

 **Should newborns receiving short duration positive pressure ventilation at birth be closely monitored?** (*Pediatrics*. 2014;doi:10.1542/peds.2014-0554.)

This study investigated if post-resuscitation care (PRC) is indicated for all infants ≥ 35 weeks' gestation who receive positive pressure ventilation (PPV) at birth, and explored the aspects of this care and its predictive factors in babies born between 1994 and 2013. The authors examined perinatal factors that could predict the need for PRC after short (<1 minute) and prolonged (≥ 1 minute) PPV, admission course, neonatal morbidities, and the aspects of care given. Among 87 464 infants born, 3658 (4.2%) had PPV at birth with 3305 (90%) admitted for PRC. Of those, 1558 (42.6%) were in the short PPV group and 2100 (57.4%) in the prolonged PPV group. Approximately 59% of infants who received short PPV stayed in the SNCU for ≥ 1 day. Infants who received prolonged PPV were more likely to have morbidities and require special neonatal care. Multiple logistic regression analysis revealed the risk factors of placental abruption, assisted delivery, small-for-date, gestational age <37 weeks, low 5-minute Apgar score, and need for intubation at birth to be independent predictors for SNCU stay ≥ 1 day and need for assisted ventilation, central lines, and parenteral nutrition. The data support the need for PRC even for infants receiving short duration PPV at birth.

 **Can the live influenza vaccine be administered to children with cystic fibrosis?** (*Pediatrics*. 2014;doi:10.1542/peds.2014-0887.)

There is a growing consensus that it is better than the injectable influenza vaccine in children. However, its safety and efficacy in chronic diseases is unknown. Given the improved efficacy of the nasal live-attenuated influenza virus vaccine compared with the injectable vaccine in children, this study aimed to determine its safety in individuals with cystic fibrosis. A cohort of 168 study participants aged 2 to 18 years with cystic fibrosis, vaccinated with live-attenuated influenza virus vaccine between October 1, 2012, and January 30, 2013, was followed prospectively for 56 days after initial vaccination in three pediatric cystic fibrosis clinics across the province of Quebec, Canada. Incident respiratory deteriorations were defined as an unscheduled medical visit, hospitalization, or a new course of oral antibiotics for respiratory complaints. Comparing at-risk to non-at-risk periods, there was no significant increase in the rate of incident respiratory deteriorations (IRR 0.72; 95% CI 0.11-4.27) or all-cause hospitalizations (IRR 1.16; 95% CI 0.30-4.81). A greater proportion of participants reported experiencing at least one minor respiratory and/or systemic adverse event after immunization during the at-risk period compared with the non at-risk period (77% vs. 54%, respectively). During the first week after live attenuated vaccine, 13 of 168 (8%) children reported some wheezing, with 9 of 13 on the day of vaccination. There was no increased risk of respiratory deterioration or all-cause hospitalization associated with live attenuated vaccine in their study population. With more data becoming available for live

attenuated influenza vaccine, this may soon become the standard in immunization against childhood influenza.

 **Factors predicting seizure recurrence after withdrawal of antiepileptic drugs?** (*J Pediatr Neurol*. 2014; DOI:10.4103/1817-1745.139262.)

Despite numerous antiepileptic drug (AED) withdrawal studies published in the last 40 years, there is still no general agreement on the criteria to predict safe discontinuation. The goal of this study was to assess the outcome of AED withdrawal in epileptic children. 308 children with epilepsy were enrolled and followed at least 1 year after drug withdrawal. Time to seizure relapse and predictive factors were analyzed by survival methods. Among the 308 patients (179 boys, mean age at the seizure onset 60.4 months), recurrence occurred in 73 (23.7%) patients with most recurrences during the first year. Intellectual disability, history of febrile seizure, etiology of epilepsy, abnormal first electroencephalogram (EEG), abnormal neuroimaging findings, and total number of drugs used before remission were significantly associated with relapse risk according to univariate analysis. In the multivariate analysis, abnormal first EEG and number of antiepileptic drugs before remission (polytherapy) were the risk factors influencing seizure recurrence.

 **Do couch potato kids become couch potato adults?** (*J Epidemiol Comm Health*.2014;doi:10.1136/jech-2014-204365.)

The more television children watched at age of ten years, the more they watched it in middle age, according to a new study that suggests the need for earlier interventions to get kids off the couch. Over the course of 32 years, researchers monitored the television-viewing habits of 9842 people born in 1970 in England, Scotland and Wales, from when they were aged 10 years until they were 42 years of age. At the start of the study, parents reported whether their 10-year-olds watched television never, sometimes, or often. Of the 1546 participants who reported watching more than three hours of television a day at age 42, nearly 83 percent had watched television often at age 10. The study also found that people who watched more than three hours a day of television in middle age were more likely to be in fair or poor health and to have had a father in a lower occupational class. The study examined the habits of children who were 10 years old in 1980 – before smartphones, tablets, computers and videogames had begun to infiltrate kids' lives. The authors stress that it is really important to teach healthy lifestyles early on, from preschool to programs in the schools to every time that child walks into the healthcare office. Given that satellite television, mobiles and Internet are all pervasive in our middle class Indian families, it is imperative that pediatricians spend time counseling parents and children regarding good television viewing habits, and restrict screen time to less than two hours a day.

Gaurav Gupta
drgaurav@charakclinics.com