Adenovirus 14 Caused Outbreak of Severe CAP

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SAN DIEGO — During the winter of 2006 and the spring of 2007, adenovirus 14 caused a community outbreak of respiratory disease in Oregon, with a fatality rate of 19%, Dr. Paul Lewis reported at the annual meeting of the Infectious Diseases Society of America.

“This seemed to come out of nowhere,” Dr. Lewis, a public health physician with the state of Oregon and a pediatric infectious disease physician with Oregon Health and Science University, Portland, said of the outbreak. “In patients with serious respiratory illness without an identified etiology, clinicians should think about viruses.”

The cluster was first identified in the spring of 2007 by his associate, Dr. David Gilbert, who was making rounds in the intensive care unit at Providence Portland Medical Center and thought it was odd that 4 of 13 patients had adenovirus infections, which are typically mild and self-limited.

“When we called other hospitals in the Portland area, we almost fell out of our chairs because they all had seen recent severe and fatal cases of adenovirus,” Dr. Lewis said.

Sensitivity and specificity for SMART-COP were 86% and 51%, respectively, Dr. Charles said. “A prospective study is planned, which should answer this.”

Pneumonia Patients Admitted Late To ICU Have Higher Mortality

SAN FRANCISCO — Patients with community-acquired pneumonia who were admitted to the intensive care unit 2 or more days after diagnosis were more than twice as likely to die within 30 days as were those who were admitted in 24 hours or less, according to a poster presentation at the International Conference of the American Thoracic Society.

The retrospective, observational study involved 161 patients seen over a 3-year period at two tertiary care hospitals in San Antonio. All patients were 18 years old or older, all had received a chest x-ray within 24 hours of admission, and all had a diagnosis consistent with community-acquired pneumonia, wrote Dr. Marcos I. Restrepo and his colleagues at the University of Texas at San Antonio.

There were no significant differences in demographic or clinical characteristics between the 142 patients admitted to the ICU early and the 19 admitted late. There were also no significant differences between the two groups in whether they received antibiotics within 4 hours, whether their blood was cultured appropriately, or whether they received guideline-concordant antibiotic therapy.

After 30 days, 45% of the patients who had been admitted late had died, compared with 23% of the patients who had been admitted early, a significant difference.

The investigators wrote that further research is needed to isolate the factors underlying the association between late ICU admission and increased mortality.