

# Children with asthma should get yearly flu shots

Children with certain long-term health problems, particularly asthma, are prime candidates for yearly flu shots, but most healthy kids don't need this annual ritual, says a Stanford University pediatrician.

Annual flu vaccines are specifically recommended for older Americans and many other adults, and a recent study published in the *New England Journal of Medicine* suggests that adults generally may benefit from the vaccine by suffering fewer upper respiratory illnesses and missing fewer days of work.

"But parents may be confused about whether their kids need to be vaccinated against influenza," says Dr. Yvonne Maldonado, assistant professor of pediatrics at Stanford.

The American Academy of Pediatrics recommends the vaccine only for children older than six months who are at high risk of complications if they get the flu. Maldonado explains that this group includes children with moderate or severe asthma, sickle cell anemia or heart or lung ailments, and the few children who must take immunosuppressive drugs.

Unfortunately, notes Maldonado, recent studies have shown that fewer than 10 percent of the hundreds of thousands of U.S. kids with moderate to severe asthma receive the influenza vaccine each year. These children are not only at risk of extreme discomfort and possible danger from flu symptoms, but they are also at risk of even more serious symptoms if they contract bacterial pneumonia as a consequence of the flu.

Maldonado explains that children or adults whose lungs are functioning poorly because of the flu are particularly vulnerable to bacterial pneumonia, which may be more dangerous than the flu itself.

The American Academy of Allergy, Asthma and Immunology estimates that 3 million U.S. youngsters under the age of 18 suffer from asthma.

"If your child has asthma, be sure to raise the issue of a flu vaccine with your doctor in the fall before flu season begins," says Maldonado.

The flu shot must be given at least one month before exposure to the flu virus to be effective. Also, children who have never had the flu vaccine before must receive two doses one month apart, explains Maldonado, who practices at Lucile Packard Children's Hospital at Stanford.

It's okay for healthy children to receive the flu vaccine, "but as a practical matter we simply don't have enough of the vaccine available to give to everyone, and most healthy children are not at risk for serious complications if they do come down with one of the annual flu viruses."

The federal Centers for Disease Control and Prevention has recommended the vaccine for healthy persons over age 65, residents of long-term care facilities or nursing homes, people with chronic heart or lung disease, anyone exposed to flu on a regular basis (such as college students, teachers or day-care providers), and essential health care professionals and other caregivers whose absence from work could disrupt services to others.

# HEALTH

## Pancreatic Cancer Gene May Be Passed From Parent To Child

By Caroline Decker

A mutant cancer gene can be passed from parent to child, causing pancreatic cancer, malignant melanoma and other tumors to develop within a family, researchers at Washington University School of Medicine in St. Louis have discovered.

The previously unrecognized syndrome also includes oral cancer, and researchers may later find other inherited tumors are involved. "This is just the tip of the iceberg in terms of defining all the tumors associated with a defect in this gene," says Paul Goodfellow, Ph.D., an associate professor of surgery, and lead author of the report. The researchers describe this new family cancer syndrome in the October 12, 1995 issue of the *New England Journal of Medicine*.

The genetic defect occurs in the p16 gene, a tumor suppressor gene that normally keeps cell growth in check. The gene has already been shown to

be important in sporadic cases of pancreatic cancer and inherited malignant melanoma. But this is the first report showing that the p16 gene appears to play a key role in an inherited syndrome that involves pancreatic cancer.

The discovery follows previous reports of other family cancer syndromes, most notably those that involve the early onset of breast and ovarian cancers, and the early onset of colon and endometrial cancers. In family cancer syndromes, each child born to an affected parent has a 50-50 chance of inheriting a defective cancer gene as well as an increased risk of developing cancer.

By studying genetic mutations inherited within families, researchers can better understand the molecular changes that lead to cancer. The findings should offer insight into the development of sporadic cancers, which occur when the gene is inherited in its normal

form but later is damaged by environmental factors or other causes.

The research team, which includes medical geneticist Alison Whelan, M.D., and research fellow Detlef Bartsch, M.D., says it is too early to know how many families may be affected by the new syndrome. But their work underscores the need for physicians to get complete family medical histories of their patients. If physicians look more critically at their patients' family histories, they will probably find more of these families, Whelan says. "If a patient has melanoma, physicians should also ask whether any other family members have melanoma, pancreatic cancer or oral cancer," she adds.

family members with the inherited p16 defect could be closely monitored for the development of cancer. They could also be counseled to avoid

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## Watch out for flu season!

HOUSTON — It's not too early to start thinking about influenza season, especially for people most at risk for developing possibly fatal complications.

Flu season for North Americans normally starts some time after Thanksgiving but has been known to strike as early as October, as happened in 1991.

"That's why we recommend that people in the high-risk categories get vaccinated for influenza as soon as the vaccine is available, which is usually

about this time of year," said Dr. W. Paul Glezen, epidemiologist at the Influenza Research Center at Baylor College of Medicine in Houston.

Chief among those in the high-risk groups: the elderly.

Every year, thousands of people 65 and older die from pneumonia that results from influenza, Glezen said, and many, perhaps most, of those deaths could have been prevented by inoculation.

Also at high risk: people with

heart disease; lung disease, including asthma and chronic bronchitis; diabetes; chronic kidney disease; chronic anemia, including sickle-cell anemia; and immune-system disorders.

Influenza usually strikes suddenly and produces fever, generalized muscle pain, severe weakness and fatigue, a sore throat and a dry, hacking cough.

To reduce fever and pain, adults may take aspirin or aspirin substitutes; children can take acetaminophen, said Glezen, a pediatrician. All flu victims should get plenty of bed rest and liquids.

For influenza A, there are prescription drugs, Amantadine and Rimantadine, which will shorten the duration of the attack and lessen the severity of the symptoms, if the drugs are taken within 48 hours of the onset of symptoms. These drugs are ineffective against influenza B, however.

But the best idea is to avoid the flu altogether. The vaccine is about 85 percent effective in accomplishing that, Glezen said.

Some people worry that they will get the flu from the vaccine, but that is not possible, Glezen said, because the vaccine is made from killed virus.

The vaccine has been shown to lower the risk of hospitalization for influenza and pneumonia in people 65 and older.



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