Survey: RotaTeq Use Varies per Years in Practice

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SAN DIEGO — Pediatric clinicians who have been in practice for less than 10 years were more likely to recommend the RotaTeq vaccine for routine childhood immunization compared with their counterparts who have been in practice for more than 10 years, results from a small survey suggest.

"We hypothesize that this may be due to the previous experience with RotaShield and its withdrawal from the market in 1999 due to intussusception," Dr. Lara Jacobson said in an interview during a poster presentation given at the annual meeting of the Infectious Diseases Society of America.

In February 2006, the U.S. Food and Drug Administration approved RotaTeq (human-bovine pentavalent reassortment vaccine) as a rotavirus vaccine. In August 2006, the Advisory Committee on Immunization Practices (ACIP) recommended RotaTeq for routine childhood immunization.

In an effort to measure acceptance of the RotaTeq vaccine, Dr. Jacobson's associate, Dr. Aaron M. Milstone, administered a survey to 120 pediatricians, family physicians, and nurse practitioners while they were attending a continuing medical education conference at Johns Hopkins Hospital, Baltimore, in April 2007.

Of the 105 clinicians who completed the survey, 84% agree with ACIP's recommendations for routine administration, 86% inform their patients of the vaccine, and 88% recommend the vaccine to their patients, reported Dr. Jacobson of the department of pediatrics at Johns Hopkins University.

All clinicians who had been in practice for less than 10 years reported recommending the vaccine to their patients, compared with 81% of those in practice for more than 10 years, a difference that was statistically significant.

"I was surprised by the strength of this difference," Dr. Jacobson said. "That would be hundreds of thousands of vaccines that are not being prescribed per year in a very specific demographic of pediatricians."

One of the study's coauthors, Dr. Mathuram Santosham, was a principal investigator on a RotaTeq vaccine safety and efficacy trial funded by Merck Sharp & Dohme.

Dr. Milstone and Dr. Jacobson stated that they had no relevant financial relationships to disclose. ■

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more likely to have longer duration of headache, compared with children in the IOE group (a mean of 11 days vs. 3 days).

Dr. Goytia reported that broad-spectrum antibiotics were initiated in all children within 48 hours of admission. "The most common combination of antibiotics was vancomycin, cefotaxime, and metronidazole," she said. "The most common regimens contained vancomycin, a third-generation cephalosporin, and either metronidazole or clindamycin for anaerobic organisms." The duration of intravenous therapy was longer for children in the ICE group, compared with those in the IOE group (a mean of 35 days vs. 15 days).

The most common organisms isolated were streptococcus and staphylococcus, including both methicillin-susceptible *Staphylococcus aureus* and methicillin-resistant *S. aureus*. Gram-negative aerobic organisms were isolated occasionally in both groups, but anaerobic organisms were isolated exclusively in ICE patients.

In the ICE group, 31 patients underwent surgical procedures, compared with 20 patients in the IOE group. Endoscopic sinus surgery was common in both groups of patients. "More than half of ICE children underwent neurosurgical intervention," Dr. Goytia said.

All children survived. Neurologic sequelae were seen in five children (16%) in the ICE group, and included one case each of the following: diplopia, hemiparesis, loss of vision, expressive aphasia, and cognitive and speech deficit. No children in the IOE group experienced neurologic sequelae. Frontal sinuses were undeveloped significantly more often in the IOE group, compared with the ICE group (58% vs. 22%).

"We speculate that undeveloped frontal sinuses in younger patients may provide a protective effect from developing intracranial extension of sinusitis," Dr. Goytia said. ■