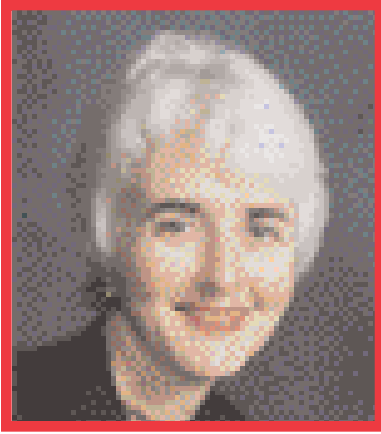

Ask Dr. Sue your health and safety questions



Chicken Pox Vaccine and New Video Series on Health and Safety

by Susan S. Aronson, MD

Chicken Pox (Varicella) Vaccine

In March 1995, the Federal Food and Drug Administration approved a long-awaited vaccine to protect against chicken pox. The first doses of the frozen, weakened, live virus vaccine have reached health professionals. Immunization against chicken pox should be available in most communities soon.

The Centers for Disease Control and the American Academy of Pediatrics recommend that all children routinely receive chicken pox vaccine between 12 and 18 months of age. In this age group, even those whose families think they have already had chicken pox should be vaccinated.

Generally, children will receive the vaccine at the same check-up that they get the vaccines against measles, mumps, and rubella (MMR). For now, doctors will give chicken pox vaccine and MMR as two separate shots in two different spots. If the child does not get chicken pox vaccine and MMR on the same day, the child must wait 30 days to receive the other shot. This is because some people may increase their resistance to infection for a short period after their bodies respond to one live virus vaccine.

This increased resistance may prevent infection by another live virus vaccine given 1-30 days after the first vaccine. Research shows that children who receive chicken pox vaccine, MMR, DTaP, and Hib on the same day respond well to all of the vaccines. To reduce the number of pokes children get for immunizations, vaccine manufacturers are working on combining vaccines.

Older children (18 months to 12 years of age) who have not had chicken pox should get the chicken pox vaccine. In fact, all children and adults who are not sure they have had chicken pox should consider vaccination. After age 13, chicken pox can be more severe with a higher complication rate. Adolescents and adults need two doses of vaccine (4-8 weeks apart) for protection.

Workers in child care are at high risk of contact with children who can get chicken pox and children who have chicken pox. Program directors should urge all staff who do not know whether they have had chicken pox to check with their own doctors to see if they need vaccine. Reduce chicken pox as an occupational risk by making sure adults who work in group care settings for children are immune.

New Video Series on Health and Safety Available from NAEYC and AAP

Most savvy directors, licensing staff, and health professionals who are involved with early childhood care and education programs know about the national health and safety standards. In 1992, the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) published the standards. Now a series of videos illustrate how operating child care programs can comply with the standards.

The book of standards was the product of a four-year project funded by the federal Bureau of Maternal and Child Health. Program directors, caregivers, licensing staff, health professionals, policy makers, parents, and community representatives are using the standards to find out how to keep children safe and healthy in child care. The videos show "how to do it" in child care centers and family child care homes and refer viewers to the book for more details. The book gives the rationale for the standards — what scientific evidence or professional judgment justifies the requirement and suggestions on how to comply.

Widespread use of the standards is leading to revision of state regulations, upgrading of accreditation and funding requirements, development of training programs and materials, and writing of new facility policies.

Child care advocates are using the standards to defend against cut-backs and argue for increased support for child care. Recently publicized studies call for improved funding of child care and training for caregivers. These studies document that inadequate funding is associated with health and safety risks in group care settings. The standards define what should be done to reduce these risks.

By mid-summer 1995, the National Association for the Education of Young Children (NAEYC) and the AAP will release the series of six video cassettes that illustrate how to meet the standards. The series is supported by a grant from the AT&T Family Care Development Fund, a joint project of AT&T, The Communications Workers of America, and the International Brotherhood of Electrical Workers. Each cassette is approximately 30 minutes long.

Except where changes have occurred since the AAP and APHA published the standards, the six separate video cassettes closely follow the content of the standards. Some recommendations have changed. For example, the videos recommend covering sand in play areas, but do not illustrate how to sanitize sand in outdoor play areas. The technique for sanitizing sand included in the published standards is no longer recommended. After publication of the standards, experts agreed that it is better to limit sand play to areas where caregivers can cover the sand to keep animals out. Using harsh chemicals to kill germs that animals

A Reader Writes . . .

I just read an article by Dr. Susan Aronson on asthmatic children in your January/February issue. You may wish to use the information in my letter as part of a follow-up article, or perhaps print it as a Letter to the Editor.

Since the child care center I direct installed a Heat Recovery Ventilation System (HRV), the air quality difference has been remarkable!

The combination of 50+ bodies, cooking odors and steam, diaper smells, and airborne germs caused the building to feel muggy and smell stale. The HRV removed all of these unpleasant byproducts of a well-used building.

The HRV warms fresh, filtered air from outdoors to the inside temperature, then circulates it throughout the center. The entire air supply is replaced three times daily. A super filter that also removes pollens and very fine particles can be ordered. A separate summertime core can also be supplied, allowing the air to circulate without being warmed.

The price we paid (about \$3,500) for the easily installed system was well worth it. The HRV needs only twice yearly filter cleaning; it's virtually maintenance free! I cannot say enough positive things about the system!

Information on HRVs should be available from building or remodeling contractors, since they are standard equipment in many new homes, offices, and other buildings. Hope this will be enlightening to readers.

Tekla R. Eyon
Petersburg, Alaska

Dr. Sue Responds . . .

Your heating contractor should check that the system you describe conforms to the requirements in *Caring for Our Children*, the National Health and Safety Standards: Guidelines for Out-of-Home Child Care. I wish I had received your letter while we were taping the six-part video series we have just completed as a project of the American Academy of Pediatrics to illustrate the standards. We taped this video series over the past year with interviews and demonstrations in child care facilities coast to coast. However, we did not get to Alaska! I wish we could have arranged for you to say on the videos what you write so enthusiastically in your letter.

leave in the sand is hazardous and may be ineffective.

Some new information was added to the videos. For example, the videos mention the recommendation for chicken pox vaccine that became available in 1995. Print materials packaged with the videos include the 1995 schedules for immunization and routine check-up services for children.

Child care professionals need to keep in touch with health professionals for revised recommendations on technical recommendations. All information should be considered subject to updates. Every child care program needs a health consultant as a pipeline and translator for new health and safety information. The videos suggest how to find a health consultant and what the health consultant should do for the child care program. There is no substitute for a local health professional who can share current information and open doors to resources in the community.

Several factors made it possible to keep the purchase price for this excellent set of videos very reasonable: front-end funding from the AT&T Family Care Development Fund for the production, extraordinary contributions of many people, and the commitment of the producer to a high quality product.

The complete boxed set of six videos, including a booklet of reproducible handouts and forms, will cost only \$75 plus shipping and handling. NAEYC and the AAP do not plan to sell the individual videos or the handouts separately. Orders for the video set can be placed with NAEYC (800-424-2460) or the AAP (800-433-9016).

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