Febrile Children’s Treatment Improved by Rapid Flu Test

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SAN FRANCISCO — The rapid diagnostic test kit for influenza significantly improves the managing products from Andy in Flufight and young children who are presenting to the emergency department with fever of unknown origin, according to a poster presentation by Dr. Javier Benito-Fernández at the annual meeting of the Pediatric Academic Societies.

Among 206 children aged 0-16 months, those who tested positive on the rapid diagnostic test underwent fewer laboratory tests and fewer radiographs, had a shorter length of stay in the emergency department, were less likely to be admitted to the hospital, and were much less likely to be treated with antibiotics. The prospective study was conducted during the influenza seasons of 2003-2004 and 2004-2005 at Hospital Cruces, University of the Basque Country, Baracaldo, Vizcaya, Spain. All infants less than 3 months old with a fever of unknown origin received a rapid diagnostic test, the Directigen Flu A+B test.

The study randomized healthy infants and children 3-16 months of age received the test only if their temperature was over 39°C and the pediatrician thought that laboratory tests were necessary to rule out bacterial infection. Of the 206 children, 84 tested positive and 122 tested negative on the rapid diagnostic test.

There were no significant differences between the positive and negative groups in mean age (about 6.75 months), mean temperature (about 39.4°C), and several demographic factors. Children who tested positive were significantly less likely to undergo urinalysis (91% vs. 106%), blood tests (33% vs. 100%), chest x-rays (14% vs. 32%), and lumbar puncture (2% vs. 21%). None of the children who tested positive received antibiotics, compared with 39% of the children who tested negative.

Children who tested positive also spent significantly less time in the emergency department, an average of 214 minutes versus 470 minutes for those testing negative. Moreover, those testing positive were less likely to be admitted to hospital (2% vs. 21%). There was no significant difference, however, in the rate of children returning to the emergency department for additional medical care. 11.9% of the children testing positive versus 11.5% of those testing negative were transported to the emergency department. This group advises HHS on health IT in-