

At-Home RSV Prophylaxis Aids Compliance

BY MICHELE G. SULLIVAN
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PHILADELPHIA — Infants who receive prophylactic palivizumab at home are more likely to get all their doses on time than are those who receive the injections at their pediatrician's office, Dr. Caroline O. Chua reported at the annual meeting of the Eastern Society for Pediatric Research.

Children getting the injections at home also had fewer hospitalizations for respiratory syncytial virus (RSV) infections, although the difference was not statistically significant, said Dr. Chua of the Maria Fareri Children's Hospital, Valhalla, N.Y.

Her prospective review included 1,362 infants eligible for RSV prophylaxis during the 2005-2006 RSV season. After discharge from the neonatal intensive care unit, 744 of the infants were scheduled to receive monthly injections in their pediatricians'



Increased compliance in offices could mean better education.

DR. CHUA

offices. The remaining 618 were scheduled to receive the injections at home through the services of a home health care agency.

All of the infants received their first dose of the drug within 24-48 hours of discharge. But infants scheduled for at-home therapy received significantly more of their scheduled doses on time (95% compliance rate) than did the in-office group (91% compliance rate). Total hospitalizations, including those secondary to RSV infection, were significantly higher in the in-office group than in the in-home group (16 vs. 2).

Hospitalizations from RSV infections only also were higher in the in-office group, but the difference wasn't statistically significant (5 vs. 1).

Although the in-office compliance rate leaves something to be desired, it shows a significant improvement from the rate observed in a similar study in the same community during the 2001-2002 RSV season, Dr. Chua said. That study followed 1,446 infants, 969 of whom received their monthly injections at home. The compliance rate was significantly higher than that observed among the 477 who received their injections in the office setting (98% vs. 89%) (Ped. Infect. Dis. 2004;23:318-22).

"We speculate that the increased compliance in offices could be a reflection of better education on the part of pediatricians or media exposure that reached parents," she said.

The half-life of palivizumab is only 20 days, Dr. Chua noted. Compliance with the monthly dosing schedule is important to maintain a constantly active trough serum level of the drug (more than 40 mcg/mL). ■

Chronic HBV Seen in 9% of Asian Immigrants

BY PATRICE WENDLING
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KANSAS CITY, MO. — Almost 1 in 10 foreign-born Asian Americans is chronically infected with hepatitis B virus, according to data from the largest study of hepatitis B infection in Asian Americans to date.

Free serological screening that was conducted from 2001 to 2006 in 3,163 Asian American adults who were living in the San Francisco Bay area revealed that

283 (9%) were chronically infected with hepatitis B.

Two-thirds (65%) of those chronically infected were unaware that they were infected, reported Steven Lin, Ellen Chang, Sc.D., and Dr. Samuel So in a poster at the National Immunization Conference sponsored by the Centers for Disease Control and Prevention.

Blood samples were collected by venipuncture and tested for both hepatitis B surface antigen (HBsAg) and surface antibody (HBsAb) or for HBsAg alone.

The volunteer sample included participants from China (1,016), East Asia excluding China (1,072), Southeast Asia/Pacific Islands (298), the United States (153), other Asian countries (15), and unknown or missing locations (609).

The mean age of the participants was 53 years (range, 18-101).

Participants who were born in East Asia, Southeast Asia, or the Pacific Islands were about 20 times more likely to be chronically infected than were those participants who had been born in the Unit-



TOPAMAX Tablets and TOPAMAX Sprinkle Capsules are indicated for adults for the prophylaxis of migraine headache. The usefulness of TOPAMAX in the acute treatment of migraine headache has not been studied.

TOPAMAX is contraindicated in patients with a history of hypersensitivity to any component of this product.

IMPORTANT SAFETY INFORMATION

TOPAMAX has been associated with serious adverse events, including:

- Hyperchloremic, non-anion gap metabolic acidosis—lowering of bicarbonate levels in the blood. Measurement of baseline and periodic serum bicarbonate is recommended.
- Acute myopia and secondary angle-closure glaucoma—patients should be cautioned to seek medical attention if they experience blurred vision or ocular pain.

- Oligohidrosis and hyperthermia—decreased sweating and increased body temperature, especially in hot weather. The majority of reports have been in children.
- Cognitive/psychiatric side effects including cognitive dysfunction, psychiatric/behavioral disturbances including suicidal thoughts or behavior, and somnolence and fatigue.

Most common adverse events associated with TOPAMAX 100 mg vs placebo were: paresthesia, 51% vs 6%; anorexia,* 15% vs 6%; fatigue, 15% vs 11%; nausea, 13% vs 8%; diarrhea, 11% vs 4%; weight decrease, 9% vs 1%; taste alteration, 8% vs 1%.

The possibility of decreased contraceptive efficacy and increased breakthrough bleeding should be considered in patients taking combination oral contraceptive products with TOPAMAX.

Patients should be instructed to maintain an adequate fluid intake in order to minimize the risk of renal stone formation.

*Anorexia is defined as loss of appetite.