

Family History May Predict Herpes Zoster Risk

BY MARY ANN MOON
Contributing Writer

The risk of developing herpes zoster appears to be associated with a family history of the disorder, according to case-control study findings.

If further studies confirm this link, people whose family histories put them at risk can be targeted for vaccination, according to Lindsey D. Hicks, a medical student at the University of Texas at Houston.

Ms. Hicks and her associates conducted a case-control analysis involving 504 patients treated between 1992 and 2005 and 523 well-matched control subjects who never had herpes zoster. Nearly equal proportions of cases and controls (76%) recalled having had primary infection with varicella-zoster virus.

Case patients were about four times more likely than control subjects were to report having a first-degree relative with a history of herpes zoster, and they were

only slightly less likely to report having a more distant blood relative with a history of the disorder.

The risk of developing herpes zoster rose in a dose-dependent fashion as the number of affected relatives increased. "An odds ratio of 4.5 was calculated for [patients] reporting single [affected] relatives, and an odds ratio of 13.7 was calculated for those reporting multiple [affected] relatives," Ms. Hicks and her associates wrote (*Arch. Dermatol.* 2008;144:603-8).

"Our study indicates the possibility of inherited susceptibility to herpes zoster and indicates that further studies into this area may be necessary in order to recognize and vaccinate susceptible individuals," the researchers said.

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recently advised that all individuals aged 60 years and older receive the herpes zoster vaccine to prevent the development of shingles. ■

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Partners of STD Patients Targeted For Treatment

NEW YORK. — Asking patients to deliver therapy for sexually transmitted diseases to their sexual partners is paying off, with increases in the proportion of partners who are being treated, according to data from researchers in Washington state.

The Centers for Disease Control and Prevention advises that expedited partner therapy (EPT), or treating sexual partners without requiring that they first seek a medical evaluation, is an option when other strategies are impractical or unsuccessful.

In Washington state, public health officials advise that EPT should be given when treatment cannot otherwise be ensured, according to Dr. Matthew Golden, director of the STD Control Program for Public Health in Seattle/King County.

But EPT isn't a cure-all, Dr. Golden said at a joint conference of the American Sexually Transmitted Diseases Association and the British Association for Sexual Health and HIV. Some people will not get their partners treated, such as those with more than one sex partner or a partner they are unlikely to have sex with again, men who have sex with men, and those who say outright they won't notify their partners.

So King County health officials developed a case report form that allows the diagnosing physician to check a box indicating that the health department should assume responsibility for partner notification, such as drawing on the services of a disease intervention specialist. Through the program, patients and their partners have free access to medications through large clinics and commercial pharmacies.

Use of the form has yielded encouraging results. A random sample of patients diagnosed with gonorrhea or chlamydia shows about 39% were classified as having all partners treated before the intervention, compared with 65% in the postintervention period (*Sex. Transm. Dis.* 2007;34:598-603).

If the results continue, the researchers estimate there would be about a 25% reduction in chlamydial prevalence in about 2 years' time and a 50% reduction in chlamydial prevalence in 4 years' time. A community-level, randomized controlled trial is being conducted throughout the state to establish whether EPT reduces the prevalence of chlamydial infection and the incidence of gonorrhea at a population level.

—Mary Ellen Schneider