CONCLUSIONS. Omalizumab improved asthma control, asthma exacerbations, hospital admissions, lung function, and steroid use in children with severe allergic asthma. This medication was generally well tolerated, but there was a fraction of patients who experienced serious adverse events.

REVIEWER COMMENTS. This trial was an interesting real-life study which showed that omalizumab is an extremely effective drug for children with severe allergic asthma. This study reinforces the pediatric clinician’s knowledge and practice when using this medication for children who truly need it.

In-School Asthma Management and Physical Activity: Children’s Perspectives
Walker TJ, Reznik M. J Asthma. 2014 May 14:1–6 [E-pub ahead of print]

PURPOSE OF THE STUDY. The goal of this study was explore children’s perspectives on in-school asthma management and barriers to physical activity at school.

STUDY POPULATION. Twenty-three 8- to 10-year-old students from 10 public elementary schools in the Bronx, New York, were interviewed. Students had physician-diagnosed asthma, with symptoms in the past 12 months, and were excluded if they had learning disabilities that would prevent interview data collection or if they had chronic medical conditions preventing them from participating in physical activities.

METHODS. A single author conducted all the interviews, which included questions about in-school physical activities, how the children felt during exercise, when the children would go to the school nurse for their asthma, and how the children felt about taking asthma medications. The interviews were recorded and transcribed. Themes and content were analyzed with the use of qualitative analysis software.

RESULTS. Although most students only had physical education class 1 to 2 times weekly, most of them also experienced asthma symptoms during these class periods, as well as during recess. Most students focused on treating asthma symptoms that had already occurred rather than preventing symptoms, and this goal was mostly through stopping activity and drinking water rather than taking asthma medication. Similarly, most students prevented symptoms by avoiding physical activity rather than by using asthma medication. Less than one-half of the students reported carrying their medications with them at school, and some thought they were not allowed to do so and needed to keep their medication with the school nurse. In addition, most students were afraid to take their medication in front of their classmates out of fear of teasing.

CONCLUSIONS. Major barriers to asthma control in school include students being unaware of an asthma action plan or preventive measures for asthma control. In addition, students’ social concerns and lack of ready access to their medication was a barrier to successfully treating symptoms without having the students sit out of physical activity.

REVIEWER COMMENTS. This study identifies some key areas in which pediatricians can provide additional education and communication to families and schools for their patients with asthma. Talking to parents about medication-carrying policies at their children’s schools and providing an additional copy of the asthma action plan to be given to a school, as well a note to allow a child to carry an inhaler if appropriate, can go a long way to facilitating the ability of these children to participate in much-needed physical activity. Pediatricians can also try to direct more education at the children about the importance of preventing symptoms, as well as counseling parents on how to encourage their children to monitor symptoms and take preventative steps in asthma control while at school.

Invasive Pneumococcal Disease in Children Can Reveal a Primary Immunodeficiency

PURPOSE OF THE STUDY. The goal of this study was to investigate all children hospitalized in France with invasive pneumococcal disease for possible immunodeficiency.

STUDY POPULATION. A total of 163 children were hospitalized in 28 pediatric wards throughout France between 2005 and 2011.

METHODS. A French national cooperative prospectively identified hospitalized patients with invasive pneumococcal disease that was based on the isolation of Streptococcus pneumoniae from an otherwise sterile site. Patients with HIV disease or sickle cell anemia were excluded. Clinical and family history, as well as pneumococcal vaccination status, was documented in all patients; laboratory studies included white blood cell counts, immunoglobulin levels, complement activity, and an abdominal ultrasound. Many of the patients were also evaluated for ex vivo toll-like receptor function.

RESULTS. Among these 163 patients, 17 had recurrent invasive pneumococcal disease, and meningitis was the most frequent presentation (87%). In 1 patient, an anatomic abnormality (ie, a congenital cerebrospinal fluid fistula) was identified as the basis for the recurrent meningitis.

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Roua Azmeh and Harvey L. Leo

*Pediatrics* 2014;134;S180

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