West Nile Outbreak in Gulf States Seen as Unlikely

BY MICHELE G. SULLIVAN Mid-Atlantic Bureau

mosquito-eradication program is underway in the storm-ravaged Gulf Coast states, and federal officials hope that such an effort, combined with the hurricane's impact on the vector cycle, will prevent a surge in West Nile virus and other mosquito-borne diseases. The aerial spray program began in mid-

September and will be continued as long

LEVAQUIN® (levofloxacin) TABLETS LEVAQUIN® (levofloxacin) ORAL SOLUTION LEVAQUIN® (levofloxacin) INJECTION LEVAQUIN® (levofloxacin in 5% dextrose) INJECTION

Trief Summary the following is a brief summary only. Before prescribing, see complete Prescribing formation in LEVAQUIN Tablets/Oral Solution/Injection labeling. o reduce the development of drug-resistant bacteria and maintain the effectiveness of EVAQUIN* (levofloxacin) and other antibacterial drugs, LEVAQUIN should be used only the or prevent infections that are proven or strongly suspected to be caused bacteria.

CONTRAINDICATIONS: Levofloxacin is contraindicated in persons with a history of hypersensitivity to levofloxacin, quinolone antimicrobial agents, or any other components

hypersensitivity to levofloxacin, quinolone antimicrobial agents, or any other components of this product. WARNINGS: THE SAFETY AND EFFICACY OF LEVOFLOXACIN IN PEDIATRIC PATIENTS, BODLESCENTS, UNDER THE AGE OF 18 YEARS, PRECNANT WOMER, AND NURSING WOMEN HAVE NOT BEEN ESTABLISHED. (See PRECAUTIONS: Pediatric Use, Pregnancy, and Nursing Mothers subsections.) in immature rats and dogs, the oral and intravenous administration of levofloxacin resulted in increased osteochondrosis. Histopathological examination of the weight-bearing joints and other signs of admropathy in immature animasis of various species. The relevance of these findings to the clinical use of levofloxacin is unknown. (See ANIMAL PHARMACOLOGY in IUI Prescribing Information.) Convulsions and toxic psychoses have been reported in patients receiving quinolones, including levofloxacin. Quinolones may also cause increased interacranial pressure and central nervous system stimulation which may lead to tremors, restlessness, anxiety, uightheaddeness, contusion, halluinovaci, depression, nightnares, insomnia, and, rarefy, suicidal thoughts or acts. These reactions may occur following the first dose. I these reactions occur in patients receiving equinolones, levofloxacin show home used obscrate so lower the seizure threshold (e.g., severe cerebral arterioselrosis, relessor to seizures or lower the seizure threshold (e.g., severe cerebral arterioselrosis, server the seizure threshold (e.g., certain drug therap, renal dysfunction.) Seeroos and occasionally tabl hypersensitivity and/or anaphylactic reactions have been reverted here the sections and box cause of lowers of herest relessors or lower the seizure threshold (e.g., certain drug therap, renal dysfunction.) Seerons and occasionally tabl hypersensitivity and/or rangehylactic reactions have been reverted herested on the character of the reservers of herested here the extention for the relevance of herested herested here the extention for the relevance of hex

herai, imformation for ratients, Jrug interactions and Auverbac HEAL 1006.5, ious and occasionally fatal hypersensitivity and/or anaphylactic reactions have been orted in patients receiving therapy with quinolones, including levolfoxacin. These citicons often occur following the first does. Some reactions have been acadiovascular collapse, hypotension/shock, seizure, loss of consciousness, tingling, jioedman (including forupu, layngeal, throat, or facial edema/swelling), ainvay fruction (including bronchospasm, shortness of breath, and acute respiratory dis-s), dysnea, uriciraia, Iching, and other serious skin reactions. Levolfoxacin should discontinued immediately at the first appearance of a skin rash or any other sign of resensitivity. Serious acute hypersensitivity reactions may require treatment with nephrine and other resuscitative measures. Including oxygen, intravenous fluids, highthermane.

tamines, corticosteroids, pressor amines, and airway manage ed. (See **PRECAUTIONS** and **ADVERSE REACTIONS**.)

Ided. (See PRECAUTIONS and ADVERSE FLEACTIONS.) as and sometimes fatal events, some due to hypersensitivity, and some due to ain etiology, have been reported rarely in patients receiving therapy with quinclones, ng levofloxacin. These events may be severe and generally occur following the station of multiple doess. Clinical analitestations may include one on more of the ng fever, rash or severe dermatologic reactions (e.g., toxic epidemail necrolysis, e. Johnson Syndrome); vascultis; arthralgia; maylingia; serum sickness, allergic nonitis; interstitial nephritis; acute renal insufficiency or failure; hepatitis; docytosenia, including thrombotic thrombocytopenic purpura; leukopenia; docytosis; pancytopenia; and/or other hematologic anomalities. The drug should continued immediately at the first appearance of a skin rash or any other sign of ensitivity and supportive measures instituted. (See PRECAUTIONS: Information

its and ADVERSE REACTIONS.) for Patients and ADVERSE REACTIONS.) Peripheral Neuropathy: Rare cases of sensory or sensorimotor axonal polyneuropathy affecting small and/or large axons resulting in paresthesias, hypoesthesias, dysesthesias and weakness have been reported in patients receiving quinoinnes, including levolloxacin. Levolfoxacin should be discontinued if the patient experiences symptoms of neuropathy including pain, burning, tingling, numbness, and/or weakness or other alterations of sensation including light touch, pain, temperature, position sense, and vibratory sensa-tion in order to prevent the development of an irreversible condition. Pseudomembranous colitis has been reported with nearly all antibacterial agents, including levolfoxacin, and may range in severity from mild to life-threatening. Therefore, it is unitoration to enside this diagnosis in patients who present with diarthea subsequent to the administration of any antibacterial agent. Teatment with antibacterial accent.

eatment with antibacterial agents alters the normal flora of the colon and may permi regrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficili*, one primary cause of "antibiotic-associated colitis."

After the diagnosis of pseudomembranous colitis has been established, therapeutic neasures should be initiated. Mild cases of oseudomembranous colitis usually resoond

g discontinuation alone. In moderate to severe cases, consideration should be to management with fluids and electrolytes, protein supplementation, and treat-with an antibacterial drug clinically effective against *C. difficile* colitis. (See **SE REACTIONS**).

SE REACTIONS.) Effects: Ruptures of the shoulder, hand, Achilles tendon, or other tendons that surgical repair or resulted in prolonged disability have been reported in patients g quinolones, including levolfoxacin. Post-marketing surveillance reports indicate is risk may be increased in patients receiving concomitant corticolsetroids, liy the elderly. Levolfoxacin should be discontinued if the patient experiences diagnosis of tendonitis or tendon rupture has been confidently excluded. Tendon can occur during or after thrapy with quinolones, including levolfoxacin. UTIONS: General Prescribing LEVAQUIN in the absence of a proven or strongly de bacterial infection or a prophylactic indication is unlikely to provide benefit vatient and increases the risk of the development of drug-resistant bacteria.

Because a rapid or bolus infravenous injection may result in hypotension, LEVOFLO INJECTON SHOULD ONLY BE ADMINISTERED BY SLOW INTRAVENOUS INFUSION A PERIOD OF 60 OR 90 MINUTES DEPENDING ON THE DOSAGE. (See DOSAGE ADMINISTRATION in full Prescribing Information.)

Although levofloxacin is more soluble than other quinolones, adequate hydration of patients receiving levofloxacin should be maintained to prevent the formation of a highly concentrated unine.

concentrated urine. Administer levelofoxacin with caution in the presence of renal insufficiency. Careful clinical observation and appropriate laboratory studies should be performed prior to and during therapy since elimination of levofloxacin may be reduced. In patients with impaired renal function (creatinine clearance <50 mL/min), adjustment of the dosage regimen is necessary to avoid the accumulation of levofloxacin due to decreased clear-nace. (See CLINCLE, PHARMACOLOGY and DOSAGE AND ADMINISTRATION in full

running miormation.) arate to severe photoboxicity reactions have been observed in patients exposed to t sunlight while receiving drugs in this class. Excessive exposure to sunlight should oxided. However, in clinical trials with levolfloxacin, phototoxicity has been observed as than 0.1% of patients. Therapy should be discontinued if phototoxicity (e.g., a

In tess utility of the second second be decompared in production (e.g., sks with other quinolones, levofloxacin should be used with caution in any patient with a known or suspected NS disorder that may predispose to seizures or lower the seizur threshold (e.g., severe cerebral arteriosclerosis, epilepsy) or in the presence of othe risk factors that may predispose to seizures or lower the seizure threshold (e.g. certain drug therapy, renal dysfunction). (See **WARNINGS** and **Drug Interactions**. As with other quinolones, disturbances of blood glucose, including symptomatic hyper and hypoglycemia, have been reported, usually in diabetic patients receiving concomitar treatment with an oral hypoglycemic agent (e.g., glyburide/glibenchamide) or with insulir metaction occurs in a patient being treated with levofloxacin, levofloxacin should b **Drug Interactions** and **DVERSE FREACTIONS.**)

Drug Interactions and ADVERSE REACTIONS.) Torsades de pointes: Some quinolones, including levofloxacin, have been with prolongation of the QT interval on the electrocardiogram and infreque arrhythmia. Rare cases of torsades de pointes have been spontaneously repo post-marketing surveillance in patients receiving quinolones, including le Levofloxacin should be avoided in patients with known prolongation of the to patients with uncorrected hypokalemia, and patients receiving class IA procainamidel, or class III (amiodarone, socialo) antiarrhythmic agents.

as it is needed to control mosquito populations, according to the Louisiana State Department of Health.

Although the huge expanses of standing floodwaters are conducive to a mosquito population explosion, the total disruption of the region's normal ecology may discourage mosquito-borne epidemics, said Jennifer Morcone, a spokesperson for the Centers for Disease Control and Prevention.

"Historically, we have not seen increases in these diseases after a storm like this,"

As with any potent antimicrobial drug, periodic assessment of organ system functions, including renat, hepatic, and hematopoietic, is advisable during therapy. (See WARN-INGs and ADVERSE REACTIONS.) Information for Patients Patients should be advised: Patients should be

Idents should be advised: Patients should be counseled that antibacterial drugs including LEVAOUIN (levoftoxacin) should only be used to treat bacterial infections. They do not treat vire infections (e.g., the common cold). When LEVAOUIN is prescribed to treat a bacteria infection, patients should be told that although it is common to feel better early the course of the reary, the medication should be taken exactly as directed. Skippin doses or not completing the full course of therapy may (1) decrease the effective ness of the immediate treatment and (2) increase the likelihood that bacteria will develop resistance and will not be treatable by LEVADUN or other antibacterial drug

develop resistance and will not be treatable by the second status of the

that antacids containing magnesium, or aluminum, as well as sucraflate, metal cations such as iron, and multivitamin preparations with zinc or Vider* (didanosing) should be taken at least two hours before or two hours after oral levofloxacin administration. (See **Drug Interactions**): that levofloxacin oral tablets can be taken without regard to meals; that levofloxacin oral tablets can be taken without regard to meals; that levofloxacin oral solution should be taken 1 hour before or 2 hours after reating; that levofloxacin may cause neurologic adverse effects (e.g., dizziness, lighthead-edness) and that patients should how how they react to levofloxacin before they operate an automobile or machinery or engage in other activities requiring mental alertness and coordination. (See **WARNINGS and AVERSE FEACTIONS**); to discontinue treatment and inform their physician if they experience pain, inflam-mation, or rupture of a tendon, and to rest and refrain form exercise until the diagnosis of tendinitis or tendon rupture has been confidently excluded;

diagnosis of tendinitis or tendon rupture has been confidently excluded; that levofloxacim may be associated with hypersensitivity reactions, even following the first dose, and to discontinue the drug at the first sign of a skin rash, hives or other skin reactions, a ragid hearbeat, difficulty in swallowing or breathing, any swelling suggesting angioedema (e.g., swelling of the lips, tongue, face, tightness of the tirota, horaseness), or other symptoms of an allergic reaction. (See WARN-INSS and ADVERSE REACTIONS):

INGS and ADVERSE FEACTIONS): to avoid excessive sunlight or artificial ultraviolet light while receiving levofloxacin and to discontinue therapy if phototoxicity (i.e., skin eruption) occurs; that if they are diabetic and are being treated with insulin or an oral hypoglycemic agent and a hypoglycemic reaction occurs, they should discontinue levofloxacin and consult a physician. (See PRECAUTIONS: General and Drug Interactions):

to that concurrent administration of warfarin and levoflowarin has been as increases of the International Normalized Ratio (INR) or prothrom clinic averaging of bleeding. Patients should notify their physician if invariant and the statement of the statement

that convulsions have been reported in patients taking quinolones, including levofloxacin, and to notify their physician before taking this drug if there is a history of this Drug Interactions: Antacids. Sucralfate. Metal Cations. Multivitamin

g interactions: Antacidos, Sucraitate, Metal Cations, Multivitamins AQUII/Tablets: While the chelation by divalent cations is less marked than with other lolones, concurrent administration of LEVAQUIN Tablets with antacids containing messium, or alumium, as well as sucraitate, metal cations such as iron, and multi-min preparations with zinc may interfere with the gastrointestinal absorption of floxacin, resulting in systemic levels considerably lower than desired. Tablets with incids containing magnesium, aluminum, as well as sucraitate, metal cations such oro, and multivitamins preparations with zinc or Videx" (diadnosin) may substan-j interfere with the gastrointestinal absorption of levoftoxacin, resulting in systemic is considerably lower than desired. These agents should be taken at least two hours are or two hours after levoftoxacin administration.

Versite or verv neural sater revolution and administration. LEVAQUIN Injection: There are no data concerning an interaction of intravenous quinolones with oral antacids, sucralitate, multivitarmins, Videx^e (didanosine), or metal cations. However, no quinolone should be co-administered with any solution contain-ing multivalent cations, e.g., magnesium, through the same intravenous line. (See DOSAGE AND ADMINISTRATION in full Prescribing Information.) Theorphylline M logicitizent full and an anomal section.

Theophylline No significant effect of levoltoxication on the plasma concentratio and other disposition parameters for theophylline was detected in a clinic involving i A healthy volunters: Similarly, na apparent effect of theophylline on leve absorption and disposition was observed. However, concomilant administration quinclones with theophylline has resulted in portograd elimination half. He devate theophylline levels, and a subsequent increase in the risk of theophylline related reactions in the patient population. Therefore, theophylline levels should be close titred and appropriate lossage adjustments made when levoltoxaati is to-admini

byline levels. (See WARNINGS and PRECAUTIONS: General.) drain: No significant effect of levolfoxacin on the peak plasma concentrations, AUC, other disposition parameters for R- and S-wartarin was detected in a clinical study ving healthy volunteers. Similarly, no apparent effect of wartarin on levolfoxacin tegion and disposition was observed. There have been reports during the post-eting experience in patients that levolfoxacin enhances the effects of wartarin. tituos of the protormolin time in the setting of concurrent wartarin and levolfoxacin have been associated with episodes of bleeding. Protinrombin time, International alized Ratio (INR), or other suitable anticoaquation tests should be closely mon-inf levolfoxacin is administered concomitanity with wartarin. Patients should also notineed to ervidence of bleeding.

be monitored for evidence of bleeding. **Cyclosporine:** No significant effect of levofloxacin on the peak plasma conce AUC, and other disposition parameters for cyclosporine was detected in a clini involving healthy volunteers. However, elevated serum levels of cyclosporine in terported in the patient population when co-administered with some other qu Levofloxacin C_{sm} and k, were slightly lower while T_{sm} and t₁₂ were slightly the presence of cyclosporine than those observed in other studies without cor-medication. The differences, however, are not considered to be clinically si Interfore, no losage adjustment is required for levofloxacin or cyclospori administered concomitantly.

auministered concommandy. Digoxin: No significant effect of levofloxacin on the peak plasma concent and other disposition parameters for dinoxin was detected in a clinical st sposition parameters for diguxil was vertexed in a similar sur-teers. Levofloxacin absorption and disposition kinetics were si absence of digoxin. Therefore, no dosage adjustment for levo quired when administered concomitantly.

uigoom is required when administered ocnochmitanty. **Probenecid and Cimetidine:** No significant effect of probenecid or cimetidin rate and extent of levoftoxacin absorption was observed in a clinical study i reality volunteers. The AUC and t_{1,0} of levoftoxacin were 27-38% and 30% respectively, while CLF and CL₄ were 21-35% lower during concomitant treatm probenecid or cimetidine compared to levoftoxacin alone. Although these diff Ily significant, the changes were not high enough to wa levofloxacin when probenecid or cimetidine is co-administ

when these agents are co-administered. Carcinogenesis, Mutagenesis, Impairment of Fortility: In a lifetime bioassay in rats, levofloxacin exhibited to carcinogenic potential following daily dietary administration for 2 years; the highest dose (100 mg/kg/day) was 1 kines the highest recommended human dose (750 mg) based upon relative body surface area. Levofloxacin did not shorten the time to turnor development of UV-induced skin turnors in hairless albino (Ski-1) mice at any levofloxacin dose level and was therefore not photo-carcinogenic under conditions of this study, bernal levofloxacin concentrations in the hairless mice ranged form 25 to 42 µg/s at the highest levofloxacin dose level (300 mg/kg/day) used in the

at C_{sup}. Levoltoxation was not mutagenic in the following assays: Ames bacterial muta (5. pphinurulum and E. col), CHO/HGPRT forward mutation assay, mouse mit test, mouse dominant lethal test; rat unscheduled DNA synthesis assay, and sister chromatid exchange assay. It was positive in the in witro chromosomal (CHL cell line) and sister chromatid exchange (CHL/UI cell line) assays. Levoftoxatin caused no impairment of fertility or reproductive performance oral doses as high as 360 mg/kg/day, corresponding to 4.2 times the higher mended human dose based upon relative body surface area and intravenous high as 100 mg/kg/day, corresponding to 1.2 times the highest recommend dose based upon relative body surface area.

she said. "You need a bird population to fuel the transmission cycle and, right now, the bird population in these areas is almost nonexistent."

However, she said, the CDC has deployed entomologists to monitor mosquito populations and to assist with vector control in the affected areas.

The Louisiana Department of Health and Hospitals-in coordination with the Louisiana Department of Agriculture and Forestry, the CDC, the Agency for Toxic

Pregnancy: Teratogenic Effects. Pregnancy Category C.: Levofloxacin was not teratogenic in rats at oral doses as high as 810 mg/kg/day which corresponds to 9.4 times the highest recommended human dose based upon relative body surface area, or at intravenous doses as high as 160 mg/kg/day corresponding to 1.9 times the highest recommended human dose based upon relative body surface area. The oral dose of 810 mg/kg/day to rats caused decreased fetal body weight and increased fetal mortality. No teratogenicity was observed when rabbits were dosed orally as high as 0 mg/kg/day which corresponds to 1.1 times the highest recommended human dose based upon relative body surface area, or when dosed intravenously as high as 5 mg/kg/day corresponding no 15 times the highest recommended human dose based 1 mg/kg/day to rats cause based and the recommended human dose based 1 mg/kg/day to rats cause based intravenously as high as 5 mg/kg/day to rats cause based upon relative body surface area. Finder the recommended human dose based to mg/kg/day to rats cause body surface area. The oral for the funder to the subscience of the subscience funder to the based to the subscience of the subscience funder dose based to mg/kg/day to rats cause based upon relative body surface area. The oral funder to the subscience funder dose based to mg/kg/day to rats cause based upon relative body surface area. The oral funder to the subscience funder dose based to mg/kg/day to recommender to the subscience funder dose based to mg/kg/day to ratscience funder to the subscience funder dose based to mg/kg/day to ratscience funder dose based to mg/kg/day to mg/kg/subscience funder dose based to mg/kg/day to ratscience funder dose based to mg/kg/day to mg/kg/subscience funder dose based to mg/kg/day to mg/kg/subscience funder dose based t

50 mg/kg/day which corresponds to 1.1 times the highest recommended human does based upon relative body surface area, or when dosed intravenously as high as 25 mg/kg/day, corresponding to 0.5 times the highest recommended human dose based upon relative body surface area.
There are, however, no adequate and well-controlled studies in pregnant women. Levofloxacin should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. (See WARNINGS.)
Nursing Mothers: Levofloxacin has not been measured in human milk. Based upon data from dioxacin, it can be presumed that Levofloxacin should be used to receive a develoration of develorations from levofloxacin in mile, Bacause of the potential for serious adverse reactions from levofloxacin in turning infants, a decision should be made whether to discontinue mursing or to discontinue the dug, taking into account the importance of the drug to the mother.
Pediatric Uses: Safety and effectiveness in pediatric patients and adolescents below the age of 18 years have not been established. Quinolones, including levofloxacin, cause arthropathy and obsechondroxis proteints in livenel animals of several species. (See WARNINGS.)
Geriatric Use: In phase 3 clinical trials, 1, 190 levofloxacin-treated patients (25%) were etseven the ages of 15 and 74 and 515 patients (11%) were by a or older. No overall differences in safety or effectiveness in safety or defectivenes in safety or defectivenes in safety or defectivenes in safety or defective and the ages of 55 and 74 and 515 patients (11%) were by a route the ages of 55 and 74 and 515 patients (11%) were by a route patients and other reported clinical experience has not identified differences in safety or defectivenes the obserts and younger subjects, and other reported clinical experience has not identified differences in regionse between the ledey of younger patients, but greater sensitivity of some older individuals cannot be reled out.

Uneu ouc. Elderly patients may be more susceptible to drug-associated effects on the QT inf Therefore, precaution should be taken when using levofloxacin with concomitant that can result in prolongation of the QT interval (e.g. class IA or class III antiarrityh) or in patients with risk factors for Torsades de pointes (e.g. known QT prolong uncorrected hypokalemia). See PRECAUTIONS: CENTERAL Torsades de Pointes

uncorrected hypokalemia). See **PRECAUTIONS: GENERAL:** Torsades de Pointes. The pharmacokinetic properties of levelfoxacin in younger adults and eiderly adults do not differ significantly when creatinine clearance is taken into consideration. However since the drug is known to be substantially excreted by the kidney, the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function. Care should be taken in dose selection.

elderin patientis are indire linkery to have bechession terial influctuin, care sindului de taken in does selection, and it may be useful to monitor renal function. ADVERSE FEACTIONS: The incidence of drug-related adverse reactions in patients receiving level/oxacin therapy. 41% discontinued level/toxacin therapy due to adverse experiences. In all Phase III triats, the overall incidence, byee and distribution of adverse events was similar in patients receiving level/toxacin doese of 750 mg once daily. 250 mg once daily, and 500 mg once or twice daily. In clinical triats, the following events were considered likely to be drug-related in patients receiving level/toxacin: nausea 1.5%, diarritea 1.2%, vaginitis 0.3%, insomita 0.4%, addominal pain 0.4%, fatulence 0.2%, purtus 0.2%, dizziness 0.3%, cash 0.3%, dyspepsia 0.3%, genital monitiasis 0.1%, moniliasis 0.2%, taste perversion 0.2%, vormiting 0.3%, injection site paictoin site reaction 1.1%, ingection site inflammation 0.1%, constipation 0.1%, fungal infection 0.1%, genital pruritis 0.1%, onedache 0.2%, nervousness 0.1%, sahe rythematous 0.1%, uncirain 0.1%, anorexia 0.1%, somnolence 0.1%, adpartate 0.1%, allergic reaction 0.1%, idv mouth 0.2%, treming 0.1%, constipation 0.1%, fungal infection 0.1%, constip-ation 0.1%, condition agarvated 0.1%, allergic reaction 0.1%, idv mouth 0.2%, treming 0.1%, constipation 6.1%, stark entythematous 0.1%, using 1.4% allergic reaction 0.1%, constip-pation 3.1%.

itionship: ion 3.1%

Jauuri 3, 1%. In clinical trials, the following events occurred in 1 to 3% of patients, regardless of drug relationship: abdominal pain 2.5%, dizziness 2.4%, vomiting 2.4%, dyspepsia 2.3%, vagnitist 1.3%, rash 1.4%, chest pain 1.2%, pruritus 1.2%, sinsuitis 1.1%, dyspnea 1.3%, fatigue 1.2%, flatulence 1.2%, pain 1.3%, back pain 1.2%, rhinitis 1.2%, pharyngitis 1.1%.

vaginitis 1,3%, rash 1,4%, chest pain 1,2%, pruritus 1,2%, sinustis 1,1%, dyspeat 1,3%, fatigue 1,2%, fatulence 1,2%, parynglis 1,1%.
In clinical trials the following events, of potential medical importance, occurred at a rate of 0.1% to 0.9%, regardless of drug relationship:
Body as a Whole – General Disorders: Asottes, allergic reaction, asthenia, edema, fever, headache, hot flashes, influenza-like symptoms, leg pain, maise, rigors, substemal chest pain, syncope, multiple organ failure, changed temperature sensation, with favaal syndrome: Cardiovascural: Disorders: Carcues, leg pain, maise, rigors, substemal chest pain, syncope, multiple organ failure, changed temperature sensation, with ervous System Disorders: Convulsions (escures), hyperethesia, hypertinesia, hypertension, hypertension, aggravated, hypotension, postural hypotension, Central and Peripheral paralysis, speech disorder: Stupe, eard Societ, Sectores, Disorders: Carcue, Surgeresethesia, hypertinesia, hypertension, agaravita, geach disorder, stupe, eard bioscher, Bioschers: Anrythmia, arrhythmia ventricular, atrial tibrilation, surgevariatic, aradia, eardiat, eardiati, subcuscafia, cardiati, earlyticar fibrilation, surgevariati, cardiati, earlytardia, calchycardia, theory and Nutritional Disorders: Anrythmia, hypophosphatemia, norpoten introase, weight decrases, buscusch, bepatie mixes, benditi, endori, subcorders, Anrythmia, proteinai, hypopatemia, hyperkalemia, nyporteriami, hypophosphatemia, norpote, intraction, Neoplasms: Carcionana, thrombocythemia, Pytoharenia, Biosorders: Abordiati, subcorders: Ahormat Biosorders: Abstem Biosorders: Abordiati, subcorders, Abordia, gealia, sephasi, stepolitic, Biosorders: Anomati, sepsi, and cell, Biosorders: Aberta, Respondita, Biosorders: Abordiati, sepsi, stendolis, other Intection, fungar intection, fuerpes simplex, monitakis, outies inteuta, sepsas, Respiratory System Disorders: Anways obstruction, aspiration, astima, la bronchospasm, chronic obstructive airway disease, coughing, hemophysi, hypoxia, largnitis, betural fettion, pleurisy, pneumonitis, pneumonita, pneu palmonary edema, respiratory depression, respiratory disorder, respiratory in upper respiratory traci infection; Skin and Appendages Disorders: Abopci eruption, dry skin, eczema, genital pruntus, increased sweating, rash, ski skin exidiation, skin uteration, unteraris, Unimary System Disorders: Abopci function, acute renal failure, hematuria, oliguria, uninary incontinence, uninary unary traci Infection, Vascutar (Extraardica). Disorders: Thubing, cereb disorder, gangrene, philebitis, purpura, thrombophitis (deep), Vision Ahomral vision, eye pain, conjunctiviis, White Call and RES Disorders. Agana granulocytopenia, leukocytosis, lymphadenopathy, WBC abnormal NOS. In clinical triate using multiple-does therago, pothhalmologic abnormalites, cataracts and multiple punctate lenticular opacities, have been noted in patie ong tresently established. Crystalluria and cylindruria have been reported with other quinolones.

Crystalluria and cylindrura have been reported with other quinolone

Orselations and cylindurina have been reported with order quinointers. The following markedly abornal laboratory values appeared in >2% of patients receiving levoftxacin. It is not known whether this abnormality was caused by the drug or the underlying condition being treated. Hematology: decreased lymphocytes (2.2%) Post-Marketing experience with levoftxacin include: allergic pneumontis, anaphylactic stock, anaphylactorid reaction, dysphonia, abnormal EEG, encephalopathy, essinophilia, erythema multiforme, hemolytic anemia, multi-system organ failure, increased International Normalized Reis (MRV)port(month inte, perpineral encurpatity, thadowng/sis, Stevens-Johnson Syndrome, tendon rupture, torsades de pointes, vasodilation.

ORTHO-MCNEIL

OMP DIVISION ORTHO-MCNEIL PHARMACEUTICAL, INC. Paritan. New Jersev, USA 08869 U.S. Patent No. 5,053,407. © OMP 2000 Revised August 2005 Substances and Disease Registry, the U.S. Environmental Protection Agency, the Department of Defense, and local mosquito control districts—is implementing a plan to reduce mosquitoes and flies in the areas affected by Hurricane Katrina.

The health and hospitals department had developed a management plan in anticipation of the hatching of mosquitoes and flies due to the flooding in the area. Mosquito control is needed to protect public health from the nuisances and diseases they transmit; flies will also be monitored. The plan will continue, based on field monitoring of mosquitoes and flies in the region.

People face two types of increased risks for mosquito-borne diseases in the region: the rise in the number of mosquitos, and increased exposure to the insects. "People are spending a lot more time outside, and even when inside, they may have broken windows and screens that let mosquitoes into the house," Ms. Morcone said.

It's too soon to predict what impact Hurricane Katrina will have on West Nile virus in the Gulf region, she added. "What we do know is that the virus did exist in every one of these states before the storm and that it is still there. We want people to take precautions against exposure, and we will facilitate that as much as possible."

As of early September, 821 cases of West Nile virus—of which 18 cases were fatal had been reported in the United States, marking this as the slowest West Nile season since 2002. By early September 2002, 737 cases had been reported, with 35 fatalities. Numbers soared in 2003 to almost 1,900, with 37 fatalities, and stayed high last year, with 1,191 cases and 30 fatalities.

As in previous years, the highest number of cases (268) occurred in California. Of those, 7 have been fatal; 93 showed neurologic complications (West Nile meningitis, encephalitis, or myelitis). Other hard-hit states include South Dakota (138 cases; 1 fatality; 25 neuroinvasive illnesses); Illinois (89 cases; 1 fatality; 52 neuroinvasive); and Louisiana (52 cases; 4 fatalities; 40 neuroinvasive). Texas has reported only 27 cases, but almost all of them (24) were neuroinvasive; there was 1 fatality.

The reason for the decline this year is unclear, Ms. Morcone said. "If there's one thing we know about West Nile, it's that there's no such thing as a typical season. We have seen areas with large epidemics one year and very small case counts the next. Weather and ecology are among the factors that play a part in West Nile prevalence."

Although the cases are relatively low, physicians should still stress prevention to their patients. Repellents with DEET(N,Ndiethyl-m-toluamide) are most effective for those who are outdoors for extended periods. Repellents with oil of lemon, eucalyptus, and picaridin are probably sufficient for "backyard exposure," she said.

West Nile virus has also been identified in blood from 163 blood donors, according to the CDC. Of these donors, 3 subsequently developed West Nile neuroinvasive illness, 38 developed West Nile fever, and 3 developed other illnesses.