

FALL ACTIVITIES

Here are a few inexpensive activities for you to try this fall.



FELT LEAF LETTER MATCHING: This activity is a great opportunity for your child to practice learning the alphabet in a fun and playful manner. First, gather your materials. You will need felt leaves (you can find these at a dollar store), clothespins, and a pen. Write the

uppercase letters of the alphabet on the felt leaves, and then write the lowercase letters of the alphabet on the clothespins. Once you have set up the activity, instruct your child to match the uppercase and lowercase letters by clipping the correct clothespin to the leaf with the matching letter!



PAPER CUP TURKEYS: For a different take on the classic hand-traced turkey craft, have your child create a 3-D paper cup turkey instead! Let your child paint a paper cup with brown acrylic paint – this will be the body of the turkey. Then, cut out the rest of the turkey parts from this

[template](#) and have your child glue them onto the turkey body as shown in the corresponding photo. If you want, you can also have your child write one thing they are thankful for on each of the turkey's feathers!

CONTACT US!

Do you have questions about the WIND Study? Did you recently move, or change your phone number or e-mail? Please let us know so we can stay in touch. Call or e-mail us anytime.

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PUMPKIN PIE CRAFT: If you are looking for a fun art project to do with your child this fall, try out this simple pumpkin pie craft! All it takes is some glue, tissue paper, and a paper plate. Start off by cutting some orange tissue paper into squares, and then have your child cover the paper plate with the cut up tissue paper. While your child does this, cut up several squares of brown

tissue paper for your child to glue along the edge of the plate, so they can add the "crust" and finish making their very own pumpkin pie!



WIND STUDY PROGRESS

Over 400 children have completed their age 3-year in-person visit! If your child is 3 years old and you haven't heard from the WIND Study Team about this in-person visit, we will contact you soon.

In other news, the National Institutes of Health (NIH) recently announced that the WIND Study will be a part of its new child health program. This means that we received funding to continue to check-in with you every six months to learn about how your child is doing so that we can improve understanding about childhood breathing problems. This would not have been possible without your enthusiastic participation. Thank you!

"I like how you guys are always following up with us, because we are waiting to see if my daughter develops asthma as a result of being hospitalized with RSV. I also appreciate your attentiveness and how you're always checking in with us - we got a swab kit in the mail that wasn't complete, and you guys were quick to send a replacement and answer my questions!"

- WIND Study Parent

IN-DEPTH: ECZEMA

Eczema, also known as atopic dermatitis, is a non-contagious skin condition characterized by a red, itchy, scaly rash that comes and goes. The rash most often affects children during their first year of life and typically appears on the face, inside the elbows, behind the knees, and on the hands and feet. As children age, eczema may improve or even go away, but children may also continue to have dry skin that is easily irritated. It is not clear what causes eczema, but scientists believe that it is due to a combination of genetic and environmental factors.

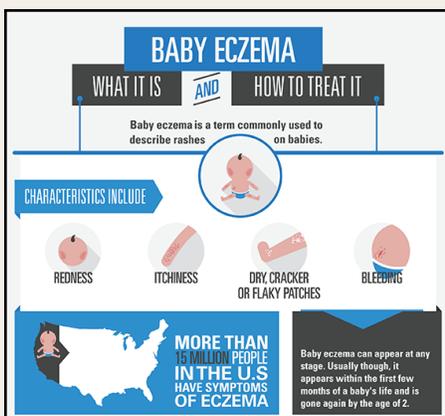
And while there is no “cure” for eczema, there are many ways to prevent the rash from occurring and treat the rash when present. One important way to prevent eczema flares is to avoid itching and certain triggers, such as stress and items that irritate skin (which can vary depending on the child). All children with eczema benefit from ointments or moisturizers to moisturize the dry, itchy skin. The best time to apply moisturizers is after a bath or shower. For children with moderate to severe eczema, the healthcare provider may recommend prescription medication, such as steroids one puts on the skin.

Scientists have found an association between food allergies and eczema in young children [1]. It now is recommended

that children under the age of five years who have a history of moderate to severe eczema be tested for milk, egg, peanut, wheat, and soy allergies. Testing for food allergies is also recommended if your child has a history of eczema after eating a specific food. If food seems to trigger your child’s eczema, an allergist/immunologist may also recommend eliminating specific food(s) from your child’s diet. Please consult with your child’s primary care provider if you have any questions about your child’s eczema, or if you are wondering whether your child should be tested for food allergies.

For those of you who have done your age 3-year in-person visit, you might remember that one part of the appointment was checking to see if your child’s skin showed any signs of eczema. We are interested in understanding more about eczema because research has shown that the biology of eczema is also related to that of other breathing problems like asthma. In fact,

children born into families that have a history of allergic diseases such as asthma or hay fever have an increased risk of developing eczema [2]. One of the things we are trying to figure out in the WIND Study is how exactly all of these conditions are related!



[1] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3970830/>
 [2] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2957505/>

WIND STUDY RESEARCH UPDATE: IDENTIFYING DIFFERENT GROUPS OF BRONCHIOLITIS IN CHILDREN

Research has shown that the progression and severity of bronchiolitis tend to differ in children diagnosed with the illness. For example, the vast majority of children with bronchiolitis have a mild-to-moderate form. As you may know, only 2 to 3% of all children develop bronchiolitis severe enough to require hospitalization. Having a national cohort of around 1000 children who were once hospitalized for bronchiolitis is what makes the WIND Study so special!

As we’ve discussed in earlier communications, there are also differences in the long-term effects of severe bronchiolitis beyond these short-term differences in how bronchiolitis first appeared. These long-term effects are the major focus of the WIND Study. Our goal is to learn more about why some children hospitalized with bronchiolitis as infants develop breathing problems (including asthma), while others do not.

We recently published a paper explaining how, even within

the smaller group of children who are hospitalized for bronchiolitis, there appear to be several different types of bronchiolitis. Our paper relied on data from one of our earlier studies, but we recently completed the same analysis based on data from the WIND Study, and we found the same result. We are convinced now that these subgroups of bronchiolitis are real, and we are interested in learning how each of them develops over time. Even though all of the children were hospitalized for bronchiolitis, we suspect that some groups will have higher (or lower) risk of developing childhood asthma.

Our findings are important because the idea that there are different groups of bronchiolitis has important implications for how doctors think about bronchiolitis, and will help to develop effective treatments for the specific subtypes of bronchiolitis. These findings were published in the journal *Thorax*. If you ever want a copy of one of our WIND Study papers, please contact us and we’ll send a PDF version to you!