CLINICAL CAPSULES

Chlamydia Climbs in Teen Girls

Overall rates of chlamydia in the United States increased by 6% in 2004 compared with 2003 levels, officials from the Centers for Disease Control and Prevention said in a telephone news conference. The highest rates of chlamydia continued to be among adolescent females aged 15-19 years old, with a reported rate of 2,761 per 100,000 persons. The increase in the chlamydia rate probably reflects improved screening and better tests, the CDC officials said. Efforts to increase chlamydia screening are a priority for CDC; the organization recommends annual screening of sexually active women younger than 25 years. Data from a recent CDC study conducted in conjunction with Kaiser Permanente showed that a program that prompted primary care physicians to tie chlamydia testing to Pap testing increased chlamydia screening by 30% among the health plan's younger female members.

Missionary Imports Measles

A measles outbreak in Indiana in May-June 2005 has been attributed to an unvaccinated 17-year-old girl who had worked as a missionary in an orphanage and hospital in Bucharest, Romania, according to the CDC (MMWR 2005;54;1073-5). The girl returned to the United States with symptoms including prodromal fever, cough, conjunctivitis, and acute rhinitis (coryza) on May 14, and a rash on May 16. She attended a church gathering that included people who had not been vaccinated. The outbreak included 34 patients, aged 9 months to 49 years, with a median age of 12 years. A total of 14 cases (41%) were laboratory confirmed, and the other 20 were epidemiologically linked to confirmed cases. Only two patients had been vaccinated; one had received a single dose of vaccine and the other had received two doses.

Actions taken to control the outbreak included patient isolation; tracing patient contacts and administering vaccine and immunoglobulin to those who were susceptible; and voluntary quarantine for contacts who refused vaccination. In addition, local health officials reviewed the vaccine status of health care workers, alerted hospitals to the outbreak, and raised local media awareness of the need for vaccination. This measles outbreak represents the largest in the United States since 1996, and could have been prevented by adherence to the Advisory Committee on Immunization Practices recommendations, which include vaccination for all international travelers, people who work in medical facilities, and preschool and school-aged children.

Tx for Noncompliant *H. pylori* Patients

The clinical potency of metronidazole, despite evidence of in vitro resistance, may make it a more effective choice for children in areas with a high prevalence of *Helicobacter pylori,* said Bradford D. Gessner, M.D., of the Alaska Division of Public Health, Anchorage, and his colleagues (CID 2005;41;1261-8). Poor treatment compliance, crowded housing, and lower body mass index were among the risk factors for failed treatment of *H. pylori* infection in a randomized study of 219 children aged 7-11 years in rural Alaska. Those in the control group received 3 mg/kg iron sulfate twice daily, up to 60 mg/dose for 6 weeks. Those in the treatment group received iron sulfate plus a triple-barrelled therapy consisting of 40 mg/kg amoxicillin twice daily, up to 1.5 g/dose; 7.5 mg/kg clarithromycin twice daily, up to 500 mg/dose; and 30 mg lansoprazole twice daily. Children who were allergic to amoxicillin or macrolides received 10 mg/kg of metronidazole twice daily, up to 500 mg/dose. Compliance was a factor in the results; 8.3% of children who took their medications fewer than 10 times resolved their infections, compared with 19%, 40%, and 63% of children who took their medications 10-20 times, 20-27 times, and all 28 times, respectively. Posttreatment analyses showed a significant association between metronidazole and treatment success after controlling for multiple confounding variables.

Genotypes Factor in Hepatitis C

Interferon therapy for chronic hepatitis C may be less effective in children with a hepatitis C virus (HCV) genotype 1 than in children with hepatitis C virus genotypes other than 1, based on a retrospective study of 50 children aged 3-15 years, said Raffaele Iorio, M.D., of the University of Naples (Italy) and his associates. The children had hypertransaminasemia with detectable HCV RNA. A sustained response to interferon was observed in 11 of 17 children (65%) infected with an HCV genotype other than 1, compared with 8 of 33 children (24%) infected with HCV genotype 1. In addition, eight of the children who did not have a favorable response received a second cycle at a mean age of 11 years, and only one child with an HCV genotype other than 1 sustained a response to the second cycle.

—Heidi Splete with staff reports

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