Screen for Bacterial Infection in Infants With RSV

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Don't drop your suspicions about serious bacterial infection in infants up to 60 days old just because they're infected with respiratory syncytial virus, Dr. Laura M. Cerny cautioned at the annual Interscience Conference on Antimicrobial Agents and Chemotherapy.

Recent reports implying that infants with respiratory syncytial virus (RSV) infection are less likely to have concurrent bacterial infection than are those without RSV may have moved some clinicians to stop screening for serious bacterial infection in these patients.

Therefore, Dr. Cerny and her associates retrospectively reviewed charts on 261 infants discharged from one hospital with a diagnosis of RSV from October 2003 to May 2005.

Serious bacterial infections were documented in 8% of the infants, the researchers reported in a poster presentation at the meeting, which was sponsored by the American Society for Microbiology.

Even if they have RSV, infants aged 60 days old or younger are still at risk for serious bacterial infection.

"Don't let your guard down" regarding possible other infections in RSV-infected infants, warned Dr. Cerny, a pediatric fellow at Children's Hospital of Orange County, Calif., and Harbor–University of California, Los Angeles, Medical Center.

The infections consisted of nine pneumonias, eight urinary tract infections, two cases of meningitis, one cellulitis, and one patient with both urinary tract infection and bacteremia (urosepsis), Dr. Cerny reported.

Be especially concerned about RSV-positive infants aged 60 days old or younger who look ill or have a fever higher than 39° C, because these factors may increase the risk for serious bacterial infection, the study suggested.

Don't simply attribute the ill appearance to RSV, she added.

The investigators retrospectively applied the Rochester criteria to screen for serious bacterial infection and found the criteria valuable for discerning patients with higher risk.

The criteria use historical, clinical, and laboratory data to predict risk.

Eighteen patients with serious bacterial infection met criteria for high risk, and three were low risk.

When Rochester criteria results excluded serious bacterial infection, they were correct 97% of the time (the negative predictive value).

High-risk patients by Rochester criteria were more likely to have serious bacterial infection whether or not they had fever.

All 12 afebrile patients with serious bacterial infection met Rochester criteria for high risk, including toxicity (5 patients), being "not previously healthy" (3), abnormal urinalysis (3), or high absolute band count (1). ■

Erroneous Tamiflu Dosing Chart Corrected

A pediatric dosing chart for the influenza drug oseltamivir (Tamiflu) sent by Roche Laboratories Inc. to health care providers last November contained an error and should have indicated a standard dosage of once daily—rather than twice daily—for 10 days, according to a Dec. 26 letter from the company.

The erroneous chart, titled "Standard Dosage of the Tamiflu Oral Suspension for Prophylaxis of Influenza in Pediatric Patients," had accompanied a Nov. 13 letter announcing that reports of self-injury and delirium in patients taking Tamiflu had been added to the precautions section of the product's package insert.

The company urges medical professionals to discard the incorrect chart.

The letter from Roche noted that none of the Tamiflu on the market contains package inserts with the incorrect dosage chart.

Complete prescribing information is available online at www.rocheusa.com/products/tamiflu/pi.pdf.

Questions can be directed to Roche at 800-526-6367.

—John R. Bell