

Preschool-Aged Children Are First to Get Flu

BY MIRIAM E. TUCKER
Senior Writer

Emergency department data demonstrate that preschool children are first to come down with influenza each year and could play an important role in the infection's spread, according to John S. Brownstein, Ph.D., of Children's Hospital Boston, and his associates.

Data collected from four emergency departments and one ambulatory care set-

ting in Massachusetts during 2000-2004 suggest that children aged 3-4 years are consistently the first to seek care for respiratory illness during each influenza season, and that the temporal pattern of illness in that group strongly predicts mortality due to influenza and pneumonia among people of all ages.

The results bolster arguments in favor of universal vaccination of all preschool-aged children in addition to the 6- to 23-month-olds for whom the vaccine is currently rec-

ommended, the investigators said (*Am. J. Epidemiol.* 2005;162:686-93).

Among patients presenting to the health care settings—including one pediatric emergency department, one adult emergency department, and two that treat both adults and children—children 3-4 years presented earliest in the season, with a mean lead time of 34 days prior to the peak in overall mortality. Children of that age group presenting to pediatric emergency departments had the longest lead time,

with a mean of 50 days. Adults in the ambulatory care and emergency department settings had a mean lead time of 12 days.

Prediction of influenza and pneumonia mortality varied by age. Children younger than 3 years were the best predictors, explaining 41% of the deviance, while those aged 3-4 years explained 37%, Dr. Brownstein and his associates reported.

"Although this finding does not necessarily prove that preschool-aged children are driving the yearly influenza epidemics, they intriguingly suggest that preschool-aged children are the initial group infected and may be important in the subsequent spread," they wrote. These and other data suggest that targeting yearly influenza vaccination to younger children may benefit the entire community. ■

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Vulvar/Labial Abscesses Were MRSA

NEW ORLEANS — A recent series of "curious" cases of large vulvar or labial abscesses in previously healthy children were associated with methicillin-resistant *Staphylococcus aureus* and represent the first reported cases of such abscesses in the pediatric and adolescent population, S. Paige Hertweck, M.D., reported at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

Six patients, aged 2, 16, and 17 months and 3, 12, and 16 years, presented during 2004 with vulvar or labial abscesses requiring debridement and drainage. All had confirmed *S. aureus* infection, and five of the patients had MRSA.

The MRSA cases presented initially with a red papule that progressed rapidly, and by day 2 a fulminant abscess extended significantly beyond the labia. The abscesses had an area greater than 5 cm.

After debridement and 48-72 hours of continuous drainage, all patients were treated with antibiotics. The use of small incisions at each end of the abscess cavities allowed digital manipulation, and the use of a small Penrose drain threaded through each incision and tied to itself allowed continuous drainage that negated the need for extensive packing, which can be difficult in children.

None of the children had typical risk factors for MRSA, although three did have household contacts with lesions that might have been associated with MRSA. All the infections were sensitive to clindamycin, Bactrim (trimethoprim-sulfamethoxazole), and vancomycin.

MRSA should be considered in all patients presenting with rapidly progressing vulvar or labial erythema. Aggressive treatment with incision and drainage in such cases is warranted, she said, noting that a limited incision site and the use of a Penrose drain are recommended in children.

Appropriate antibiotic therapy should also be initiated.

—Sharon Worcester