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CEFTRIAXONE IN THE OUTPATIENT TREATMENT OF SUSPECTED
OCCULT BACTEREMIA

(ABSTRACT)

One of the most difficult pediatric problems to treat is the infant or child who presents with a high fever and no apparent source of infection. In recent years there has been intense interest in the young child who has an entity called "occult bacteremia". It is known that most of these children clear the bacteremia without specific treatment, but some go on to have significant "invasive" diseases (i.e. meningitis, pneumonia, cellulitis). The identification of these children and treatment still needs to be studied in large prospective projects.

This study, designed by the pediatric infectious disease personnel at Tripler Army Medical Center, needs several major centers to participate in order to gather enough data for statistical analysis, and Dr. Bass has specifically asked that the Naval Hospital San Diego be involved.

Children from ages 3 months to three years of age will be eligible if they present with fevers over 103 degrees F., plus have total white counts on routine complete blood count of over 15,000. No source of infection can be found on routine physical exam and the child should not have received a recent DPT immunization within 48 hours. Complete blood counts, blood cultures, urine analysis, and chest xrays will be obtained on each study child after appropriate informed consent is obtained from the parent or legal guardian. The children will be randomly treated with either IM Ceftriaxone or oral Augmentin and followed up within 24-36 hours by one of the investigators. Results of the blood cultures and repeat examination will guide further management of these patients which will either be to repeat the dose of Ceftriaxone or continue Augmentin, or stop therapy if the cultures remain negative at 72 hours and the child is well.

Statistical analysis will be done after data is collected and transmitted to the primary investigators at Tripler Army Medical Center.

ENCLOSURE (4)