

題名:Childhood severe acute respiratory syndrome in Taiwan and how to differentiate it from childhood influenza infection.

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上傳時間:2009-10-02T08:59:05Z

摘要:OBJECTIVE: To investigate clinical features and outcomes of children in Taiwan with laboratory-confirmed severe acute respiratory syndrome (SARS) vs those of children with influenza to differentiate the 2 diseases. DESIGN, SETTING, AND PARTICIPANTS: Patients 20 years or younger with clinical, epidemiological, and laboratory evidence of SARS from March to July 2003 vs children with virus culture-confirmed influenza in a 1:1 age- and sex-matched control group. MAIN OUTCOME MEASURES: Rates of symptoms, abnormal laboratory data, and outcomes of recovery, sequelae, or death. RESULTS: The 15 SARS patients (9 girls and 6 boys) had a median age of 17 years (age range, 4-20 years). Nine patients (60%) were infected through household contact, 4 (27%) nosocomially, 1 (7%) through contact with a neighbor, and 1 (7%) after returning from Hong Kong. All 15 patients had fever, 3 (20%) had chills, and 11 (73%) had cough. Only 1 patient (7%) had sputum production; 1 (7%) had rhinorrhea. At presentation, 5 patients (33%) had leukopenia, 6 (40%) had lymphopenia, and 5 (33%) had monocytopenia. All children recovered without sequelae. Children with SARS had significantly lower incidences of rhinorrhea (odds ratio [OR], 0.01; 95% confidence interval [CI], 0.00-0.09), sputum production (OR, 0.10; 95% CI, 0.02-0.63), and sore throat (OR, 0.17; 95% CI, 0.03-0.85) than children with influenza. Both groups had similar incidences of leukopenia or lymphopenia, but SARS patients had a significantly higher incidence of monocytopenia (33% vs 0%,  $P = .04$ ). CONCLUSIONS:

Childhood SARS is usually not fatal. The absence of rhinorrhea and presence of monocytopenia in SARS may distinguish it from influenza.