Target Teens for the Meningitis Vaccine

The majority of cases—most often caused by serogroups C and Y—can be prevented.

BY DIANA MAHONEY
New England Journal of Medicine

CAMBRIDGE, Mass.—Although adolescents are not the pediatric population at greatest risk for invasive meningococcal disease, advocating the use of the conjugate meningococcal vaccine in this patient population “makes perfect sense,” said Dr. Richard F. Jacobs, the Horace C. Cabot Professor of Pediatrics at the University of Arkansas, Little Rock. The population still is at risk, although the majority of meningococcal infections occur in children younger than 5 years of age, with a peak incidence in those younger than 2 years old.

“Ideally, we would like a conjugated vaccine against all hemophilus meningitis that we would use as an infant strategy in the first 6 months, with a booster dose at 1 year, that would have the same effect as the Haemophilus influenzae type b and pneumococcal conjugate vaccines, but the conjugate meningococcal vaccine in that visit...and it makes sense to include the conjugate meningococcal vaccine in that visit.”

‘The [AAP] has been advocating the adolescent health visit ... and it makes sense to include the conjugate meningococcal vaccine in that visit.’

The prevention wherev...

Think Legionnaires’ When Kids With Pneumonia Don’t Respond to Therapy

BY MIRIAM E. TUCKER
Senior Writer

WASHINGTON—Consider the diagnosis of Legionnaires’ disease in any child with pneumonia who doesn’t respond to β-lactam antimicrobial agents and may not have the classic symptoms. Of 63 patients with chest radiographs, pulmonary infiltrates were seen in 97% and pleural effusion in 80%.

Forty-one (54%) of the 76 cases were classified as hospital-acquired. These patients were more likely to be newborns and to have underlying diseases. The 35 patients with community-acquired legionnaires’ disease were less likely to be immunosuppressed (35% vs. 90%). Mortality was 41% in the hospital-acquired cases and 23% in the community-acquired cases. Compared with the 51 who survived, the 23 who died were younger and were more likely to have underlying diseases. Children who received inappropriate antibiotics were three times more likely to die than were those appropriately treated (76% vs. 24%). Dr. Greenberg and his associates noted at the meeting, sponsored by the American Society for Microbiology.

Cephalosporins Superior for GABHS

BY MIRIAM E. TUCKER
Senior Writer

WASHINGTON—Cefdinir is superior to penicillin in eradicating group A streptococci in children with tonsillitis, Dr. Izak Ravek and Dr. Perry A. Foote reported in a poster at the annual Interscience Conference on Antimicrobial Agents and Chemotherapy.

The failure of penicillin to eradicate group A β-hemolytic streptococci (GABHS) from in-flamed tonsils, currently exceeding 40%, is of great concern. While penicillin remains effective against GABHS in vitro, several theories have been put forth to explain the high failure rate in patients, said Dr. Brook, professor of pediatrics at Georgetown University, Washington, and Dr. Foote, of the department of ototino- laryngology at the University of Florida, Gainesville.

After removal, GABHS was isolated from 17 (85%) of the penicillin patients.

Adverse effects were not...

GABHS Was Isolated From Cultures in Two Groups After Tonsillectomy

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<th>Penicillin group</th>
<th>Cefdinir group</th>
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<td>Note. Based on 20 subjects in each group.</td>
<td>Sources: Dr. Brook and Dr. Foote</td>
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<td>55%</td>
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Patients ranged in age from 5 days to 19 years, with a mean of 24 months. Symptoms and signs were nonspecific, including fever in nearly all the patients. Cough, tachypnea, and hypoxia also were common. Results of laboratory tests also were nonspeci-
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