

Continued from previous page

sistant to three classes of agents, only 29% were susceptible to amoxicillin/clavulanate, and none of the isolates was susceptible to cefdinir, he added.

In a separate comment, Dr. Stephen I. Pelton said MDR 19A should be suspected in children with persisting signs and symptoms of acute otitis media despite antimicrobial therapy. "Some of these isolates will be susceptible to high-dose Augmentin or a three-dose regimen of intramuscular ceftriaxone, but others may not," said Dr. Pelton, chief of pediatric infectious disease at Boston Medical Center.

Tympanocentesis with or without tube insertion will offer symptomatic benefit for those with treatment failure or persistent earache, irritability, or other symptoms, Dr. Pelton said in an interview.

In addition, the PCV7 vaccine should not bear all the blame for the increase in the resistant 19A strain, he added. "The 19A strain was intermediate resistant in 2000, and it is both the vaccine's lack of cross-reactivity and the presence of resistance that has selected for the increase in 19A. So there are two processes: selection of 19A already [intermediate] resistant to penicillin, and the introduction of new 19A strains with even higher resistance. Switching to 19A may be the result of the vaccine, but continued use of antibiotics is the selection driving this clone increase," he said. ■

## ACIP Approves FluMist for Kids Aged 2-5 Years

ATLANTA — The live, attenuated influenza virus vaccine can be used in children 2-5 years of age with no wheezing in the past 12 months, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recommended at their fall meeting.

LAIV vaccine, manufactured as FluMist by MedImmune Inc., should not be administered to individuals with asthma or to children younger than age 5 with recurrent wheezing, ACIP said.

Acknowledging the difficulty in identifying recurrent wheezing in young children, the committee suggested physicians ask parents of 2- to 5-year-olds (children aged 24-59 months) the following question before administering FluMist: "In the past 12 months, has a health care provider ever told you that your child had wheezing or asthma?" The vaccine is not recommended for children whose parents answer yes to the question or for those with wheezing noted in their chart within the past year.

For healthy 2- to 49-year-olds, either trivalent inactivated virus (TIV) vaccine or LAIV vaccine can be used for flu immunization.

The Food and Drug Administration approved FluMist for children aged 24 months up to 59 months, on Sept. 19, 2007.

Dr. Joseph Bocchini of Louisiana State University, Shreveport, the American Academy of Pediatrics liaison at the meeting, said the approval "expands our ability to provide vaccine to 2- to 5-year-olds" and provided a choice of which vaccine to give.

—Melinda Tanzola

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