

AOM Trails 30% of Upper Respiratory Infections

BY JANE SALODOF MACNEIL
Southwest Bureau

SAN FRANCISCO — Nearly a third of infants and toddlers with upper respiratory infections also will develop acute otitis media, Dr. Krystal F.Z. Revai reported at the annual meeting of the Pediatric Academic Societies.

Dr. Revai and her colleagues at the University of Texas Medical Branch in Galveston followed 112 children, starting at ages

6-35 months, for 1 year. During the subsequent study period, the children had 630 upper respiratory infections, 205 cases of acute otitis media (AOM), and 52 sinusitis episodes. Most of the ear infections, 188 cases, occurred within 3 weeks of an upper respiratory infection. The rate of AOM after upper respiratory infections was 30% in children 6-47 months of age.

Infants enrolled at 6-11 months of age were the most vulnerable, according to the investigators. The highest rate of AOM,

36%, occurred in children under 1 year of age. The rate was 29% in children enrolled at 12-23 months, and fell to 15% in the cohort aged 24-35 months. "That 6- to 12-month-old window is critical," Dr. Revai said in a poster-side interview at the meeting, sponsored by the American Pediatric Society, Society for Pediatric Research, Ambulatory Pediatric Association, and American Academy of Pediatrics. One implication of the study is that keeping children less than 1 year of age out of day care could

protect them from AOM if they have fewer upper respiratory infections as a result.

"By avoiding day care or choosing small-group day care, you will decrease their burden of AOM significantly," she said.

About 30% of children in the study were in day care, and 29% were exposed to smoke, another risk factor. While nearly two-thirds were fully immunized with the pneumococcal conjugate (PCV7) vaccine, the investigators found no difference in the rates of AOM or sinusitis after up-



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DR. REVAI

per respiratory infection when they compared children who were fully immunized with those who were not.

Overall, 8% of upper respiratory infections were complicated by sinusitis. The sinusitis rate peaked at 10% in the middle group of children aged 12-23 months. The rate was 7% when the children were older or younger. Dr. Revai also reported that adenovirus, respiratory syncytial virus, and parainfluenza virus were most often associated with AOM. Adenovirus was found in 65% of cases, and each of the other two viruses in 50%. ■

Dose Amoxicillin For Otitis Media By Vaccine Hx

A standard daily dose of 40-45 mg/kg per day amoxicillin is an appropriate first-line antibiotic for children with acute otitis media who have received at least three doses of the heptavalent pneumococcal conjugate vaccine, if treatment is needed, reported Dr. Jane Garbutt and her colleagues at Washington University, St. Louis. The investigators reviewed data from 327 children younger than 7 years old with new diagnoses of acute otitis media, otitis media with effusion, acute sinusitis, streptococcal pharyngitis, nonspecific upper respiratory tract infections, or a cough illness during the 4-year period (Pediatrics 2006;117:1087-94).

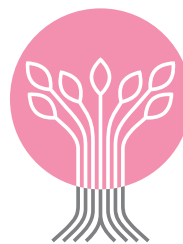
The prevalence of *Streptococcus pneumoniae* isolates that were not susceptible to penicillin (NSSP) was significantly reduced in children with any diagnosis who had received at least three doses of heptavalent pneumococcal conjugate vaccine (PCV7), compared with those who had fewer or no doses (8% vs. 20%), and no NSSP-A isolates were found among the study children who had received at least three doses of the PCV7 vaccine. In addition, vaccination with at least three doses of PCV7 was protective for all child care attendees, but vaccination with at least one dose was not protective.

—Heidi Splete

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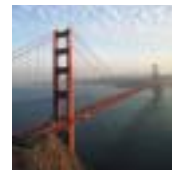
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