where there was a high rate of Hepatitis A. It was also recommended for anyone traveling to countries where Hepatitis A was common. Because of the vaccine's high efficacy and safety, it is now recommended for all children over 12 months old. The vaccine is given in 2 doses at least 6 months apart.

Remember that teenagers need a meningitis vaccine

Also for teenagers is Menactra®, a new vaccine against meningitis caused by meningococcus. The vaccine protects against four of the most common types of meningococcus. Susceptible persons include anyone living in close quarters such as dorms in schools, barracks in the military, or even a long stay in bunks at camp. Meningococcal disease is rare, but fast and severe, with a high rate of death and high rate of disability among survivors. The vaccine is over 80% effective in preventing disease. The lower rate compared to other vaccines is because there is one common type of meningococcus that is not covered by the vaccine. It is given as a single shot to anyone ages 11-55. The most common side effect is pain at the injection site. Most colleges are now requiring this vaccine, as does the military.

Information on vaccines can be found on the websites for the Center for Disease Control (www.cdc.gov) or the American Academy of Pediatrics (www.aap.org). Of course, you can always ask your doctor.

By Daniel Rauch MD, Director
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Dr. David P. Roye and Dr. Carol Roye

A Very Special Evening

The annual Children's Dream Foundation benefit was held at the Shenorock Shore Club, Rye, in June raising a record amount to fund pediatric healthcare in the Hudson Valley region. The honorees, Dr. Carol Roye and Dr. David P. Roye, residents of Pleasantville, have devoted their lives to pediatric healthcare and medical research. Dr. Carol Roye is a Professor of Nursing at Hunter College. Dr. David Roye, Chief of Pediatric Orthopedic Surgery at the Morgan Stanley Children's Hospital of New York Presbyterian is especially well known for the pioneering work he has done training physicians in China in advanced surgical procedures.

Help us improve pediatric healthcare
in the Hudson Valley region.

All contributions are very much appreciated.



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