

Rapid Pertussis Testing May Be Overly Sensitive

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TORONTO — *Bordetella pertussis* polymerase chain reaction tests can be positive months after clinical illness, Dr. Bryan Stone reported in a poster presentation at the annual meeting of the Pediatric Academic Societies.

It took a full 7 months for patients who initially tested positive for *B. pertussis* by polymerase chain reaction (PCR) to convert

to a negative status, according to data from a prospective cohort study of 36 patients.

Rapid PCR testing has a sensitivity of 94%-98%. But there are concerns the test may be overly sensitive.

Patients with pertussis are believed to be contagious through the first 21 days of illness or completion of 5 days of antibiotics. What hasn't been known is the length of time after reported onset of symptoms that PCR testing remains positive, said Dr. Stone, medical director of the neuro-

science trauma unit and assistant professor of pediatrics at the University of Utah, Salt Lake City.

The analysis was based on 36 participants providing 61 samples taken 4-204 days from onset of symptoms. Thirteen "index" cases were PCR-positive infants admitted to a tertiary care center and 23 were in close contact with an infected infant and had a cough lasting 7 or more days. The mean age of the index cases was 78 days, and none had received any pertussis immunizations.

Testing occurred weekly for 3 weeks and then monthly or every other month for 12 months or until the test became negative. Overall, 15 patients allowed serial sampling; 16 allowed only one sample; and 5 were initially negative, but remained ill for more than 21 days from onset of symptoms. There was no difference in antibiotic exposure in patients who tested PCR positive or negative. Half of the participants remained PCR positive between 60 and 150 days after onset of symptoms. ■

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SELECTED CAUTIONARY INFORMATION

Skeletal Muscle: Myopathy sometimes takes the form of rhabdomyolysis with or without acute renal failure secondary to myoglobinuria, and rare fatalities have occurred. The risk of myopathy/rhabdomyolysis is dose related. Tell patients to promptly report muscle pain, tenderness, or weakness. Discontinue drug if myopathy is suspected or CPK levels rise markedly.

Myopathy Caused by Drug Interactions: Use of VYTORIN with itraconazole, ketoconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, nefazodone, or large quantities of grapefruit juice (>1 quart daily) should be avoided because of the increased risk of myopathy, particularly at higher doses.

The concomitant use of VYTORIN and fibrates (especially gemfibrozil) should be avoided. Although not recommended, the dose of VYTORIN should not exceed 10/10 mg if used with gemfibrozil.

The benefit of further alterations in lipid levels by the combined use of VYTORIN with niacin should be carefully weighed against the potential risks of myopathy. The dose of VYTORIN should not exceed 10/10 mg daily in patients receiving cyclosporine or danazol, and 10/20 mg daily in patients receiving amiodarone or verapamil.

Liver: It is recommended that liver function tests be performed before the initiation of treatment and thereafter when clinically indicated. Additional tests are recommended prior to and 3 months after titration to the 10/80-mg dose, and semiannually for the first year thereafter.

VYTORIN is not recommended in patients with moderate or severe hepatic insufficiency.

In clinical trials, the most commonly reported side effects, regardless of cause, included headache (6.8%), upper respiratory tract infection (3.9%), myalgia (3.5%), influenza (2.6%), and extremity pain (2.3%).

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