

Pandemic Flu Didn't Faze One Pediatric ED

BY MICHELE G. SULLIVAN

PHILADELPHIA — After presenting to a busy pediatric emergency department, only 3% of children admitted had suspected pandemic influenza during the peak of the outbreak last year.

"Our cases of influenzalike illness were relatively mild and associated with a much lower hospital admission rate than cases we saw for other reasons," Dr.

Jeffrey Chen said at the annual meeting of the Eastern Society for Pediatric Research. "Most of the admissions [for suspected pandemic flu] were younger children and were associated with pulmonary disease."

Dr. Chen and his associates at St. Barnabas Hospital in New York assessed the 2009 pandemic flu season by reviewing the charts of patients admitted from April 29 to June 15—the peak of the out-

break in New York City. During the study period, 4,921 patients were seen in the facility—an increase of 77% from the same period in 2008. Of those, 52% (2,543) fulfilled the criteria for flulike illness set forth by the Centers for Disease Control and Prevention: fever, cough, sore throat, myalgia, vomiting, or diarrhea.

Most of the patients with flulike illness (2,472) were discharged; 71 patients (3%) were admitted to the hospital.

Pulmonary symptoms were significantly more common among those admitted with suspected flu than among those discharged (27% vs. 5%).

Despite the finding of probable flu, most patients had no confirmatory testing: 58% of admitted patients were not tested, and 70% of those discharged were not tested. ■

Disclosures: None was reported.

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have sex with men as soon as they are identified as at least being likely to have sex with men. It is absolutely the job of the physician to identify these people."

"I can't predict sexual behavior in the young male. ... I think a lot of 11-, and 12-, and 13-year-olds, which is the age at which I think we should immunize, are not clear in their own minds whether they want to have sex with other men," responded Dr. Rosenthal.

Some of the reasons for not vaccinating males, she said, include the questionable cost effectiveness, particularly if high rates of female vaccinations are achieved, and the issues of overall costs.

In separate interviews, Dr. Carol A. Ford and Dr. Marianne E. Felice both felt comfortable with the recommendation to vaccinate both boys and girls against HPV.

"When you look at cost-effectiveness analyses, it is important to figure out whether you are including negative outcomes for men and women, or just for men. STDs affect both partners, so it's an interesting discussion whether you look at the burden of the sexually transmitted disease for both men and women or if you try to isolate it to one partner or the other," said Dr. Ford, director of the adolescent medicine program at the University of North Carolina at Chapel Hill and director of the N.C. Multisite Adolescent Research Consortium for Health.

"There are men that we are vaccinating at our clinics in North Carolina so we are taking seriously the recommendation that this is a vaccination that is appropriate for both men and women. My sense is that we're protecting both men and women in doing this," she said.

Dr. Marianne E. Felice, professor and chair of the department of pediatrics at the University of Massachusetts, Worcester, said in an interview, "Frankly, I think we should just vaccinate all boys. At the division of adolescent medicine at UMass, we are giving the vaccine to boys and most of the parents want their kids to have it. I think if you vaccinate the boys along with the girls, even if they aren't having sex with other boys, this is a way to protect them as well as the girls. They're not going to get warts from someone and then give it to a girl. It's herd immunity." ■

Disclosures: Dr. Rosenthal disclosed grants from Merck & Co. Dr. Ford, Dr. Felice, and Dr. Remafedi reported no disclosures.

When RSV* activity erupts...

More children may be visiting the hospital or your office for help^{1,2}

RSV is the leading cause of bronchiolitis and pneumonia in pediatric patients^{1,3}

Responsible for up to 125,000 infant hospitalizations in the US annually³

- From 1997 to 2000, RSV bronchiolitis was the leading cause of hospitalizations for infants <12 months of age¹

A threat in all outpatient settings

- 22% of infants <1 year of age infected with RSV will develop bronchiolitis⁴
- 28% of children <2 years of age infected with RSV will develop bronchiolitis⁴

Estimated RSV-related visits (2000) in US children <5 years of age in several outpatient settings

| | | |
|---------------------------------------|-----------------------|---------------|
| 236,000 | 402,000 | 1.7 million |
| Hospital outpatient department visits | Emergency room visits | Office visits |

Adapted from Paramore LC et al. *Pharmacoeconomics*. 2004;22:275-284.²

Potentially serious long-term consequences

- RSV-related lower respiratory tract illnesses (LRTIs) in infancy may be associated with an increased risk of asthma in the first decade of life⁵⁻⁷

| Age | Asthma RR† (95% CI‡) |
|----------|---------------------------------|
| 3 years | 21.8 (2.90-163.57) ⁵ |
| 7 years | 9.23 (2.79-30.55) ⁶ |
| 13 years | 6.8 (2.7-17.3) ⁷ |

Based on a prospective cohort of 47 (93 control) Scandinavian children <1 year of age in 1989 hospitalized with RSV and followed for 13 years.

Help avert potentially serious consequences for your patients

For additional information, visit www.rsvinsiders.com



*RSV = respiratory syncytial virus.
†RR = relative risk.
‡CI = confidence interval.

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