

## CLINICAL CAPSULES

### Reminders for Teen Immunization

Telephone calls to remind families about needed adolescent immunizations or well-child appointments did little to improve response rates in a large, randomized trial of 3,006 urban adolescents aged 11-14 years, primarily because phone numbers were often inaccurate.

During the first 2 months of the study, the telephone reminder/recall intervention was linked to minor improvements in vaccination rates (18.1%, vs. 11.6% for controls) and well-child visits (40.4%, vs. 34.4% for controls), but these benefits faded

throughout the remaining 16 months of the intervention.

"The initial improvements were probably owing to the reminders reaching those families with accurate telephone numbers or those who were going to respond. Continued intervention had no effect," said Dr. Peter G. Szilagyi of the University of Rochester (N.Y.) and his associates (*Arch. Pediatr. Adolesc. Med.* 2006;160:157-63).

Adolescents included in the trial received treatment at one of four urban primary care centers in Rochester. An automated telephone reminder system was

used to call the households, and the reminder calls were repeated unless recipients requested that the calls be stopped or if five calls were made within a month without an appointment being made.

Calls to study adolescents significantly increased the rate of hepatitis B vaccinations, compared with the rate in control adolescents (62.0% vs. 57.8%), but no significant differences between the groups were found in the rates of tetanus-diphtheria vaccinations (52.0% vs. 49.9%) or well-child visits (53.1% vs. 54.3%). In addition, an analysis suggested that the intervention performed no differently among demographic subgroups.

"Given that our intervention has some initial benefit ... health care professionals serving urban populations may consider short-term reminder/recall interventions instead of prolonged and intensive interventions," the authors wrote.

### Low BMI and Mortality in Septic Shock

Body mass index has long been recognized as a prognostic factor for a variety of medical conditions. For at least one condition, it's low—not high—BMI that is linked to greater mortality.

Patients admitted to the ICU for septic shock had a significantly greater risk of death if they had a lower-than-normal BMI, according to a poster presented by Dr. Almothana Shanaah at the annual congress of the Society of Critical Care Medicine. Patients with BMI values in the overweight or obese ranges did not have a significantly increased risk of dying.

Dr. Shanaah of Cooper University Hospital, Camden, N.J., and colleagues used a multicenter database, extracting data on 1,745 patients admitted with septic shock. Patients with BMIs from 18.5 to 24.9 kg/m<sup>2</sup> were considered normal weight; those with BMIs under 18.5 were considered underweight; those with BMIs of 25-29.9 were considered overweight; those with BMIs of at least 30 were considered obese.

The groups did not differ significantly in age or APACHE II (Acute Physiology and Chronic Health Evaluation) severity of disease score. Two other factors were significantly associated with mortality in these patients: ventilator dependency and chronic renal failure.

### Herpesviruses and PAH

New findings from German researchers do not support previous findings that linked Kaposi's sarcoma-associated herpesvirus infection to idiopathic pulmonary arterial hypertension.

Using immunohistochemistry and polymerase chain reaction (PCR), Dr. Cornelia Henke-Gendo and colleagues at Hannover (Germany) Medical School analyzed lung tissue from 26 patients with idiopathic pulmonary artery hypertension (PAH) for the presence of Kaposi's sarcoma-associated herpesvirus (KSHV) antigen and genomes.

They found latent nuclear antigen 1 (LANA-1) of KSHV in 16 cases (62%) when they used immunohistochemistry (*Am. J. Respir. Crit. Care Med.* 2005;172:1581-5). However, three different PCR assays could not confirm the immunohistochemistry results, they said.

"Whether the positive antibody stain is really detecting KSHV LANA-1 in our samples is therefore doubtful," the investigators wrote. They noted that KSHV infection can occur in patients with idiopathic PAH, "but it is unlikely to play an etiologic role in this condition."

In an editorial, Harutaka Katano, D.D.S., of the National Institute of Infectious Diseases in Tokyo, and Cory M. Hogaboam, Ph.D., of the University of Michigan, Ann Arbor, said that although it may be unlikely that KSHV is associated with pulmonary hypertension, "it is too soon to rule out the presence of and a putative role for other herpesviruses" in the condition (*Am. J. Respir. Crit. Care Med.* 2005;172:1485-6).

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