

# Physicians Often Neglect Proper Chlamydia Treatment Follow-Up

BY TIMOTHY F. KIRN  
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LOS ANGELES — Physicians mostly fail to follow up with adolescent patients they treat for a chlamydia infection, as recommendations state they should, according to a study conducted with the records from five, Northern California pediatric clinics.

Only 10% of 122 patients testing positive for a *Chlamydia trachomatis* infection at the clinics received appropriate retesting, and many also did not appear to have been counseled about safer sex, did not notify their partners, or were not tested for other STDs, Loris Hwang, M.D., and her colleagues said in a poster presentation at the annual meeting of the Society for Adolescent Medicine.

Antibiotic resistance is not considered a problem with chlamydia, so treatment generally is successful and a follow-up visit is not necessary to test for cure. Rather, the reason for follow-up is that those who get infected tend to return to the same "sexual networks" where they got the infection in the first place, said Dr. Hwang of the University of California, San Francisco.

Because the study was conducted at clinics that were part of the Kaiser Permanente system, an HMO where return visits would presumably be fairly easy for patients, "the situation is probably worse in other clinics," Dr. Hwang said in an interview.

Guidelines for chlamydia treatment from the Centers for Disease Control and Prevention recommend that patients have one follow-up visit for retesting at 3-4 months following a treatment visit, and then another within 12 months. Retesting at less than 3 weeks from treatment is specifically not recommended because nonculture tests can remain positive for that amount of time.

There were 122 individuals in the study, and 97% received appropriate antibiotics; of those, 22% were retested within 3 weeks of treatment. An additional 17% were retested after 3 weeks but before 3 months. And, 10% received retesting at some time after 3 months and before 12 months.

The remaining patients either had another visit but were not retested, were advised to return but did not, or had no records regarding a follow-up visit at all.

Regarding the other recommendations in the CDC guidelines, Dr. Hwang and her colleagues found that the physicians tended to do better with the female patients than the males.

Eighty-three percent of the study's 96 adolescent women were counseled on safer sex, compared with 62% of the study's 26 adolescent men.

Thirty-eight percent of the women were screened for other sexually transmitted diseases, compared with 31% of the men.

And, partners were notified or treated for 57% of the females, but only 31% of the men. ■

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# Condom Use Linked to Shorter Duration of HPV Infection

BY TIMOTHY F. KIRN  
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LOS ANGELES — Condom use does matter in human papillomavirus infections, because it is associated with a shorter persistence of infection in females, according to a study of 57 sexually active female adolescents.

The study, which followed the adolescents for an average 2.2 years and included periods during which the subjects collected vaginal swabs weekly, found that in those who reported the least-frequent condom use, the mean duration of an HPV infection was 251 days, compared with a mean duration of 138 days for those reporting the most, Marcia L. Shew, M.D., said at the annual meeting of the Society for Adolescent Medicine.

Noting that a recent National Institutes of Health report concluded that previous studies have not provided good enough evidence to know whether condom use prevents or influences HPV infection and transmission, Dr. Shew said, "We were so excited when we found out that condoms had a role, and it makes sense because condom use has clearly been shown to be associated with more frequent regression in cervical intraepithelial neoplasia."

The study, which, in addition to the weekly vaginal swabs collected by the subjects themselves, looked at cervical swabs collected by the investigators every 3 months, found that 49 of the 57 subjects got at least one infection during the average 2.2 years, for a cumulative incidence of 86%, according to Dr. Shew

of Indiana University, Indianapolis.

Among them, there were 241 individual infections, or an average of about 5 per individual.

Of those infections, 168 were of a high-risk, oncogenic type of papillomavirus, and 73 were of a low-risk type. The types most frequently detected were 52 and 16, both high-risk types, and 66, a low-risk type.

Factors the study found to be associated with longer duration of infection included oncogenic type, coinfection with chlamydia, a greater number of sexual partners, and less condom use.

Analysis indicated that the mean duration of infection with an oncogenic type papillomavirus was 226 days vs. a mean 159 days for the infections with nononcogenic types.

Mean duration of infection in those cases that occurred with a concurrent chlamydia infection was 333 days vs. 96 days.

And the average duration of an infection in an individual with multiple sexual partners was 436 days, vs. 96 days in those individuals who had only one or no partners during the infection.

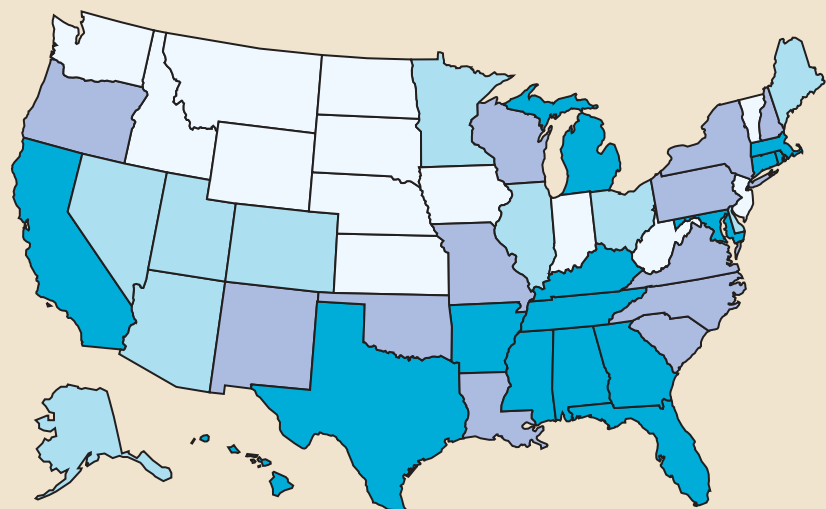
Some of the possibilities that might explain why condom use results in shorter infections include that someone who is having repeated sex with an infected individual might be exposed to a higher viral load, or even that semen is proinflammatory, and that somehow contributes, Dr. Shew said.

"We feel these findings have substantial clinical and public health significance, and clearly may help to reduce viral transmission," she added. ■

**'Condom use has clearly been shown to be associated with more frequent regression in cervical intraepithelial neoplasia.'**

## DATA WATCH

### Estimated Chickenpox Vaccination Coverage, 2003



\*2003 national coverage rate, ±2.5%.

Source: National Partnership for Immunization

KEVIN FOLEY, RESEARCH

## HHV-6 Infection Peaks Between 9 and 21 Months, According to New Study

The peak age of acquisition of primary human herpesvirus 6 infection is between 9 and 21 months, according to results of a population-based study of 277 children followed from birth to 2 years.

Of the 277, 130 (47%) of the children were infected by the age of 24 months (N.Engl. J. Med. 2005;352:768-76).

Human herpesvirus 6 (HHV-6) acquisition was associated with female sex (adjusted hazard ratio of 1.7 and having older siblings (adjusted hazard ratio of 2.1). Of the 227 children, 46% were female, and 52% had at least one sibling, said Danielle M. Zerr, M.D., of the department of pediatrics, the University of Washington, Seattle, and her colleagues.

HHV-6 infection was monitored using polymerase chain reaction on saliva samples obtained weekly by parents using precut filter-paper strips. Serological detection of anti-HHV-6 antibodies was per-

formed whenever a blood sample was taken from the child for other purposes.

Of the 81 children with a well-defined time of HHV-6 acquisition, 93% showed symptoms, most commonly fussiness (69%), rhinorrhea (65%), and fever (57%), with less-frequent occurrences of cough (33%), rash (31%), and diarrhea (26%).

Roseola, a clinical syndrome considered relatively specific for HHV-6, occurred in only 23% of the 81 children. No seizures were reported. This was "in contrast to emergency department-based studies, in which seizures occurred in as many as 13% of children with primary HHV-6 infection," they wrote.

Previous serologic studies have shown that HHV-6 infects 90% of children by 2 years of age, and it has been estimated that 20% of emergency department visits for fever are due to primary HHV-6 infection.

—Mark S. Lesney