Clinical Capsules

Dating Violence Link to STDs

Approximately 1 in 3 girls in grades 9-12 who reported sexual activity also reported sexual or physical violence from their dating partners in a study of 1,641 girls, said Michele R. Decker of Harvard School of Public Health, Boston, and her colleagues (Pediatrics 2005;116:e272-6). A similar percentage reported being tested for an STD or HIV. Overall, girls who reported physical and sexual violence or physical violence alone were significantly more likely to be tested for an STD (odds ratio 2.4 or 1.6, respectively) than were girls who did not report any violence. In addition, the odds of a positive diagnosis were significantly higher for girls reporting physical and sexual violence or physical violence alone (odds ratio 2.6 or 2.2, respectively) compared with girls who did not report any violence. The study was limited by several factors, including possible underreporting of testing behaviors, since many adolescents may not know or report their positive results.

Predicting STI Risk in Teens

Teenagers who thought their parents would strongly disapprove of their having sex were less likely to have developed sexually transmitted infections 6 years later, said Carol A. Ford, M.D., of the University of North Carolina at Chapel Hill, and her associates. The study included data on 11,594 adolescents from the National Longitudinal Study of Adolescent Health, a prospective cohort study initiated in 1995 when the participants were in grades 7-12 (Arch. Pediatr. Adolesc. Med. 2005;159:657-64). Approximately half (52.8%) of the subjects were female, and the mean age at follow-up was 22 years. Overall, 5.5% of adolescents who thought that their parents strongly disapproved of sex during adolescence tested positive for *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, or *Trichomonas vaginalis*, compared with 8.0% and 8.9%, respectively, of those who thought that their parents' disapproval was moderate or low. In a bivariate analysis, factors associated with an increased likelihood of sexually transmitted infections included low grade point average, a perception of looking younger than one's peers, and a higher average daily school attendance rate. However, in a stratified, multivariate analysis, family, school, and individual factors associated with prolonged virginity—such as a high grade point average or attending a parochial school—were not predictive of STI status among boys at follow-up.

Kingella kingae Rising?

In the first reported outbreak of invasive *Kingella kingae* disease, it affected several toddlers at a day-care center in Minnesota in October 2003, said Karen M. Kiang, M.D., of the Minnesota Department of Health, Minneapolis, and the Centers for Disease Control and Prevention, Atlanta, and her colleagues (Pediatrics 2005;116:206-13). Three cases of osteomyelitis/septic arthritis due to *K. kingae* occurred: in a 21-month-old boy, a 20-month-old girl, and a 17-month-old boy. The first two cases were confirmed by culture. All three children presented with limping and fevers higher than 100° F, and all three had symptoms of upper respiratory infections prior to or concurrent with the development of their skeletal infections. They were treated with a variety of medications, including intravenous cefazolin and oral amoxicillin. The researchers collected oropharyngeal cultures from 115 of 122 children who attended the day-care center, and 28 of 29 staff members. Overall, 15 (13%) of the children showed *K. kingae* colonization, but none of the staff members or the 14 children older than 16 months showed colonization. The three infected children had spent time in the same toddler classroom, and the staff and other children in this room received a 2-day prophylactic course of rifampin. By comparison, at a control day center, 45 (38%) of 118 children of similar ages were cultured, and 7 (16%) of them showed *K. kingae* colonization.

Hepatitis Rates Decline

The incidence of hepatitis dropped from 35% to 19% among children aged 2-18 years between a baseline period of 1990-1997 and 2003, said Annemarie Wasley, Sc.D., of the Centers for Disease Control and Prevention, Atlanta, and her colleagues. The greatest decline occurred among children aged 2-9 years (89%), followed by declines in children aged 10-18 years (83.7%) and children younger than 2 years (79.5%). Overall, 9 of the 10 states with the greatest declines in infection rates were states that had implemented hepatitis vaccination, which became widely available in 1995 (JAMA 2005;294:194-201). In an accompanying editorial, Pierre Van Damme, M.D., and Koen Van Herck, M.D., of the University of Antwerp, Belgium, said that given the proven existence of antibodies more than 10 years after vaccination, and the odds that antibodies will persist for more than 25 years after vaccination, boosters should be unnecessary for healthy people, and childhood vaccination can be reasonable for countries where hepatitis rates are declining (JAMA 2005;294:246-8).

—Heidi Splete