

CLINICAL CAPSULES

PPI Use Boosts CDAD Risk

The use of gastric acid-suppressive drugs was linked to increased risk of community-acquired *Clostridium difficile*-associated disease in a population-based case-control study, reported Dr. Sandra Dial and her associates at McGill University, Montreal.

Prior hospitalization, recent exposure to antibiotics, and age also significantly increased the risk of *C. difficile*-associated disease (CDAD), they found.

An association between proton pump inhibitor use and hospital-acquired CDAD

has been shown in several case-control studies. The researchers sought to determine whether the same relationship applied to community-acquired CDAD.

Using data from the United Kingdom General Practice Research Database (GPRD), which holds medical records on about 3 million patients in more than 400 medical practices, Dr. Dial and her associates compared records of all the patients in the GPRD with a first occurrence of CDAD during 1994-2004 (1,672) with those of 10 age-matched controls from the same medical practice. They then com-

pared the subset of CDAD patients who had not been hospitalized in the year before the index date (1,233) with 10 controls from the same practices. These patients were considered to have community-acquired CDAD (JAMA 2005;294:2989-95). The researchers found an "exponential increase" in CDAD during the study period, from less than 1/100,000 patients in 1994 to 22/100,000 in 2004, although this may be partly explained by increased reporting and testing during that time.

U.S. Measles Cases Hit All-Time Low

Measles cases in the United States have hit an all-time low, the Centers for Disease

Control and Prevention has reported.

During 2004, just 37 cases of measles were reported to the CDC. This number—the lowest ever reported in 1 year in the United States—represents a 16% drop from the 44 cases reported in 2002, the CDC reported (MMWR 2005; 54:1229-31).

Nearly half (18) of the 37 cases were children aged 1-4 years, another 7 were aged 5-19 years, 5 were younger than 12 months of age, 5 were 20-34 years old, and 2 were aged 35 years or older. Three states—Washington, California, and New York—accounted for 49% of the cases, whereas 11 states reported one to three cases each.

Of the 37 cases, 27 (73%) were imported, including 14 in U.S. residents who had acquired measles while traveling abroad, and 13 in foreign nationals who acquired the disease abroad and subsequently traveled to the United States. China was the most frequent country from which measles was imported, accounting for 13 of the cases.

All 14 of the U.S. residents with imported measles cases were vaccine eligible. Of those, nine were not vaccinated, three had unknown vaccination status, and two had received at least one dose of measles vaccine.

Of the 13 non-U.S. residents with imported measles, 10 had not been vaccinated and 3 had unknown vaccination status. Ten of the cases were indigenous (infected in the United States), of which six were linked to imported cases and four had unknown sources of exposure.

It will be necessary to maintain greater than 90% vaccination coverage in the United States as long as measles is endemic in most countries worldwide, the CDC said.

Transmission of Hepatitis C

Two recently published studies demonstrate that the risk of transmission of hepatitis C from mother to infant is increased by concomitant HIV infection, but unlike HIV, the risk of vertical transmission of hepatitis C is not reduced by elective cesarean section.

Additionally, the larger of the two studies turned up the surprising result that girl babies are at twice the risk of vertical transmission as are boys (J. Infect. Dis. 2005;192:1872-9).

That study, by the European Paediatric Hepatitis C Virus Network, involved 1,479 pregnant women with confirmed hepatitis C infections from 33 sites across Europe. They and their babies were followed prospectively over at least 24 months.

The overall vertical transmission rate in this study was 3.7%. Women who were coinfecting with HIV were 6.5 times more likely to transmit hepatitis C than those who were not coinfecting.

Among the HIV-negative women, vertical hepatitis C transmission was significantly associated with several factors, including membrane rupture more than 6 hours before delivery and the use of internal fetal monitoring devices.

The investigators concluded that avoiding internal fetal monitoring and/or performing a cesarean section before or soon after membrane rupture could decrease the risk of vertical hepatitis C transmission.

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¹ Serebraun, et al JACC March 2005 ² Chen, et al, JACC March 2005

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