

# Fax, E-Mail Feedback From Hospitalists Favored

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PHILADELPHIA — E-mail and fax are the preferred tools for pediatric hospitalists to use when communicating with referring physicians, according to the results of a small survey of 77 physicians.

In this survey of referring pediatricians and emergency physicians in the metropolitan Washington area, most preferred follow-up contact from pediatric hospitalists via fax (34%) or e-mail (30%), Dr. Riva Kamat-Nerikar reported at the annual meeting of the Eastern Society for Pediatric Research.

Dr. Kamat-Nerikar, a pediatric hospitalist at Inova Fairfax Hospital for Children in Falls Church, Va., and her colleagues contacted physicians in 38 pediatric practices and 10 emergency departments that referred patients to the pediatric hospitalist service at Inova. The hospitalist team there admits about 2,300 patients per year.

The initial survey contact was Web based. Those who did not respond via the Web were then contacted by fax. Those who did not respond via fax were then contacted by phone.

In all, 77 physicians responded; 74% were pediatric physicians.

Slightly more than half of the respondents were women (56%).

Dr. Kamat-Nerikar noted that almost half of the respondents graduated from medical school after 1990.

Most of the respondents (94%) said that communication from hospitalists was necessary to follow-up care. Ease, accuracy, and directness of the communication from hospitalists were important to the primary care and emergency department physicians, the authors reported.

The most important information in hospitalist communication was the diagnosis, the results of any consults, and laboratory/radiology results, the investigators observed. ■

## RotaTeq demonstrated high-level efficacy against rotavirus gastroenteritis (RGE) caused by serotypes G1, G2, G3, and G4.<sup>1</sup>

In REST<sup>a</sup>, through the first rotavirus season postvaccination (n=5,673)

**98% efficacy** against **severe** RGE

**74% efficacy** against RGE of **any severity**

In REST, through the first two years after vaccination (n=68,038)

**~95% reduction** in hospitalizations and emergency department visits

In a post hoc analysis of data from REST (n=68,038)

**100% reduction** in hospitalizations and emergency department visits due to RGE caused by **serotype G9P[8]**

- RotaTeq is indicated for the prevention of rotavirus gastroenteritis in infants and children caused by the serotypes G1, G2, G3, and G4 when administered as a 3-dose series to infants between the ages of 6 to 32 weeks.
- The first dose of RotaTeq should be given at 6 to 12 weeks of age, with subsequent doses administered at 4- to 10-week intervals. The third dose should not be given after 32 weeks of age.
- RotaTeq may not protect all vaccine recipients against rotavirus.

### Select safety information

- RotaTeq should not be administered to infants with a demonstrated history of hypersensitivity to the vaccine or any component of the vaccine.
- No safety or efficacy data are available for the administration of RotaTeq to infants who are potentially immunocompromised or to infants with a history of gastrointestinal disorders.
- Caution is advised when considering whether to administer RotaTeq to individuals with immunodeficient contacts.
- In clinical trials, the most common adverse events included diarrhea, vomiting, irritability, otitis media, nasopharyngitis, and bronchospasm.
- In post-marketing experience, intussusception (including death) and Kawasaki disease have been reported in infants who have received RotaTeq.

Before administering RotaTeq, please read the adjacent Brief Summary of the Prescribing Information.

<sup>a</sup>Rotavirus Efficacy and Safety Trial

Reference: 1. Vesikari T, Matson DO, Dennehy P, et al. Safety and efficacy of a pentavalent human-bovine (WC3) reassortant rotavirus vaccine. *N Engl J Med*. 2006;354:23–33.

**RotaTeq**®   
(Rotavirus Vaccine,  
Live, Oral, Pentavalent)  
Help cradle them in protection