

Catherine C. Ayoub, EdD

Department of Psychiatry
Harvard Medical School
Boston, MA 02215

Judith A. Libow, PhD

Department of Psychiatry
Children's Hospital Oakland
Oakland, CA 94609

Mary J. Sanders, PhD

Department of Psychiatry and Behavioral Science
Stanford School of Medicine
Palo Alto, CA 94301

Beatrice C. Yorker, JD, RN, MS, FAAN

College of Health and Human Services
California State University
Los Angeles, CA 90032

of child protective services, foster care, law enforcement, and other professionals.

Determining whether the medical care given was harmful or potentially harmful is, ultimately, a medical decision and requires the judgment of a medical professional. This leads to our recommendation that "a pediatrician with experience and expertise in child abuse consult on the case."

Child abuse pediatricians work collaboratively with professionals from other disciplines and will continue to do so. We are concerned that intervention may focus on the caregiver's pathology, rather than the harm occurring to the child, and emphasize that if a child is being medically abused, the abuse must first be stopped. Whether the caretaker is treatable will vary from case to case.

John Stirling, MD, FAAP

Carole Jenny, MD, MBA, FAAP

For the American Academy of Pediatrics Committee on Child Abuse and Neglect

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REFERENCES

1. Stirling J Jr; American Academy of Pediatrics, Committee on Child Abuse and Neglect. Beyond Munchausen syndrome by proxy: identification and treatment of child abuse in a medical setting. *Pediatrics*. 2007;119(5):1026–1030
2. Reading R. Beyond Munchausen syndrome by proxy: identification and treatment of child abuse in a medical setting. *Child Care Health Dev*. 2007;33(5):650
3. Ayoub CC, Alexander R, Beck D, et al. Position paper: definitional issues in Munchausen by proxy [published correction appears in *Child Maltreat*. 2004;9(3):337]. *Child Maltreat*. 2002;7(2):105–111

doi:10.1542/peds.2007-3068

In Reply.—

Bursch et al are all esteemed colleagues who have made significant contributions to our understanding of child abuse in the medical setting. The purpose of our clinical report and its target audience are reflected in the heading: "Guidance to the clinician in rendering pediatric care." The report had 2 goals: (1) to remind pediatricians that medical signs and symptoms can be fabricated or inaccurately reported and (2) to encourage pediatricians to accept responsibility for making the diagnosis of child abuse that takes place in a medical setting.

The statement clearly explained that consideration of motivation is important in the overall response to these cases but not in its diagnosis. Although it is true that the motivation of the caretaker is often questioned, it remains most important that whenever a caretaker's actions harm a child, steps must be taken to protect the child regardless of whether the harm was intended. The pediatrician often lacks enough reliable information to determine the motives behind an injury. The Committee on Child Abuse and Neglect continues to work to remind pediatricians that child abuse in the medical setting is a potentially dangerous condition that, like many others, often cannot be evaluated fully in the office. Thus, we recommend that the medical provider "work with a hospital- or community-based child protection team," and we discussed (under "Treatment") the involvement

Human Metapneumovirus and Human Coronavirus NL63

To the Editor.—

We read with great interest the article by Lambert et al that studied the role of 2 new respiratory viruses (human metapneumovirus [hMPV] and human coronavirus NL63 [hCoV-NL63]) in healthy preschool-aged children using parent-collected specimens with molecular techniques.¹ The study showed that these viruses circulated in Melbourne, Australia, during 2003, and an association between child care and acute respiratory illness was proposed.¹ We believe that some methodologic aspects of this study may have impaired the accuracy of the assessment of the role of these 2 viruses in such a population. Current literature shows that there are differences between respiratory samples collected by nose/throat swabs and nasopharyngeal aspirates regarding their potential to detect and identify respiratory pathogens.² Tracheal secretion is less suitable for detection of respiratory viruses than nasopharyngeal washes and bronchoalveolar lavage.² Another important point is the classification of symptoms, based entirely on parental experience. There are many subjective signs that, for an inexperienced person, would be difficult to recognize. All conclusions of an association between acute respiratory illness and virus incidence are based on symptom classifications (A and B), which may be incorrect.

Finally, different methods were used to determine the incidence of several respiratory viruses. It has been shown that the sensitivity and specificity of real-time polymerase chain reaction (PCR), conventional PCR, and nested PCR may be completely different. In this case, hMPV and hCoV-NL63 were identified by using the most sensitive techniques (real-time and nested PCR), which might lead to an overestimation of the role of hMPV and hCoV-NL63 in community-acquired infec-

Further Thoughts on "Beyond Munchausen by Proxy: Identification and Treatment of Child Abuse in a Medical Setting": In Reply

John Stirling and Carole Jenny

Pediatrics 2008;121;445

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