

INTRODUCTION: Otitis media (OM) is a common problem in primary care and constitutes a significant health burden in <5-year-olds. Middle-ear effusion after acute OM is also a common problem that causes hearing loss in a substantial proportion of children and is a frequent reason why primary care providers refer children to specialists. However, there are limited non-US data on pediatricians' awareness and attitudes toward OM disease burden, complications, and causative pathogens.

OBJECTIVE: A multinational survey was undertaken to validate and measure primary care physicians' attitudes and behaviors toward OM.

METHODS: Two thousand pediatricians from 10 countries (4 European, 3 Asian, 2 Latin American, and 1 Middle Eastern) were interviewed. Questions focused on the number of children younger than 5 who were treated for OM in the previous year, perceptions about complications and sequelae, awareness of OM pathogens, and concerns about current disease-management practice.

RESULTS: Reported estimates of OM in <5-year-olds was 349 (range: 125–1000) cases per year per practice (ie, pediatricians treated at least 1 patient with OM per day). Eighty-two percent of the pediatricians reported that they treat OM with first-line antibiotics; they were generally satisfied but viewed antibiotic resistance as a serious issue. Nineteen percent of children were referred to an ear, nose, and throat specialist because of treatment failure, recurrent/chronic OM, or hearing problems or for surgery. Pediatricians associated OM with 2 main pathogens: *Streptococcus pneumoniae* (77%) and *Haemophilus influenzae* (73%). Association of nontypeable *H influenzae* was significantly lower (40%).

CONCLUSIONS: OM is frequently treated by pediatricians in daily practice. A majority of them seem to use antibiotics as first-line treatment. The most common reasons for specialist referrals include treatment failures, recurrent/chronic OM, hearing problems, and surgery. Hearing loss and antibiotic resistance are of concern. Nontypeable *H influenzae* is less well known as an otopathogen.

ASSESSMENT OF DIFFERENCES BETWEEN THE NEW WORLD HEALTH ORGANIZATION CHILD-GROWTH STANDARDS AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION 2000 GROWTH CHARTS IN LATIN AMERICAN CHILDREN: WHICH REFERENCE SHOULD WE USE?

Submitted by Daniel Fuentes Lugo

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INTRODUCTION: Evaluation of growth patterns significantly depends on the reference used. Last year the World Health Organization (WHO) released new standards for assessing child growth during the first 5 years of life.

OBJECTIVE: Our goal was to assess differences between the 2000 Centers for Disease Control and Prevention (CDC) growth charts and 2006 WHO growth standards.

METHODS: A longitudinal study was conducted on a sample of 300 healthy children (167 boys and 133 girls) from a pediatric outpatient clinic in Mexico City. Weight-for-age *z* score, length/height-for-age *z* score, and weight-for-length/height *z* score were obtained yearly from birth to age 5 and compared by using the 2000 CDC growth charts and 2006 WHO growth standards.

RESULTS: Significant statistical differences were found at all ages in both genders. Main differences were found in early-infancy weight-for-age *z* scores. The prevalence of girls who were undernourished at birth was 3 times higher with the CDC reference than with that of the WHO (13.53% vs 4.50%, respectively), but the opposite was found for boys (2.99% vs 9.58%, respectively). During the first 4 years of life, a higher prevalence of length/height-for-age *z* scores less than -2.0 was found in both boys (10.77%) and girls (4.51%) when using WHO standards as opposed to the CDC charts. Furthermore, at the age of 5 years, obesity was significantly higher in girls according to WHO standards than in boys according to the CDC charts, although the CDC reference failed to detect a fast rate of weight gain in early infancy.

CONCLUSIONS: The new WHO standards are a better tool than the CDC charts for monitoring growth and detecting early overweight in Latin American children. Therefore, using this new international reference in daily clinical practice in our countries should be emphatically encouraged.

CHILDREN WITH PERSISTENT WHEEZING ASSOCIATED WITH HUMAN BOCAVIRUS INFECTION IN CHINA

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INTRODUCTION: Human bocavirus (HBoV) is a newly identified human parvovirus that was originally

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