important to understand that everything is a balance. “We want children to play outside, but we want them to do it safely. And there are all sorts of ways to do that. One is that we prevent bites from insects that convey infection—but we also don’t douse them with so much repellent that it causes harm.”

The CDC on its Web page on West Nile virus cites the Environmental Protection Agency’s advice: “Do not allow children to handle the [insect repellent]. When using on children, apply to your own hands first and then put it on the child.”

Likewise, the AAP warns not to apply DEET (N,N-diethyl-m-toluamide) to the hands of young children and to avoid areas around the eyes and mouth. Dr. McMillan noted that a new version of the AAP Red Book is being delivered in the coming weeks and will be available online this month. The new book will include an updated, more specific statement on DEET and will address other insect repellents, such as picaridin. She said she believes it’s too early to say there’s a relationship between global warming and any upswing in insect-borne diseases.

Fever-Petechiae Dilemma: To Admit or Not to Admit

CHICAGO — A child’s death from unsuspected meningococcal disease can keenly heighten an emergency physician’s awareness that there are few clues about which children with fever and petechiae are safe to send home, Dr. Jane Knapp said at a meeting sponsored by the American College of Emergency Physicians. “You can’t pick them out,” cautioned Dr. Knapp, professor of pediatrics at the University of Missouri–Kansas City and a pediatric emergency physician at Children’s Mercy Hospital in Kansas City, Mo. “But we can’t admit every child with fever and petechiae.”

Neither clinical nor hematologic features are reliable predictors of meningococcal infection, she added. Dr. Knapp presented a case from early in her career of a 7-year-old boy who was afebrile on admission. Mental status changes followed by the development of a petechial rash in the emergency department prompted treatment for meningococcemia, but he died shortly afterward.

The case highlights the fact that lack of fever is not always a reassuring sign and does not exclude meningococcal infection, she said.

One study of 24 children with meningococcal disease found that 10% did not have a petechial/orbicular rash, although they did appear unwell (Pediatrics 1999;103:E20). An additional 45% (12%) of the children had what the authors called “suspected meningococcal disease” (SMD), meaning they were seen in the hospital and discharged with a later positive culture. One child in the SMD group died after returning to the hospital—one 6 hours and the other 12 hours later.

Comparing the children with UMD to a control group of culture-negative febrile patients, the authors found that the UMD group was on average significantly younger (9 months vs. 14 months), with 82% of them aged between 3 and 36 months. The UMD group also had significantly higher band counts on average (14 vs. 7), compared with the culture-negative patients. However, the authors concluded that the predictive value of the band count is low in this group, because UMD is uncommon in young febrile pediatric patients.

“Meningococcal disease cannot be diagnosed on the basis of clinical examination and routine laboratory tests,” Dr. Knapp said. “But you can’t send every child home.”

References: