Interpreting Serology Tricky in Epstein-Barr Mono

Clinical judgment should come first in evaluating suspected cases of EBV mononucleosis in children.

BY ROBERT FINN
San Francisco Bureau

WASHINGTON — Merck’s experimental RotaTeq vaccine was effective against moderate and severe rotavirus at the end of its shelf life, which appears to be 18 months, lead investigator Umesh Parashar, M.D., reported at the National Immunization Conference sponsored by the Centers for Disease Control and Prevention.

A new vaccine is eagerly anticipated, because rotavirus causes 440,000 deaths and leads to 2.1 million patient visits in children under age 5 worldwide each year, said Dr. Parashar of the National Center for Infectious Diseases at the Centers for Disease Control and Prevention (CDC). Rotavirus causes 5% of deaths in children under age 5 worldwide. In the United States, there are few deaths—only 20-60 per year—but there are 200,000-272,000 emergency department visits and 400,000 outpatient visits because of rotavirus annually.

Stan Block, M.D., a pediatrician in private practice in Bardstown, Ky., presented the RotaTeq data on behalf of Merck.

Heaton, director of clinical research at the National Immunization Conference sponsored by the Centers for Disease Control and Prevention.

Despite long-standing recommendations for annual influenza vaccine and one-time pneumococcal vaccination for adults aged 18-49 with chronic lung, cardiovascular, metabolic, and immunosuppressive conditions, overall coverage levels are only 20% for influenza vaccine and 8% for Pneumovax. Rates are just slightly better for diabetic patients, at 27% and 17%.

The Healthy People 2010 goal is 60% for both vaccines, said Dr. Hill of the department of preventive and family medicine at the University of California, San Diego.

In an effort to determine what types of preventive health issues are addressed during a typical office visit, Dr. Hill and her associates audiotaped 37 visits of patients aged 20-50 years old with chronic conditions.

Patients were seen at three community health centers and one private practice between September 2003 and January 2005. The average visit lasted about 13 minutes. About 5 minutes were spent taking the patient’s history, half a minute on providing generic health information, another 1-2 minutes on immunizations.

Although this isn’t surprising, the actual discussion tended to be more about trying to figure out what the patient was taking and what dose is being taken, the appropriateness of the dose or explaining to the patient what it is for.

Previous data have shown that, more than any patient characteristic, physician advice is the greatest predictor of receipt of recommended vaccines. Moreover, physician immunization advice is more likely to occur when the patient is feeling ill.

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