

pected dengue infection in the absence of more sophisticated predictors.

SPECTRUM AND MANAGEMENT OF OTITIS MEDIA IN AUSTRALIAN INDIGENOUS AND NON-INDIGENOUS CHILDREN: A NATIONAL STUDY

Submitted by **Hasantha Gunasekera**

Hasantha Gunasekera^{a,b}, Stephanie Knox^c, Peter Morris^d, Helena Britt^c, Peter McIntyre^{b,e}, Jonathan Craig^b

^aChildren's Hospital at Westmead, Westmead, Australia;

^cAustralian General Practice Statistics and Classification Center, Parramatta, Australia; ^dMenzies School of Health Research, Darwin, Australia; ^eNational Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, Sydney, Australia; ^bSchool of Public Health, University of Sydney, Sydney, Australia

INTRODUCTION: The reported prevalence and severity of otitis media are highest among the world's Indigenous children, but whether their clinical management varies accordingly is unknown.

OBJECTIVE: Our aim was to study the spectrum and management of otitis media in Indigenous and non-Indigenous children in Australia.

METHODS: From a representative Australian cluster survey of consecutive primary health care consultations, we analyzed all consultations with children (aged 0–18 years). We compared the practitioners' investigation, treatment, and referral practices for Indigenous and non-Indigenous children with otitis media after adjusting for clustering.

RESULTS: Over 8 years (1998–2006), 7991 practitioners managed 141 693 problems in 119 503 consultations with children, including 2856 (2.4%) with Indigenous children. Ear problems were the fourth most common problems managed. Otitis media was managed slightly more commonly in Indigenous than non-Indigenous children (9.8% vs 7.3% consultations; $P < .05$). When otitis media was diagnosed, Indigenous children were significantly more likely to have severe otitis media (chronic and/or suppurative and/or perforation: 7.9% vs 1.7%; $P < .001$), discharging ears (3.9% vs 0.1%; $P < .001$), ear swabs (3.9% [95% confidence interval (CI): 1.6–6.2] vs 0.8% [95% CI: 0.6–0.9]), and topical ear-drops administered (10.7% [95% CI: 6.8–14.6] vs 4.5% [95% CI: 4.1–5.0]) but not more likely to receive oral antibiotics (71.8% vs 75.9%), have ear syringing (1.1% vs 0.2%), or be referred to an otolaryngologist (6.1% vs 3.4%) or audiologist (1.8% vs 1.1%) (all $P > .05$).

CONCLUSIONS: In the Australian primary health care setting, Indigenous children are 5 times more likely to be diagnosed with severe otitis media than non-Indigenous children, but reported management is not substantially

different, which is inconsistent with established national guidelines. This spectrum-management discordance may contribute to continued worse outcomes for Indigenous children with otitis media.

SEROLOGICAL STUDY ON IMMUNITY TO MEASLES AND MUMPS IN NORTHERN GREEK CHILDREN

Submitted by **Katerina Haidopoulou**

Katerina Haidopoulou^a, Asimina Fylaktou^b, Myrofora Goutaki^a, Aikaterini Papadimitriou^b, Serafeia Kalamitsou^a, George Varlamis^a

^aFourth Pediatric Department, School of Medicine, and

^bMicrobiology-Virology-Biochemistry Department, Papanageorgiou Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece

INTRODUCTION: Routine immunization against measles and mumps has substantially reduced the number of these infections annually. However, outbreaks have been reported recently, even in highly vaccinated populations.

OBJECTIVE: Our goal was to determine the levels of serum antibodies against measles and mumps in a population of children who were vaccinated against measles-mumps-rubella (MMR).

METHODS: The study population consisted of 260 healthy children (aged 15 months to 14.5 years) who were separated into 2 groups according to the number of MMR vaccine doses previously administered: groups A (1 dose) and B (2 doses). Immunoglobulin G (IgG) and IgM antibody levels for measles and mumps were determined in blood serum by the enzyme-linked immunosorbent assay (Genzyme Virotech, Rüsselsheim, Germany) semiquantitative method.

RESULTS: Groups A and B consisted of 53 children aged 15 months to 8 years and 207 children aged 5 to 14.5 years old, respectively. A majority (93.08%) of the children were protected against measles. Group A and B protection rates were similar (92.27% and 96.23%, respectively). Although most of the children were protected against mumps, the total protection rate was significantly less (81.92%) ($P < .01$). The protection rate against mumps in group A was significantly lower than that in group B (67.92% vs 85.51%; $P < .03$).

CONCLUSIONS: Our results indicate high protection rates against measles conferred even by a single dose of the MMR vaccine. A respected percentage of the children were found to be susceptible to mumps even after completion of a 2-dose immunization schedule. Primary vaccine failure may be implicated as a cause of recent mumps outbreaks, but additional studies are needed.

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Pediatrics 2008;121;S128

DOI: 10.1542/peds.2007-2022LLLL

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The online version of this article, along with updated information and services, is
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