disease prevention news

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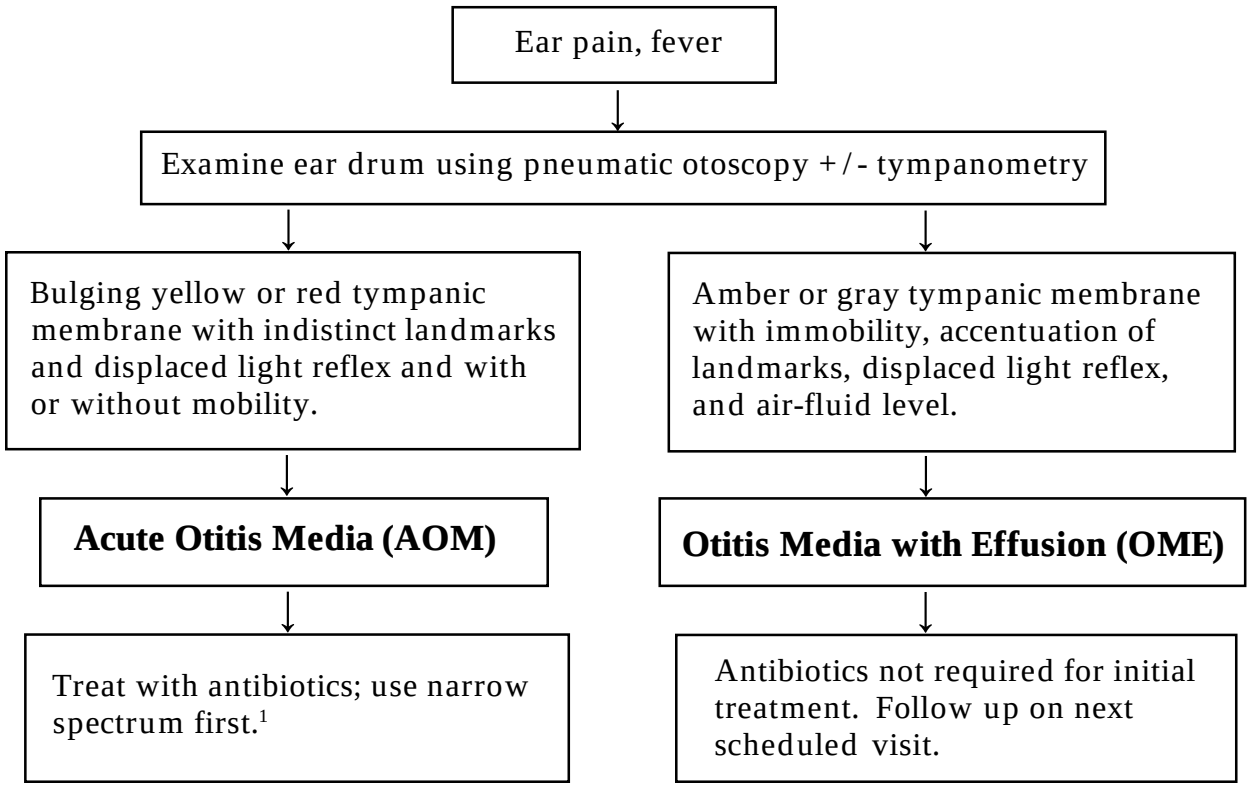
Antibiotic Use, Resistance, and Practice Tips: Otitis Media

Parents with children suffering from ear pain often believe very strongly that antibiotics are needed. It can be difficult to convince parents that prescribing antibiotics may not be the wisest initial course of action. The following information, adapted from Centers for Disease Control and Prevention (CDC) material, provides health care providers with tools for determining the best treatment for otitis media and explaining their decisions to worried parents.

The following algorithm presents a step-by-step process for determining whether treatment with antibiotics is the right choice for specific cases of otitis. CDC suggests sharing this algorithm with parents of young patients with ear pain and fever. Even though they may not understand some of the complicated medical language, this tool can show them that the physician's decision regarding antibiotic treatment is based on a careful, thorough examination and evaluation of the child's condition. *Questions and Answers for Parents*, is an easy-to-read explanation of the risks and benefits of treating ear infections with antibiotics.

Differentiating Acute Otitis Media from Otitis Media with Effusion



1. Amoxicillin remains highly effective and is recommended as the first-line antibiotic.

Note: consider antibiotic prophylaxis only for recurrent AOM as defined by ≥ 3 distinct, well documented episodes in 6 months (or ≥4 in 12. months). Residual effusion after AOM normally persists for up to 6 weeks. (Treatment is not warranted during this time.).

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Questions and Answers for Parents

Middle Ear Problems

Your child has an ear problem. The doctor has diagnosed it as otitis media with effusion (OME). This means there is some fluid in the middle ear. Fluid usually does not bother children, and it almost always goes away on its own. Here are some facts about ear problems.

Are there other kinds of ear problems?

Yes. There are several kinds. Acute otitis media (AOM) is an infection of the middle ear. AOM can cause pain, fever, or an inflamed eardrum. It is treated with oral antibiotics. Otitis externa (swimmer's ear) is an infection of the ear canal. It can be painful and is treated with eardrops. Your child does not have either of these. She has fluid in the middle ear (OME), which usually does not need antibiotics.

What causes OME?

Fluid may build up in the middle ear for two reasons. When a child has a cold, the middle ear may produce fluid just as the nose does—it just doesn't run out as easily from the middle ear. Second, children who have recently had acute otitis media (AOM) may get OME because of the length of time fluid stays in the middle ear.

How is OME treated?

The best treatment is watchful waiting. Children are not bothered by OME. Letting the fluid go away on its own gives your child the best chance for a complete recovery.

Are antibiotics ever needed for OME?

Sometimes. Antibiotics may help if the fluid is still present after a few months and is causing hearing problems in both ears. Your child will need an ear check in a few months. If fluid is still present, a hearing test maybe needed.

Why can't we just use antibiotics now?

Unnecessary antibiotics can be harmful. Each time a child is treated with antibiotics, it is likely that some of the germs will not be killed. These germs stay in the nose and throat and are resistant to antibiotics. It is more difficult to cure infections that are caused by resistant germs. Children with resistant infections may need antibiotics that are more expensive and that have to be given by needle. Sometimes these children have to be treated in the hospital. Since OME doesn't usually bother children, it is better to wait and give antibiotics only if they are needed.

What should I do?

Be glad that your child has a very mild condition that will probably get better by itself. On your next routine visit, the doctor can check to see if the fluid has gone away. If you don't have a routine visit scheduled, you can make an appointment in a few months to be sure the fluid is gone. No medicines are needed right now, and no special precautions need to be taken.

Q&A adapted from CDC fact sheet, "Guide for Parents: Otitis Media with Effusion" (USGPO:1998-733-708 / 80117).
Evaluation algorithm created by Olga Nuno, MD, TDH Infectious Disease Epidemiology and Surveillance Division

Influenza Season Arrives Early in Texas

The first Texas cases of influenza this fall were reported in mid-October, signaling an early start to the influenza season in the state. Influenza reporting is not legally required, but the Texas Department of Health (TDH) monitors activity in selected sentinel counties. By November 23, 27 cases had been confirmed among 7 counties: Bell, Bexar, Harris, McLennan, Potter, Travis, and Webb. By this time last year, TDH had confirmed only 7 sporadic cases in Texas.

Laboratory tests show that all confirmed influenza cases to date have been caused by strains against which this season's vaccine provides protection.

The Texas Department of Health has received additional supplies of vaccine for regional and local immunization clinics. It is not too late for people to get their influenza shots as the season typically continues through March. Last season most of the cases in Texas occurred in January and February.

For related articles see DPN Vol.59 Nos. 20 and 24.
*(*www.tdh.state.tx.us/phpep/dpn/issues/dpn59n18.pdf)
(www.tdh.state.tx.us/phpep/dpn/issues/dpn59n24.pdf)
Additional information is also available at this TDH website:
www.tdh.state.tx.us/ideas/factsht/flu99.htm.

For further information call Neil Pasco at (512) 458-7676.

TDH Checks for Recalled Toys

Inspectors from the Texas Department of Health (TDH) Product Safety Division make the rounds of retail stores one week each fall to look for children's toys that have been recalled. This year's Toy Sweep, November 15-19, served to remind consumers to keep safety in mind as they shop for children's toys and to alert retailers to make sure recalled products are off the shelves. This year's effort focused on 9 toys that have the potential for causing any of the following hazards: choking, burn injuries, face and eye injuries or puncture wounds. These toys include a puzzle, a doll with a small ball, some stuffed toys, a beanbag, some children's riding vehicles, some swimming pool toys, a toy piano, and flammable spray string.

Although Toy Sweep serves to emphasize the importance of toy safety during the holiday season, TDH product safety inspectors are at work year round. Likewise, health care providers should keep toy safety guidelines posted in their clinics and provide extra reminders during the holidays.

What a good toy should be:

- √ Safe for the child's age
- √ Well constructed
- √ Durable
- √ Appealing and interesting to the child
- √ Suited to the child's physical abilities
- √ Suited to the child's mental and social development

When you buy a toy, remember these tips!

- √ Check the label for clear instructions, age recommendations, and possible hazards.
- √ Look for securely fastened eyes, noses, buttons, and other small parts.
- √ Always give protective gear, such as a helmet that fits, along with a bicycle, tricycle, skates, skateboard, or other sports equipment.

Additional information, including a complete list of recalled children's products of all kinds, is available at www.tdh.state.tx.us/beh/ps.htm. *To report hazardous or defective children's products, call the TDH Product Safety Division(512) 834-6773.*

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The electronic versions of *Disease Prevention News* are available at the following locations:
http://www.tdh.state.tx.us/phpep/

Texas Dengue Outbreak Continues

Since July 1, 1999, 39 dengue cases have been confirmed in the following Texas counties: Webb (25); Cameron (3); Hidalgo, Travis, and Willacy (2 each), and Dallas, Galveston, Nueces, Starr, and Tarrant (1 each). Thirteen of these cases were acquired in Texas: Webb County (7); Cameron (2); Dallas, Nueces, Starr, and Willacy Counties (1 each). The Nueces County resident had traveled to Webb County, but not outside the US during the two weeks prior to onset of illness. The Dallas County resident had traveled to Cameron County, but not outside the US during the two weeks prior to onset of illness.

Except for the Tarrant County resident who traveled to Brazil, the remaining patients all had been in Mexico during the two weeks prior to onset of illness. The latest illness onset date for locally acquired cases was October 26; latest onset for persons who traveled during the two weeks prior to onset of symptoms was November 4. Dengue fever season lasts from August through December, so the risk for disease transmission continues.

*Additional information on dengue fever, including prevention measures and laboratory testing, is in DPN Vol. 59, No. 18, August 30, 1999, page 5 (*www.tdh.state.tx.us/phpep/dpn/issues/dpn59n18.pdf) and at the Centers for Disease Control and Prevention website, www.cdc.gov/ncidod/dvbid/dhspot98.htm. *For further information contact Julie Rawlings at (512) 458-7228.*

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