**The Doctors Roundtable:**

**Dr. Aaron Goldberg with Pediatric Health Center of Dunwoody**

**Participants: Tanya Mack and Dr. Aaron Goldberg**

**December 27, 2012**

**Tanya Mack**: Good afternoon, we are broadcasting live from the Radio Business X Studios in Atlanta, Georgia. Its’ time for *The Doctors Roundtable*, which is a forum for conversations with Atlanta’s leading doctors and thought leaders about cutting edge trends and topics in health, wellness and lifestyle issues. I’m Tanya Mack, I’m your host for today and joining me today is Dr. Aaron Goldberg, a local pediatrician in Dunwoody, Georgia. Dr. Goldberg graduated from the Medical College of Georgia; he’s involved with the Academy of Pediatrics. He loves practicing, is married and has four grown children, nine grandchildren.

**Dr. Goldberg**: That’s right

**Tanya Mack**: You’re a busy guy already. He is a member of Temple Emmanuel, a tennis player, a sports fan and frequently speaks around the community about Pediatric issues. We appreciate you joining us today.

**Dr. Goldberg**: Thank you for asking me.

**Tanya Mack**: One of the ways we can get our arms around our topic today, which is Respiratory Illness in Children, because it is that time of year where we see a lot of the flu, bronchitis, asthma triggers, that sort of thing. I thought one way we could approach it is having you talk a little about the anatomy of the Respiratory System, as it is divided into upper and lower, and then we’ll talk about upper illnesses and lower illnesses if that’s ok with you.

**Dr. Goldberg**: That’s great

 **Tanya Mack**: So if you want to get started, dividing the structure of Upper and Lower…

**Dr. Goldberg**: Well Respiratory Illnesses often start as Upper Respiratory type infections and then soon you’ll have symptoms of Lower Respiratory Disease. Upper Respiratory we consider above the neck, sort of like the sinuses and the nasal passages, even through the eyes, a lot of this drainage children will have through the eyes is actually coming from their sinuses and a sign of a Sinus Infection. Of course, in the throat Strep Throat is prevalent this time of year, you can get infection even in the neck through the trachea, which is the windpipe, and that is sort of a middle ground between the Lower Respiratory, which you can think of as the lung, chest, trachea and there is something called Croup, were a child gets very barky and it can be very serious, to me of the most serious illnesses in a small child, a potential danger. You can get Laryngitis in that area.

 In the Lower Air Way is where you get your wheezing, your coughing, Pneumonias, and there are certain viruses that tend to attach more lower, some that just stay in the head and you never get the lower respiratory symptoms and there are certain viruses that cause the Croup and that very scary barking sound that parents are afraid to hear and to tell you the truth, as a Pediatrician, when I’m on the phone with one of these mothers and I hear the barking in the background, my heart sort of speeds up also.

**Tanya Mack**: Okay, great. Really appreciate that. So I think it’s pretty common, isn’t this time of year the most common for Respiratory Infections?

**Dr. Goldberg**: Yes, Respiratory Viruses seem to flourish in the colder weather and that’s why you see quite an upsurge. We are starting to see more Flu this year than last year, we are actually having a regional sort of Flu in Georgia but the rest of the Southeast is actually having sort of an epidemic type flu which is called Widespread Flu. One thing though that helps all these illnesses, because they tend to flourish in schools, is the Holiday Break. The Holiday Break will actually simmer down a lot of these Respiratory Illnesses, and sometimes the parents come in and say ‘ oh I’m scared I’ll get my child sick’, no, its most likely your child will get you sick, it mostly flourishes in schools, daycares and places like that.

**Tanya Mack**: Then it might move home, so it’s important for parents to realize kind of what going on.

**Dr. Goldberg**: Oh sure, new parents will be sick for sure.

**Tanya Mack**: I read some statistics somewhere that said something like a child under five may get as many as 3-8 colds, flues, respiratory symptoms per year. Does that sound accurate to you?

**Dr. Goldberg**: I think that having a Respiratory Illness is fairly frequent. Where we are more worried is how a child handles it. Some children just have an Upper Respiratory Infection, maybe a Sinus Infection or Lower Respiratory Infection for a few days and then they are over it. The complications of these viruses is what worries us and some children seem to have a tendency not to be able to handle these viruses and they lead to other infections like Ear Infections, Pneumonias, and sometimes just the viruses themselves lead to wheezing, bronchospams, asthma-like presentations. So you have your asthma, a cough which is with a child all the time, whether they are crying or running or laughing, they’ll start coughing and wheezing or what is more common is when they get these Respiratory Illnesses then they’ll have the wheezing and the coughing and the asthmatic response which is like bronchospams or reactive airway disease. So kids that have this, kids that tend to get Ear Infections, kids that tend to get Pneumonias with their viruses, these are the real worrisome children. Sometimes knowing the history and being on top of that, bringing them back for a revisit to decide in those cases they may need Antibiotics are very important for Pediatricians.

**Tanya Mack**: Very good. Well lets’ just jump in. We are going to talk about Upper Respiratory Illnesses first, which I have on my list. I want to cover Flu, I want to start there. Flu, Croup, RSV, and Sinusitis, so you mentioned we’re having kind of a bad Flu Season here in Atlanta. Why don’t we start talking about that and the Flu?

**Dr. Goldberg**: Well, the biggest change that has been a help for us is that the American Academy recommends all children up to 18 years of age get their Flu Vaccine. It used to be that we only gave it to high risk, and then we only gave it to the younger children. Now, it is recommended for everybody and that is obviously the best way to avoid the flu. We have a few recalcitrant moms but I want to say to everybody out there, they have refined the Flu Vaccine, a lot of the reactions from the past we no longer have, and knock on wood we very seldom ever have any of the children in my office have reactions to the Flu Vaccines.

Now, one thing that is a little controversial when somebody gets the Flu is the treatment with Tamiflu. Years ago we had other medications, Simitral, Flumedine, which we treated the flu with and we tended to start right when they had the Flu, and we treated them. The American Academy came out that you needed to treat the Flu within two days, 48 hours or so, of starting with the fever and flu symptoms in order for the Tamiflu, which is the new drug that we treat with, to be effective. So, I’ve always sort of thought ‘How long has this child been sick?’ and then I would make my decision for the Tamiflu. They have come out recently, in the last couple years also that if it’s not a high risk patient and the child doesn’t seem to be overly sick with it, where there are other manifestations such as vomiting, wheezing, asthmatic-like response, then we’ll hold off and do symptomatic treatment and hold off on the Tamiflu. So now we have to take more things into consideration, I evaluate how sick the child is and we decide on treatment with the Tamiflu.

Of course, besides the Flu Vaccine, the best thing to avoid is making sure anybody coughing coughs into the crook of inside their elbow so that the virus is not on their hands. That’s how it spreads and one thing that has helped obviously is the holiday period when school is out and there is less exposure but a lot of families are getting together and when families are getting together for the holidays, you just have to be careful with the hand washing and trying to have the person who is coughing or who may have the Flu to watch where they cough so these are some of the things about the Flu, I don’t know if you had some more particular Flu questions?

**Tanya Mack**: Well, one question I had just as a parent is I know my kids feel bad, have a little fever, I think they are going to be okay and just ride it out at home but I also know they can get in to trouble, so what would be a good guideline as to whether a parent should actually bring them in. If we are past the 48 hours for the Tamiflu treatment, what sort of things should we look out for that would say ‘no, you really need to visit the Pediatrician’.

**Dr. Goldberg**: Well, generally the complications in the smaller children are Ear Infections so if you have a child, well usually the flu will make you tired and lethargic and you want to sleep more, if you have a younger child, say under three, that doesn’t want to sleep, can’t get to sleep, wakes up, you might be suspicious of an Ear Infection or an infection in that group. Another thing to worry about is if the fever goes away after two or three days and then all of a sudden, a day or two later it comes back, you could be getting a pretty sever secondary infection like Pneumonia, I guess it could still be an Ear Infection and so, maybe Bronchitis, so it would be very important to go in a see a doctor then. I don’t like vomiting, I feel that anybody with a significant fever who is vomiting, has to always be checked out. It could be something very serious, even within a couple days of where the child has the Flu, if they are really vomiting, that’s a sign of Pneumonia or pretty significant underlying disease. One thing I have always taught my new associates is never assume anyone with a fever and is vomiting has something like the flu or a stomach virus; they are a lot of serious things that you need to get it checked out.

**Tanya Mack**: Right, very good. Well I would like to move on a little bit to RSV, which stands for Respiratory Syncytial Virus, I was reading some facts from the CDC that said it is one of the most common things in kids under two and almost all children might be infected by their second birthday, so it’s a question of how serious it gets and if it advances. Why don’t you tell us a little about it?

**Dr. Goldberg**: Well, there are a couple of significant things about RSV, they have worked forever on a vaccine for RSV but have not been able to come up with an effective vaccine. The second thing about RSV is that you if you get it at the beginning of the winter, you can get it again at the end of the winter. You don’t develop immunity even to the actual disease, virus itself, so you can get it every season, you can get it twice in a season. It has significant symptoms for younger children, particularly premature, and what it does is it causes a lot of fluid to develop in the lungs and the child has a very hard time moving the fluid, getting it out, coughing, it causes the child to wheeze and often they’ll have trouble breathing. Often we’ll bring these children back; it’s a two week illness. The first week they get gradually worse, the second week they get gradually better and in that first week at any point in particular, premature babies, a small baby, babies under a year, it could even quickly develop difficulty breathing, lack of oxygen, so we often tell these moms if anything happens get right to us or to the Emergency Room, these babies are sent home on nebulizers to give them breathing treatments at home in order to try and prevent the wheezing and difficulty breathing, the bronchospams and you know it’s a controversy on the fluid that builds in the lungs, I’m old, I’ve been practicing for 37 years…

**Tanya Mack**: Don’t date yourself, ha-ha.

**Dr. Goldberg**: Ha-ha, I know. But I had always used steroids in these cases like we do in Asthma patients and the American Academy has come out in the last few years that the steroids aren’t effective and shouldn’t be used so I use them judiciously but occasionally and because I have done it before, thinking that maybe some of this fluid can be controlled, but a lot of the these babies strictly under six months and premature end up with oxygen and in one of the Children’s Hospitals.

**Tanya Mack**: So for those of our listeners who are not medical, the viral you don’t treat with antibiotics…

**Dr. Goldberg**: Oh no, RSV is never treated with Antibiotics, sometimes maybe in a younger child, we’re talking about under a year or 18 months, maybe 25-30% will develop an Ear Infection but we are always bringing them back to check their lungs and we always look in their ears so we’ll usually pick those up pretty quickly and get them started on Antibiotics.

**Tanya Mack**: Okay, one of my personal favorite Upper Respiratory Illnesses that I’ve suffered from and I know my kids have is Sinusitis, which seems very hard to clear up to me. Can you speak a little to that?

**Dr. Goldberg**: Well, what often starts as a clear, runny nose and just a low grade fever over many days, which is just a virus, the Rhinovirus, Adenovirus, different viruses that can just cause these Upper Respiratory symptoms gradually the mucus may darken, may get real thick, the child if they are old enough will say or feel pressure in the front of their face over their sinuses, now the sinuses above the eyes don’t develop until after 8 or 9 so that’s not where the pain would be in a younger child, it would be under their eyes. They might get circles under their eyes and often a sign that I mentioned earlier is the puss and infection in the sinuses will push out through the eyes along with coming out through the nose and sometimes just drains through the back of the throat. Now once it comes through the nose and the eyes, we don’t often treat with Antibiotics, maybe the first day or two that it turns real dark but after several days if it has turned very dark and its coming out and the fever is still around, the child’s got pressure in their face, we need to get that child right on an Antibiotic. One of the problems and that is why we don’t want to give Antibiotics too frequently is resistance.

**Tanya Mack**: I was going to ask about that, I know its controversial now, the use of Antibiotics.

**Dr. Goldberg**: Yes, it is controversial with Sinus and Ear Infections and that’s why we use the best Antibiotics, that usually works but sometimes it doesn’t because it is resistant. Generally it is a Pneumococcal in these Sinus and Ear Infections so when we have tried one or two, then have to go to a drug that is tailored for these resistant bugs but that’s the reason we should never start Antibiotics too early and just like a cook, being a doctor you don’t want to too much salt, it’s nice but you don’t want too much. Sugar is nice, but not too much sugar. It’s the same sort of thing with the Antibiotics, you don’t want to start them too early but you don’t want to wait until the child is so sick that maybe you’ll end up in the hospital so you try to find just the right point to start them. I think that’s what all the Pediatricians try to do.

**Tanya Mack**: Now I know you see children up to 18?

**Dr. Goldberg**: That’s right.

**Tanya Mack**: I know smaller ones probably can’t handle it but lay people like me watching TV see Dr. Oz with a Nettie Pot, sinus flushing. What’s your opinion on those?

**Dr. Goldberg**: Oh they definitely work well, the problem is the child doing it, and complying. You’d be surprised how adolescents sometimes aren’t as cooperative; their rebellion is for things like that.

**Tanya Mack**: I don’t know though, it seems like little kids are always sticking things up their nose so you never know…

**Dr. Goldberg**: Let me tell you this…for allergies we often give nose sprays and I would say that half of the adolescents, maybe a third, refuse to use it. They can’t even handle the spray. I think the washes are great, the saline washes, it’s just getting the cooperation. So hopefully maybe half might cooperate but often in an older child we will do it. I’m glad you brought it up, its definitely one of the treatments.

**Tanya Mack**: Well, it’s one of the easy home prevention treatments. If you can tolerate it I think. Let’s move on, you mentioned Whooping Cough, you mentioned how scary that sounds as we move on down to our throats in terms of Pediatric Illnesses and the Respiratory Tract. Tell us a little about how this comes about. For some reason, it always appears that these things comes about during the night, they kind of get horizontal and then all this comes up. They start coughing and I know it’s very frightening for parents to start hearing that sort of barking sound.

**Dr. Goldberg**: Well, you are sort of confusing Croup and Whooping Cough.

**Tanya Mack**: Okay.

**Dr. Goldberg**: I’ll talk about both but let’s start with the Whooping Cough since you mentioned that. The great news with Whooping Cough as opposed to RSV is for the Whooping Cough there is a vaccine and we start children off at two months of age and at four months of age they get a second one and we consider them pretty resistant when they get the second one. The bad news with the vaccines is that it seems to wane pretty quickly, within four or five years you are susceptible to the Whopping Cough. We now give the Whooping Cough Vaccine at 2, 4, 6 months, I give it at my office at 15 months and then at 4 years, the next one is not until 11. We are now finding in a lot of areas where there seems to be an epidemic of Whooping Cough, that the 9 and 10 year olds are coming down with Whooping Cough because they have lost their resistance, their immunity with the vaccine.

Whopping Cough is very sever and what it is is that the child is normal for 3, 4, 5 minutes and then it has spasms of coughing. Cough, cough, cough, we’re talking about minutes, cough, cough, cough, it chokes, it vomits, it turns red, blue. If you catch them between those episodes you aren’t even sure if they kid is sick, they look completely normal. The mom comes in ‘oh my gosh, you can’t believe how this child coughs’.

**Tanya Mack**: Well, when they go to the Pediatrician, they appear fine.

**Dr. Goldberg**: Well, if you get that history of that spasm that is causing a child to vomit, it is lasting awhile, and you get a history of the mothers refuse vaccines, that’s one thing we deal with, the moms sometimes either want to wait on vaccines or don’t want them at all, you know that child is at high risk, if they are under 4 months of age, that child is high risk. I know to Obstetricians and us as Pediatricians, when a new baby is born, all the caretakers of that baby are to get the Whooping Cough Vaccine to protect the baby, so we do that. If you catch the Whooping Cough with these spasms of coughing within the first week there is treatment for it, which is good. Otherwise, there is not much you can do and often these spells are so severe the child ends up in the hospital just to be observed and maybe given some oxygen and try to keep fluids in because they will often keep vomiting from the violent coughing.

**Tanya Mack**: Is there something you give for spasm control?

**Dr. Goldberg**: Well I guess if they are older you could give Children’s Mucinex, something that would thin the mucus out but there is nothing you can really do. It’s just such a thick sort of mucus and once it starts, whatever it does to the system of coughing it just seems to make it spasm and when you see one of these it is scary to see an episode.

But to talk about Croup, which is caused mainly by the parainfluenza virus, there is no vaccine against it. Generally if Croup is caused by a virus there is fever and it does last a few days, it can be sort of scary. That’s the one that presents with the barking, really like a Seal sometimes, it’s really bad and really scary when you hear it, it sounds like a Seal, and after you finish the coughing with the Seal bark, they’ll often strider, take deep gasping breaths, trying to get air. Because it is narrow in the wind pipe, the trachea, and it’s very scary in the smaller ones because their trachea is often the size on a pencil and if that thing is swelling and mucus is closing it off, its life threatening very quickly.

Now there are things that can give relief, it seems like humidity helps. Often this happens in the winter when the house is very closed in, heat dries you out so one of the treatments is just getting outside in the cool night air, and there is moisture and humidity out there. Sometimes it helps steaming the bathroom; you know just sitting in there with the child, playing with toys while the hot water is steaming the bathroom that will often help. I remember hearing some pretty bad Croup on the phone, telling parents go straight to the hospital. I’d see them later in the office and ask what happened when they went to the Emergency Room and they say ‘ well I got him outside and put him in the car and started driving by the time I started driving and got half way to the hospital he was doing fine’ so, now if that happens what I say is ‘do the same thing, maybe try taking him outside, normally I say take him in the car, roll the windows down, go the Emergency Room and if you get half way there and the child sounds fine then just getting outside helps.’

**Tanya Mack**: …and saves you money

**Dr. Goldberg**: That’s right. That way at least it’s safer in case its one of those cases where it doesn’t work.

**Tanya Mack**: What about sleeping with a humidifier? Is that helpful?

**Dr. Goldberg**: A humidifier with Croup is definitely helpful; anything from the neck up is helped by a humidifier. It helps Croup, it helps Sinus, it helps Upper Respiratory type infection, the one thing to worry about with the humidifier of course is Asthma, it doesn’t get down to help with Lower Respiratory in the chest type illness and a lot of Asthmatics are allergic to mold so it’s very important that you clean out the humidifier, otherwise the mold will grow inside.

**Tanya Mack**: And possibly trigger an attack.

**Dr. Goldberg**: That’s right, it will.

**Tanya Mack**: Well let’s move on into the Lower Respiratory Tract, there are three major ones, Pneumonia, Bronchitis and Asthma. Why don’t we start with Asthma? Sometimes a cold itself is a trigger for Asthma, kind of the opposite of what we were talking about.

**Dr. Goldberg**: Well there are three types of Asthma, of course they can cross over, and you can have two or all three of the causes of Asthma. One is allergies, which everybody knows, from the mold, to the dust, to the cat, dog, maybe pollen season, people’s Asthma will flare up. The second are irritants, which people don’t think about. You’d be surprised in my office how many Asthmatics when I mention scented candles, air freshener, bleach, perfume, paint, all these fumes. They directly trigger Asthma by irritating. Smoking, smokers of course. Things have changed since I first started practicing 27 years ago, there were a lot of smokers then so I had to get on the soap box. Nowadays, fortunately, very few parents smoke, I’m so happy about that. So irritants are the second. The third is these viruses that trigger Asthma. Now when a virus triggers Asthma that is generally the type of Asthma that is outgrown. The reason so many small children have Asthma is because they catch all of these viruses, they don’t have the immunity to fight them off. When they get the viruses that get in the Lower Respiratory area causes different mucus in their chest, it can trigger the wheezing and trouble breathing and things like that.

**Tanya Mack**: Okay, now I heard a statistic that 6% of kids under 5 have it, one in eighteen, it seems very common.

**Dr. Goldberg**: Yes, it is very common but a large percentage of those will outgrow it and those are the ones that are triggered by infection. The same viruses we are talking about are much more common in children and most adults have better immunity to it but you know, new parents who haven’t been around anyone sick for years and years, then they’ll develop their immunity by getting sick around their children but with age you tend to get better immunity.

**Tanya Mack**: Okay, very good, now is it a fair statement to say that the Lower Respiratory Diseases could be more severe, with the drainage and general condition?

**Dr. Goldberg**: Well Asthma can be very severe where you have to give multiple treatments with a nebulizer, you have to give shots of steroids, they’ll have to have oxygen and they’ll need to be hospitalized if the treatments and shots of steroids don’t help. If the trouble is pollen and allergies, you are going to see your Asthmatics have more trouble in the spring, maybe in the fall…

**Tanya Mack**: More seasonal…

**Dr. Goldberg**: …but since most of the kids get it from viral illnesses we see more in the winter. If it’s just irritants, that’s year round. That could be any time.

**Tanya** **Mack**: Let’s talk a little about Bronchitis.

**Dr. Goldberg**: Right, Bronchitis is either viral or bacterial infection of the Bronchial Tubes. So with these viruses you get just a normal mucus sound in the chest and we say the child might have some Bronchitis, a good many of those are viral and don’t need an Antibiotic. Sometimes they just sound a little worse, they sound like there maybe could be a little Pneumonia in there too, so we may want to treat those with Antibiotics. A lot depends on if they are spiking high fevers, particularly if the fever was low and then all of a sudden went up high we would be suspicious of a bacterial bronchitis. If this child is old enough and has sputum, which is the mucus they spit out, if it is thicker and greener and more yellow we would be more suspicious of a bacterial that needs Antibiotics and of course Pneumonia is like a crackling in the lungs when you listen. You hear crackles, but a lot of the time the Pneumonia is like a big plus and you don’t hear the crackles, you just see a sick child and are suspicious about what’s going on, high fevers, has a cough but maybe not so bad because sometimes that thing is so thick you can’t really cough any of it up and you get an x-ray and see a big chunk of Pneumonia in there and that’s a seriously ill child that needs at least shots of Antibiotics, occasionally will need to be admitted because the child is so sick.

**Tanya Mack**: So is an x-ray diagnostic for Pneumonia?

**Dr. Goldberg**: I think clinically you can for some but actually the more severe Pneumonias with the big plug often you don’t hear it, you just suspect it because of the way the child is looking and the fever and the course of the illness. A lot of times they are trying to cough but because they stuff is so thick, it’s like nothing is moving.

**Tanya Mack**: And you mentioned if they have a high fever, what do you define as a high fever?

**Dr. Goldberg**: I think 103 or more, that is what I would consider.

**Tanya Mack**: Well that is high. Ok well we have gone through most of the major Respiratory Illnesses, I know we said if we had an extra minute we would just ask if there is anything you would like to communicate to our listeners that you feel might be helpful tips to them in general that might be non respiratory.

**Dr. Goldberg**: Well, there are two diagnoses that seem to manifest with symptoms that most parents out there don’t realize. Sometimes when I tell them what the diagnoses is, they look at me in disbelief…one is constipation. If you think about constipation, we are talking about big, heavy stool all through the abdomen. Nowadays, children don’t have a lot of juice, starting as babies, we used to not have as much as had more diarrhea. Now without the juice and with all the snack foods and all we have a lot of constipation. Those big, heavy stools can push against the bladder; they can push against the stomach, so reflux is often a sign of when the child has constipation. The stool pushing on the stomach causes acid reflux, heartburn, things like that. Also, urinary symptoms, the stool pushing on the bladder where they frequency, where they have Urinary Tract Infections because they can’t empty their bladder because of the stool and they might even complain of burning just because of the way the stool pushes it out so hard. I have also seen, I know you aren’t going to believe this one…I have seen diarrhea as a manifestation of constipation. I remember vividly a patient my P.A. had worked up for constipation, I mean for diarrhea with all the different studies came back and I said ‘ well, did you get an x-ray to see if the child is constipated?’ It could be leaking around these huge stools. It’s not uncommon that children who are severely constipated leak around the stools, they can’t control it because their rectum is so distended that it just leaks around their colon. Low and behold, we got an x-ray and it was full of stool, we treated the constipation and the diarrhea went away. So that shows you there are a lot of different manifestations of that.

The other thing is hypoglycemia, low blood sugar. A lot of people know when the blood sugar is low, that you feel lethargic, listless, you might get a headache, and you might even pass out. That’s one of the main causes of Syncope, passing out, the child will have eaten Fruit Loops, goes to school, the sugar goes high with the Fruit Loops then in 30 or 40 minutes it goes low and then they can’t get any more sugar so they get light headed and pass out. The way you raise your sugar is, one way is growth hormone but the other is your adrenaline shoots out. In some people their adrenaline shoots out great and raises their sugar so when they are really hypoglycemic, they never really realize it because the adrenaline shoots out and you get the effects of the adrenaline. So, I’ve had children come in with fast heart rates, skipped heartbeats, things that are cardiac due to the adrenaline that didn’t realize that their whole problem was low blood sugar. Of course we get EKGs, make sure there is nothing wrong, a real cardiac problem but when everything seems to check out fine, even I have to send them to a Cardiologist, and I get a history of sugary cereal, lots of sugar through the day, we realize that’s the problem so I just thought I would bring those two up to help parents realize that.

**Tanya Mack**: So before we close, being that we started on Respiratory Illness, what is your brief, one or two tips for parents for this Flu season, cough, Croup, whatever season?

**Dr. Goldberg**: Well, first I would urge you to get the Flu Vaccine, within a couple of weeks it’s effective. All the bad press in the past, the word of mouth in the past about reactions to the Flu Vaccine, it has been refined, there is minimal to no reaction and all the Pediatrician’s office and every one of us gets it, every one of my children get it, my grandchildren get it. So it’s very important that you get the Flu Vaccine.

**Tanya Mack**: And how long will this be going on? When can we get the Vaccine?

**Dr. Goldberg**: We would recommend it until the beginning of March because the Flu will occur through March.

**Tanya Mack**: Okay, very good. You have certainly been an expert for us today, we really appreciate you coming. All the parents and internists and people who would like to refer to you, how can they find you?

**Dr. Goldberg**: Well, there is a website that we have; you might want to look at.

**Tanya Mack**: It is [www.pediatrichealthcenter.com](http://www.pediatrichealthcenter.com) if I may and your phone number is 678-336-5255.

**Dr. Goldberg**: And sometime if you just want to come by and talk there is never a charge for anybody that just wants to see the office and I don’t mind if you even have one problem that your child has that you want to come by and talk to me as you probably noticed, I like to talk, so I’m happy to approach any subject that you are interested in. Hopefully I can be helpful to you.

**Tanya Mack**: Well thank you so much for coming today, we appreciate it.

**Dr. Goldberg**: Thank you for asking me to come.

**Tanya Mack**: The Doctors Roundtable has been a production brought to you by HealthGate and Business Radio X. HealthGate is a groundbreaking website where board certified doctors and specialist offer savings on out of pocket healthcare costs. For more information about HelthGate, please visit [www.healthgate.com](http://www.healthgate.com) or you can call 404-692-5377. We hope you tune in next week and thank you for listening.