

Vigilance Urged for Measles Imported Into U.S.

BY DAMIAN McNAMARA
Miami Bureau

MIAMI — Two recent outbreaks of measles in the United States highlight the need for vaccination and vigilance for infections imported from overseas, including Europe, according to Dr. Carol J. Baker.

"How could this happen in 2008? We need to be aware of the importations from Europe," Dr. Baker said. "Most people do not think of MMR as a travel vac-

cine. There is a lot of measles in Europe now, and people think of going to Europe as the same as [traveling within] the U.S."

The Centers for Disease Control and Prevention reported both outbreaks in February 2008. In one instance, 11 cases in San Diego County in January and February of this year were linked to a 7-year-old unvaccinated boy who was infected during a family trip to Switzerland (MMWR 2008;57:203-6). None of the eight children he subsequently infected was vaccinated,

including two siblings, two playmates from school, and four children exposed in a pediatrician's office (three were infants younger than the immunization age). Another three students at the school were secondarily infected. About 10% of the children at his school, including those infected, were vaccine personal belief exemptors (PEDIATRIC NEWS, March 2008, p. 14).

"If you have more and more vaccine exemptors, you will be as a community more susceptible to measles," Dr. Baker

said during a pediatric update sponsored by Miami Children's Hospital. No vaccinated child exposed to the San Diego index case became infected.

Suspect measles infection for all patients who have traveled overseas and present with a fever and rash, Dr. Baker advised. In addition, "separate a suspected case from the waiting room. You will need to clean the room very well and wait a few hours [before reentering]."

An earlier outbreak of measles in August-September 2007 also was imported and associated with an unvaccinated youth. The index case was a 12-year-old boy from Japan attending an International Youth event in Pennsylvania (MMWR 2008;57:169-73). A multistate investigation identified seven additional measles infections in Pennsylvania, Michigan, and Texas, including six confirmed from the index case using genetic sequencing.

Estimated attendance at the event was 265,000 and included teams from Canada, Chinese Taipei, Curaçao, Japan, the Netherlands, Mexico, Saudi Arabia, and Venezuela. The coaches and boys aged 10-13 years were housed in the same compound during the event, according to the CDC report.

"If you hear one of your patients is going to one of these events, make sure they are vaccinated," said Dr. Baker, professor of pediatrics and molecular neurology and microbiology at Baylor College of Medicine, Houston.

"This outbreak highlights the need to maintain the highest possible vaccination coverage in the United States, along with disease surveillance and outbreak-containment capabilities," the CDC investigators wrote.

One of the lessons learned from the outbreaks is that unvaccinated people are at high risk, Dr. Baker said. Measles spreads rapidly in susceptible populations and is still endemic throughout the world, including Europe.

A meeting attendee asked for advice regarding parents who refuse immunizations. "Personal exemptors are a big problem for pediatricians and family physicians. Look to the academy for advice. The child's parents in the case I presented had refused to vaccinate," said Dr. Baker, who is also associate editor of the Red Book 2006: Report of the Committee on Infectious Diseases.

Another editor of the Red Book, Dr. David W. Kimberlin, responded during a panel discussion at the meeting. "There is a growing voice from parents whose children have died of vaccine-preventable diseases," said Dr. Kimberlin, professor of pediatrics at the University of Alabama at Birmingham.

These groups can be a good resource, he said.

Measles is no longer endemic in the United States. In 2006, there were fewer than 100 cases reported to the CDC, and all were imported, primarily from India and Japan, with some cases from Europe.

At press time, the CDC reported that from January through April 25, 2008, 64 reports of confirmed measles cases were received from nine states, in which out-

Continued on following page



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EC Visit Is a Prime Time to Screen for STDs

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

CHICAGO — Only 27% of women requesting emergency contraception received screening for chlamydia and gonorrhea, and of those who were screened, 12% were positive for at least one infection, according to the findings of a study conducted in 10 New York City–based sexual health clinics.

“Emergency contraception visits represent an important opportunity to improve STD testing and treatment. ... Screening more women who request emergency contraception should be a high priority,” said the study’s lead investigator, Shoshanna Handel, a public health official with the Centers for Disease Control and Prevention and the New York City Department of Health and Mental Hygiene.

Clinic visit data from a 19-month period were analyzed. During that time, 3,758 women made 4,657 requests for emergency contraception (EC). For 66% of these women, EC was the main reason for the visit, Ms. Handel said at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

The patients’ median age was 21 years, but 12% of the requests came from women younger than 18 years, who are unable to buy EC at a pharmacy without a prescription. More than 75% of the requests came from women aged 25 years

or younger, precisely the group for which the CDC has recommended annual chlamydia and gonorrhea screening.

Overall, 27% of the EC visits included testing; 11% of these patients tested positive for chlamydia and 2% for gonorrhea. Women aged 25 and younger were significantly more likely to test positive than women older than 25 were (14% vs. 7%), a finding Ms. Handel said “is consistent with surveillance data showing that gonorrhea and chlamydia case rates are

highest among women under age 25.”

When she separated the visits into EC-only requests and visits that included EC and other services, she found a significant difference in how often screening was offered. “At the EC-only visits, only 4% of women were screened. But at the EC-plus visits, 71% were screened.”

After reviewing the analysis last October, the New York City STD clinics changed their screening policy for women seeking EC, Ms. Handel said. “Our previ-

ous protocol stressed expedited EC access. Now we offer chlamydia and gonorrhea screening as a package with emergency contraception.”

In the 3 months following the new protocol, Ms. Handel said the clinics increased their STD screening significantly among women seeking EC.

“During the follow-up period, our chlamydia and gonorrhea screening rates were 57%, compared to only 27% before the change.” ■

Continued from previous page

breaks were ongoing in four (Arizona, Michigan, New York, and Wisconsin). A total of 59 cases occurred among U.S. residents, and 54 were associated with the importation of measles from other countries. In all but one case, patients were unvaccinated or had unknown vaccination status. In all, 43 (67%) of the patients were less than 19 years of age and 32 (50%) were less than 4 years old.

When the San Diego boy presented on Jan. 25, 2008, with rash, fever, yellow discharge, and red lips, his family physician and pediatrician suspected scarlet fever. This diagnosis was ruled out on the basis of a negative rapid test for streptococcus. “If you’ve seen measles, it can be clearly differentiated, [but] younger physicians do not recognize this diagnosis in the United States,” Dr. Baker said.

The boy was correctly diagnosed the following day based on laboratory tests and his presentation at a children’s hospital emergency department with a 104° F fever and generalized rash.

Measles is a very contagious disease that can spread airborne and through physical contact. In fact, a 53-year-old woman who sat one row ahead of the Japanese boy on a Detroit-to-Baltimore flight prior to the event developed measles; she could not recall being immunized.

More than 90% of “susceptibles” will be infected, Dr. Baker said. Despite receiving two doses of MMR, 1% of vaccinated people can develop measles, as well as some persons born before 1957, she added. “Very few vaccines are 100%.” ■

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