Dawn Drennan Nahlen

Task Force Recommends Screening for Hearing Loss in All Newborns

All newborn infants should be screened for congenital hearing loss, which means it may be present at birth, according to a new recommendation from the US Preventive Services Task Force. The recommendation and the accompanying summary of evidence appeared in the July 7 issue of *Pediatrics*. Children whose hearing is impaired during infancy and early childhood can have problems with verbal and nonverbal communication skills, social skills, increased behavioral problems, and lower academic achievement compared with children with normal hearing. Infants at high risk for hearing loss include those who have spent more than 2 days in neonatal intensive care, those diagnosed with certain syndromes, and those with a family history of childhood hearing loss. Because half of infants with hearing loss have no identifiable risk factors, the task force proposes universal screening, rather than targeted screening, to detect newborns with congenital hearing loss. Detecting and treating infants for hearing loss, rather than detecting hearing loss at a later age, provide better chances for positive outcomes such as stronger language skills.

Go to www.ahrq.gov/clinic/uspstf/uspsnbhr.htm to read the recommendation.

More Children With Congenital Heart Disease Survive to Adulthood

The good news is that medical advancements and technology have resulted in improved survival rates among children born with heart disease. The remaining challenge is to improve patient care as these individuals move into adulthood.

An estimated one million US adults are living with a form of congenital heart disease, but as an article in *Journal of Pediatric Health Care* outlines, the patient care for this group of individuals has evolved and unique mental and health issues continue to surface.

The article examines adult patients with single ventrical physiology who underwent the Fontan operation and Fontan conversion surgery. It provides insights into how a patient with congenital heart disease might benefit from these procedures and the resulting treatments they will then require. Surprisingly, many adult patients remain in the pediatric health care system, with only some successfully transitioning to adult centers because of the lack of trained specialists for adults with congenital heart disease.

The article states that pediatric nurse practitioners with specialities such as critical care, cardiovascular care, or electrophysiology will continue to care for this population into adulthood. However, an integrated and multidisciplinary approach is recommended, with patients' mental health given a priority.

Research also revealed that these adult patients can experience a gradual decline in quality of life, often having to take extreme precautions when it comes to exercise and in some cases being limited to the types of jobs they can perform. However, the article finds that patients who undergo Fontan conversion to an extracardiac connection with arrhythmia surgery see a great improvement in quality of life. With improved patient care and an integrated approach, these individuals will likely continue to beat the odds.

Go to linkinghub.elsevier.com/retrieve/pii/S0891524507003410 to see the full article.

AHRQ HCUP 2006 Kids' Inpatient Database Available

The federal Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project Kids' Inpatient Database (KID) featuring 2006 data has been released. The KID, released every 3 years, is the only data set on hospital use, outcomes, and charges designed to study children younger than 21, regardless of payer—including patients covered by private insurance, Medicaid, and uninsured.

The 2006 KID includes data from 3739 hospitals in 38 states. The data can be weighted to produce national estimates, allowing researchers and policymakers to use the KID to identify, track, and analyze national trends in pediatric health care issues on utilization, access, charges, quality, and outcomes. Topics include the following:

- Rare conditions, such as congenital anomalies
- Common conditions, such as asthma
- Economic burden of pediatric conditions
- Access to services
- Quality of care and patient safety
- Impact of health policy changes

Earlier KID data exist for 1997, 2000, and 2003. Data from the 2006 KID can also be accessed at hcupnet.ahrq.gov, the free online data query system.

Girls May Benefit More Than Boys From Breastfeeding

Researchers have discovered that breastfeeding provides girls greater protection against respiratory illnesses than boys. According to a June 2 article by Reuters, the investigators followed 119 very low-birth-weight, preterm infants who weighed less than 3.3 lb at birth in Buenos Aires to gauge the protective effect of breastfeeding against respiratory infections. "They found that infant girls who were breastfed were far less likely than baby boys who were breastfed to develop serious respiratory infections requiring hospitalization."

Doctor Fernando Polack of Johns Hopkins University, one of the researchers, said, "Now, in the specific case of acute respiratory diseases like bronchiolitis and viral infections of the respiratory tract, it seems that there is greater benefit

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in girls than in boys, and that benefit is substantial." Bronchiolitis is an infection of the airways most often occurring in infants between 3 and 6 months old.

The article said, "Fifty percent of the baby girls who were formula-fed had to be hospitalized when they experienced their first respiratory infection, compared to about 7% of the girls who were breastfed, the researchers wrote in the journal *Pediatrics*. There was no difference between the boys who were breastfed or formula-fed, with about 19% of both groups needing hospitalization when they got their first respiratory infection... The pattern repeated throughout the first year of life and in subsequent infections, the researchers said."

Refer to www.reuters.com/article/healthNews/idUSN30467254200806 02?sp=true for the complete story.

Centers for Disease Control and Prevention Says Falls a Leading Cause of Injury-Related Emergency Department Visits for Infants

Half of the estimated 328,500 infants 12 months old or younger who were treated for injuries in hospital emergency departments each year from 2001 to 2004 were injured as a result of a fall, according to a study by the Centers for Disease Control and Prevention (CDC). The first national estimate of infant injury by month of age was published in the May 2008 American Academy of Pediatrics journal, *Pediatrics*.

Falls were the leading cause of injury for every month during the first year of life. Because the first year of a baby's life is a time of rapid developmental change, every month brings different injury risks as mobility develops. The CDC researchers indicate that each stage of infant development, such as whether a child is crawling or walking, plays a large role in types of injuries.

"Common sense tells us and research confirms that injuries among infants take a significant toll," said Ileana Arias, director of CDC's Injury Center. "As children develop protective factors such as home safety measures and close parental supervision are critical in helping to prevent injuries."

A crucial factor is the child's developing mobility. Stair-related injuries are an example, leading to treatment for an estimated 5500 12-month-olds but only 800 one-month-olds.

The findings came from an analysis of data collected from the Consumer Product Safety Commission's national database on injuries seen in hospital emergency departments. For more information about CDC's prevention efforts, go to www.cdc.gov/injury; for a copy of this study, pediatrics.aappublications.org/.

New 5-in-1 Childhood Vaccine Gains Food and Drug Administration Approval

On June 23, Sanofi Pasteur announced that the US Food and Drug Administration (FDA) had approved Pentacel, a 5-in-1 pediatric combination for immunization against diphtheria, tetanus, pertussis, polio, and *Haemophilus influenzae* type B. Pentacel vaccine is approved for use in infants and children 6 weeks old and up to 5 years; administration is a four-dose series at ages 2, 4, 6, and 15 to 18 months. The first dose may be given as early as 6 weeks.

According to the manufacturer, the vaccine has been used in Canada for a decade and is licensed in seven other countries. The FDA licensure of Pentacel vaccine was granted on the basis of the results of several multicenter clinical studies conducted in the United States and Canada involving more than 5000 children who received at least one dose.

In clinical studies, local and systemic reactions occurring after administration were reported at rates consistent with those of the separately administered vaccines used in each trial. The most common local and systemic adverse reactions to Pentacel vaccine include fever, fussiness, crying, injection-site redness, swelling, and tenderness.

Known systemic hypersensitivity reaction to any component of Pentacel vaccine or a life-threatening reaction after previous administration of the vaccine or a vaccine containing the same substances are contraindications. The manufacturer suggests that the decision to administer Pentacel should be made on the basis of its potential benefits and risks. A practitioner's decision should take into consideration whether a patient has experienced Guillain-Barr syndrome within 6 weeks of a prior vaccine containing tetanus toxoid and whether adverse events have occurred in temporal relation to the past receipt of a pertussis-containing vaccine. Contraindications include the occurrence of encephalopathy within 7 days of a previous dose of a pertussis-containing vaccine and a progressive neurologic disorder.

Full prescribing information is available at www.pentacel.com.

For more information, go to 198.73.159.214/sanofi-pasteur2/ImageServlet?imageCode=23029&siteCode=SP_ CORP.

FDA Proposes Changes to Pregnancy and Lactation Labeling

In May 2008, the FDA announced proposed revisions to prescription drug labeling on the effects of medicines used during pregnancy and breastfeeding. Current pregnancy labeling uses five categories—A, B, C, D, and X. The proposed rule would remove the categories from the labeling of all drug products. Under FDA's proposed rule, the labeling would contain two subsections: one on pregnancy and one on lactation. Both the pregnancy and lactation subsections would have three principal components: a risk summary, a clinical considerations section, and a data section.

The proposed rule and other information on pregnancy and lactation labeling can be viewed at www.fda.gov/cder/regulatory/pregnancy_labeling/default.htm.

Study Finds Steroids Provide No Survival Benefit for Kids With Bacterial Meningitis

Corticosteroids given to children who are hospitalized for bacterial meningitis do not provide a benefit