Pediatric HIV Admissions Decline Is Slowing

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FROM THE PEDIATRIC HOSPITAL MEDICINE 2010 MEETING

MINNEAPOLIS – Pediatric HIV admissions continue to decline, but less so than previously reported and mostly in older children, according to an analysis of two national data sets.

Researchers analyzed the Kids' Inpatient Database (KID) and Nationwide Inpatient Sample (NIS) from 2003 through 2007 for HIV trends across the years including hospitalization rates, changes in length of stay (LOS), and costs. The NIS data are annual; KID data are triennial.

Pediatric admissions for HIV as a primary diagnosis declined from 2003 by 32% in the 2006 KID and by 47% in the 2007 NIS. The decrease in admissions for HIV as the principal diagnosis plus secondary conditions, also known as the all-listed diagnosis, was lower at 23% for the 2006 KID and 38% for the 2007 NIS, Dr. Daniel Rauch reported in a poster presentation at the meeting.

"We've been very successful in identifying kids with HIV and preventing transmission, so that we're seeing an overall reduction in HIV in the United States," he said. "The decreased admission volume is also partly due to successful management of HIV by multidisciplinary outpatient teams, which may serve as a model for chronic disease management. The outcome is that less and less children are being hospitalized."

In New York City, just five infants were born with HIV last year, noted Dr. Rauch of Mount Sinai School of Medicine and associate director of pediatrics at Elmhurst Hospital Center, both in New York.

The pace of the decline is slower than previously reported. A similar analysis of

Meningococcal Vaccine Cleared For Ages 2-10

The approval of the quadrivalent meningococcal conjugate vaccine manufactured by Novartis has been expanded to include children aged 2-10 years, but does not yet include infants.

The Food and Drug Administration approved the use of the vaccine for preventing invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135 in children aged 2-10 years of age, according to a statement issued by Novartis. The company markets the vaccine (Meningococcal [Groups A, C, Y and W-135] Oligosaccharide Diphtheria CRM $_{197}$ Conjugate Vaccine) as Menveo. It was approved in 2010 for use in adolescents and adults aged 11-55 years.

Novartis' application for approval included children down to age 2 months. But the statement said that the FDA had not included this age group in the approval because of concerns raised that the company believes are of a "procedural nature," and that the company plans to resubmit the application for approval with more clinical data on children 2 months to 2 years within a few months.

Approval for children aged 2-10 years was based on data in a phase III study of 5,297 children in that age group comparing the safety and immunogenicity against the four serogroups contained in the vaccine with those in the other meningococcal vaccine licensed in the United States, according to Novartis. The company said it has agreed to conduct postmarketing studies.

The other meningococcal conjugate vaccine approved in the United States is Menactra, manufactured by Sanofi Pasteur, which is also approved for immunizing people aged 2-55 years against invasive meningococcal disease caused by the four serogroups contained in the vaccine, the same included in Menveo.

In the European Union, where Menveo is known as Meningococcal Group A, C, W135 and Y Conjugate Vaccine, Novartis plans to submit data to support the use of the vaccine in children aged 0-10 years in the first half of 2011, according to the statement. In Canada, the application for use in children 2-10 years has been submitted.

–Elizabeth Mechcatie