

New health advice for parents on flu and earaches

By ACSH Staff — September 3, 2013



^[1]As back-to-school time rolls around, parents should be thinking of

more than finding the best backpacks and lunch boxes. Now that children will come into contact with new classmates, they will have more opportunity to contract various infections. So the American Academy of Pediatrics, in its annual flu advisory, has [recommended](#) ^[2] that parents not delay having their children vaccinated against influenza.

Although the advisory recognizes that a new, quadrivalent vaccine (having activity against 4 flu viruses) has been approved, it still urges parents to obtain the trivalent version if that s the only one available in their area.

Parents should not delay vaccinating their children to obtain a specific vaccine, said pediatrician Henry Bernstein, D.O., FAAP, the lead author of the flu recommendations. Influenza virus is unpredictable, and what s most important is that people receive the vaccine soon, so that they will be protected when the virus begins circulating.

In another advisory, the American Academy of Pediatrics issued a bit of a reversal, now recommending that all children under 2 years old who are diagnosed with acute otitis media (AOM), infections of the middle ear, receive antibiotics. Dr. Alejandro Hoberman and colleagues at the University of Pittsburgh examined data on children in whom AOM affects only one ear, or who had less severe disease.

In the past, according to the researchers, the American Academy of Pediatrics had suggested one option to be watchful waiting, with no initial antibiotic therapy.

However these authors note that the data on such children might have been compromised by less rigorous diagnostic criteria than are currently recommended. Thus, they pooled data from two published studies that had used strict criteria for diagnosis.

When Dr. Alejandro and colleagues re-analysed the data, they found that in general, treatment failure rates (lack of overall improvement by day 3-5, and incomplete resolution by day 8-12), overall clinical deterioration, or eardrum perforation were lower when kids were initially treated with antibiotics.

They found that, for example, there was a relative risk of treatment failure for children with severe

disease of only 34 percent of that of similar children given placebos. Further, children for non-severe disease in both ears also benefitted significantly, as their risk of treatment failure was only 31 percent compared to placebo-treated kids

ACSH advisor Dr. David Shlaes remarks This article simply notes that clinical guidelines for the treatment of acute otitis media in children under two years of age are catching up with what regulatory authorities and experts have now known for several years. It was once thought, based on placebo-controlled trials of AOM where the accuracy of the diagnosis was questionable, that antibiotics were no better than placebo. But young children with well-documented AOM, require antibiotic treatment. Therefore, for those patients who fit these strict criteria, watchful waiting should no longer be an option.

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