

# Child Health **ALERT**

Volume 21

A Survey of Current Developments Affecting Child Health Care

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## Mercury In Vaccines May Not Pose Harm

For many years, small amounts of mercury (known as thiomersal) were included in a number of vaccines as a way to prevent bacteria from contaminating the vaccine. A few years ago, there began to be concern that these amounts of mercury might harm children, so health authorities soon removed thiomersal from most vaccines.

This action didn't comfort parents of children who had received these vaccines, because so little was known about the effects their children might suffer from receiving even these small amounts of mercury. In fact, until now it wasn't even known how much of the mercury actually is absorbed by the child and how the child's body metabolizes this metal.

In an effort to provide this information, researchers compared 40 infants who had been given vaccines preserved with thiomersal with 21 who received thiomersal-free vaccines. For four weeks following the shots, investigators collected samples of blood, urine, and stool from the children and measured the amount of mercury in each.

Among the children who received thiomersal, there was little mercury in the urine but high amounts in the stool, suggesting



that mercury was being eliminated from the body in the feces. Very low concentrations of mercury were detected in the blood of 2-6 month old infants given thiomersal containing vaccines, but no child had blood levels that even approached the range thought to pose possible harm. (*Pichichero ME et al: Lancet, November 30, 2002, pp. 1737-1741*)

**COMMENT:** It's important to remember three things. First, there is no doubt that high levels of mercury can seriously damage the nervous system, particularly in young children. Second, there has never been evidence that the very small amounts of mercury contained in vaccines poses any harm. Third, no one really knew much about how mercury was metabolized in young children.

While the findings from this study won't put all concerns to rest, they do

suggest that not much of the mercury in vaccines is absorbed into children's blood, and the amount that is does not appear to be in the range that would pose health risks. Indeed, the authors point out that mercury is a proven, cheap, and effective way to preserve vaccines; that may be true, but the safety information being provided in 2002 comes a bit late—it would have been nice to have these findings *before* we vaccinated millions of infants with thiomersal containing vaccines.

Though it seems that this unfortunate episode in vaccine history may not result in physical harm to exposed infants, it has certainly resulted in psychological damage to parents and has added considerable fuel to those who were already anxious about the safety of vaccines given to children □

### In This Issue

Mercury in Vaccines	p. 1
Peanut Allergy Alert	p. 2
Risks of Herbal Therapies	p. 2
Skinny Pill For Kids	p. 2
Infant Colic & Maternal Mental Health	p. 3
Back Pain in Children	p. 4
Helping Protect Children From Burns	p. 5
Recalled Toys Resource	p. 5



## PRODUCT RECALLS

### Recall: Chocolate Covered Raisins

Ashdon Farms, of Waukesha, Wisconsin, is recalling 12 ounce cans of Girl Scout Chocolate Covered Raisins and 7 ounce bags of Ashdon Farms Chocolate Covered Raisins because some packages may contain some chocolate covered peanuts. The products were distributed nationwide through direct sales by Girl Scouts, schools, and similar fundraising activities. The 12 ounce Girl Scout cans are marked with the code date 2283A10 on the bottom of the can; the 7

ounce Ashdon Farms bags are marked with the code date 2305A6. Both product labels have an allergen advisory statement indicating that the candies were "Processed on shared equipment with peanut and nut containing products." Consumers who purchased either product should contact the organization from which they purchased it for replacement. For questions, call Ashdon Farms at (262) 832-8201. (*Food Allergy and Anaphylaxis Network, November 22, 2002*) □

### ...And A Caution About "Skinny Pill For Kids"

A recent CNN report highlights concern about a "natural" supplement that is being marketed as a diet pill for children ages 6-12. "Skinny Pill for Kids" is being promoted on the internet, and pediatric experts have expressed concern that three herbs in the product are diuretics, which cause the body to lose water. As one pediatrician pointed out, "Diuretics in children can cause kidney problems and electrolyte imbalances if taken long term." The pills also contain niacin in amounts four times above what the National Academy of Sciences recommends for 8 year old children; high amounts of niacin can damage the liver. Experts stress that there's no evidence that the product works, and the ingredients have not been studied for safety in children. (*CNN.com, December 10, 2002*)

**COMMENT:** We doubt that parents would allow their children to take a prescription weight-loss drug if they knew it had never been studied in children to see if it works or to prove that it's safe. But just because something is promoted as "natural" doesn't mean it's safe—after all, powerful poisons (some mushrooms, for example) and potentially dangerous drugs (such as digitalis) come from plants. The difference between herbal products and medications isn't that medications can cause harm and herbs can't—rather, the difference is that medications are strictly regulated by the Food and Drug Administration, while herbs are not. So consumers have to be particularly careful in interpreting health claims made for herbs, since those claims, as well as the safety of the products themselves, haven't been reviewed by the FDA. □



## DIET & NUTRITION

### Risks Of Herbal Therapies...

Herbal products have become very popular in the U.S., and kava products are widely used. Kava-containing products are marketed for the treatment of anxiety, insomnia, menstrual syndrome, and stress, and though they are primarily used by adults, children and adolescents also take them. Since 1999, cases of severe liver problems have been associated with products containing kava, and 11 people had such severe cases that they had to undergo liver transplantation. In a current report, investigators highlight the case of a 14 year old girl who had taken two different kava preparations and had to have a liver transplant because of severe liver damage. As a result of these cases, the U.S. Food and Drug Administration has warned consumers about the possible risk of liver damage that

might result from using products containing kava. (*Centers for Disease Control and Prevention: Morbidity & Mortality Weekly Report, November 29, 2002, pp. 1065-1067*)

**COMMENT:** As more and more people turn to herbal products, we are hearing reports of side effects to these products, and some of them—like the ones described here for kava—can be life-threatening. While most herbal agents are unlikely to do much harm, it's important to recognize that herbal products aren't required to undergo the same quality control and safety testing as prescription and over-the-counter drugs. The experience with kava confirms that just because something is "natural" doesn't mean it can't cause harm.



## PARENT/CHILD

### Infant Colic—Does It Affect Mother's Mental Health?

Infant colic is a troubling condition that can affect otherwise healthy infants. Colicky babies start to show symptoms when they are between 2 and 6 weeks old; their primary problem is that they cry vigorously for prolonged periods and can't easily be comforted. From a medical standpoint, colic is often defined by the "rule of 3's"—infants typically cry at least 3 hours a day for more than 3 days a week and the condition lasts about 3 months.

Even though colic seems to go away on its own, the fact that its cause is unknown and there is no way to stop it can be overwhelming for parents. Many child health experts have raised concerns about the possible effects colic might have on the developing parent-child relationship, which is so critical in the first months of a child's life.

To learn more about these possible effects, researchers followed 856 new mothers in London, Ontario, Canada. The mothers were sent questionnaires when their babies were 1 and 6 weeks of age and again at 3 and 6 months of age. The questionnaires were designed not only to learn whether any of the infants had colic, but also to identify possible social and psychological effects that colic might have on the mother.

When the infants were 6 weeks old, 24% had colic, but by 3 months of age 85% of the babies with colic had gotten over it. As other researchers had found, these scientists



also noted that about 15% of colicky children took longer to get over their colic than the "usual" time of age 3 months. Of particular importance, note the authors, was the fact that after colic had gone away, levels of anxiety and depression in the mothers of infants who had been colicky were no different than anxiety and depression in mothers whose babies had never been affected by colic.

The authors conclude that their study supports the belief that, in most cases, colic goes away on its own and does not result in lasting effects on the mother's mental health." (*Clifford TJ et al: Archives of Pediatric and Adolescent Medicine, December, 2002, pp. 1183-1188*)

**COMMENT:** Colic is one of those conditions that is hard to explain to anyone who hasn't seen it—put another way, parents whose children haven't had colic don't know what they're missing. The

challenge of having your young infant screaming in pain, without any sure way of providing them consolation, can be too great to bear for many parents. It's for this reason that many have worried that colic may not only disrupt family life while it's present, but that colic might also have an impact on mother's mental health even after the child has gotten over it.

The good news, provided by this study and some others, is that however bad colic might be, most mothers seem to recover their mental health once their children have gotten better. □

### Child Health **ALERT**

CHILD HEALTH ALERT is an independent newsletter evaluating the latest developments that affect the health and safety of children. The goal of this publication is to present and interpret current health information, but its contents are not intended to provide medical advice regarding individual diagnosis or treatment, which should be obtained from a physician.

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# CHILD HEALTH

## Back Pain In Children—How Common Is It?

Many adults suffer from back pain, which often can be disabling. To see how often this problem might affect adolescents, researchers in Finland reviewed surveys they had been conducting among 12-18 year olds over the past 16 years. They found that weekly pain in the back and neck increased considerably over the study years; it was more common in girls than boys, and it was more common in older adolescents than younger ones. Among 18 year olds, for example, back pain at least once a week was reported by about 25% of girls in the early years of the study, but increased to about 40% in more recent years; for boys, the rates went from about 15% to 20%.

In attempting to explain their findings, the authors note that there has been a striking increase in computer use over the study period, and speculate that symptoms might be related to repetitive movements and postures that are common among those who use computer mice. They also point to the increase in other health conditions, such as obesity, and suggest that "the factors behind the increase might apply throughout the Western world." (*Hakala P et al: British Medical Journal, October 5, 2002, pp. 743-745*)

**COMMENT:** While these studies weren't based on actual medical exams of the children, the increase in reported problems is concerning. Since human anatomy hasn't changed much in the past 15-20



years, the authors appropriately considered changes in children's lifestyles that might explain the increase in back pain. One factor they mention is time at the computer, and it's not hard to imagine how back (as well as neck and shoulder pain) could result from sitting in front of a computer monitor, hours on end, often scrunched into odd postures and tightly gripping a mouse or joy stick.

But what about other factors? In the U.S. at least, the use of backpacks has increased over this time period, and a number of medical experts have expressed concern about the large amount of weight children often carry on their backs. And what about the lack of exercise and increasing problem of obesity?

What's interesting to us is that it may be possible to reduce the risk of back pain—not only in adolescents but also in younger children--by the same behaviors that have been advocated for other health goals: more exercise, less sitting in front of the TV or computer, and diets that don't promote overweight. □

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# PRODUCT SAFETY

## Helping Protect Children From Burns

The U.S. Consumer Product Safety Commission is urging shoppers to reduce the risk of burns to children by making sure the sleepwear they purchase for children is either flame-resistant or snug-fitting. Loose-fitting clothing can come into contact with a flame and can burn easily because there is plenty of air surrounding the fabric. T-shirts and other loose-fitting clothing made of cotton or cotton blends should not be used for children's sleepwear because these items can catch fire easily and burn rapidly. Burns often occur when children, who are dressed for bed, play with fire (matches, candles, lighters, burners on stoves) just before bedtime or just after rising in the morning.

Under federal rules, garments sold as children's sleepwear for sizes larger than 9 month must be either flame-resistant or snug-fitting. Flame resistant garments are made from fabrics that naturally resist burning or from fabrics that

are treated with flame retardants. CPSC requires hand tags and permanent labels on snug-fitting children's sleepwear, made of non-flame resistant fabrics, to remind consumers that because the garment is not flame resis-

tant, it must fit snugly for the child's safety. The yellow handtag on such garments reads: "For child's safety, garment should fit snugly. This garment is not flame resistant. Loose-fitting garment is more likely to catch fire." The permanent label, sewn into the neck of the garment, reads: "Wear snug fitting. Not flame resistant." Parents are encouraged to look for tags that say the garment is flame-resistant or snug fitting. (*U.S. Consumer Product Safety Commission, December 10, 2002*) □



# RESOURCES

## A New Resource To Help Identify Recalled Toys

Parents concerned about possible unsafe toys their children might have received for the holidays might be interested in a new Internet resource that identifies children's products that have been recalled. Called SafeChild.net, this powerful search engine is sponsored by the non-profit Consumer Federation of America. According to the sponsor's press release, "The Safe Child.net Toy Recall Database goes far beyond what is available elsewhere on the Web. Parents and grandparents who access the database-driven search engine will be able to search for all recalls relevant to the age of a child, as well as by the month and year of the recall, the name of the toy, the manufacturer and the type of problem covered by the recall. In many cases, pictures of the toys in question are available as a guide to concerned adults."

It goes on to note that "The non-profit SafeChild.net is the most com-



prehensive unbiased child safety site on the Web. The Web site features special sections for parents, professionals who work with children and child advocates. In order to aid parents seeking more information about recalls and child safety, SafeChild.net makes available a free, non-commercial and confidential e-mail notification service detailing major child-safety product recalls and related child-safety tips." (*Press Release, December 10, 2002*) □

## How To Get Our "Healthy Handwashing" Poster

In our last issue (December, 2002), we ran a story about how to protect children from the flu, and noted that handwashing is one very effective approach. A number of readers asked how they could obtain our popular "Healthy Handwashing" Poster, so we're providing that information on the following page.

## "Healthy Handwashing" Poster & Coloring Packet: Two Great Teaching Tools!

More and more health experts are pointing out that handwashing is the single most important thing that everyone can do to prevent the spread of colds, flu, diarrhea and other infectious diseases. Our readers tell us how useful and attractive they find our "Healthy Handwashing" materials, which they use to help teach handwashing to children and their adult care providers!

The 18 x 22 inch *full-color poster* on heavy glossy paper is lively and engaging. The *coloring packet* contains 11 different and delightful line drawings, each illustrating a different message about handwashing; the 8.5 x 11 pages are designed to be reproduced. These tools get the handwashing message across, and at the same time they're great fun! To order, use the enclosed form or contact us at: CHILD HEALTH ALERT, P.O. Box 610228, Newton Highlands, MA 02461 (Prices, including postage and handling, are \$7 for each poster or packet, and \$5 for each additional poster or packet. ☐



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