

tion. Parents and guardians are required to provide this information to their local public health unit and to update the information as necessary. There are specific vaccines required for children attending licensed daycare centres. The “publicly funded routine immunization schedule for children beginning immunization in early infancy” is available on the website of the Ministry for Health and Long-term Care (www.health.gov.on.ca/english/public/program/immunization.html).

I agree with your opinion that vaccination — on time, every time — is our best defence against polio. This province will continue to strive to achieve the highest possible rates of immunization coverage to protect our population.

Arlene King MD

Ontario Chief Medical Officer of Health,
Toronto, Ont.

REFERENCE

- MacDonald N, Hébert PC. Polio outbreak in Tajikistan is cause for alarm. *CMAJ* 2010;182:1013.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/10/1013#555555

DOI: 10.1503/cmaj.110-2094

Urine cultures for kids

I welcomed Shaikh's article about acute urinary tract infection in infants and young children.¹ Fever of unknown origin is a frequent issue in family practice, and confidence in excluding this diagnosis is helpful for both practitioner and parent.

I was puzzled, however, at the description of the necessity of urine test cultures. Shaikh states that a bag urine specimen is helpful if the results are negative, yet he goes on to quote a 12% false-negative rate and a requirement that “all urine specimens should be sent for culture.” My teaching was always that it is not appropriate to send a bag urine specimen for culture owing to contamination.

My question is this: Is it useful to obtain a bag urine specimen rather than a catheter specimen if a culture is always necessary to avoid a false-negative result? Is Shaikh suggesting that a bag specimen should be sent for culture? This is highly relevant in my

office, where we can readily obtain a bag urine specimen but have to refer a patient to the local hospital for a catheter specimen.

Sarah J. Polk

Cambridge, Ont.

REFERENCE

- Shaikh N. Acute urinary tract infection in infants and young children. *CMAJ* 2010;182:800-1.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/8/800#593791

DOI: 10.1503/cmaj.110-2100

I thank Kolk for her request for clarification. Suppose you are seeing a 1-year-old infant who has had a fever for two days but whose results of physical examination are unremarkable. The pretest probability of urinary tract infection is about 20%.¹ My preference would be to obtain a catheter specimen for both urinalysis and culture.

If, however, the parents are strongly opposed to catheterization or obtaining a catheter specimen is not feasible, a bag urine specimen can be used to guide further management. If the dipstick from the urine bag specimen gives negative results for both leukocytes and nitrites, the probability of urinary tract infection in this child would be < 5%.¹ The child can be followed up without any additional testing. If the results are positive, a catheter specimen should be obtained for urinalysis and culture.

With the extra time and effort involved in obtaining a repeat catheter specimen from the large number of children with positive results of bag urine analysis, we do not routinely use bags to collect urine. In our outpatient practice of > 25 000 patients, we use bags to collect urine samples for only a few patients each year.

Nader Shaikh MD MPH

Assistant Professor of Pediatrics,
Children's Hospital of Pittsburgh,
Pittsburgh, USA

REFERENCE

- Shaikh N, Morone NE, Lopez J, et al. Does this child have a urinary tract infection? *JAMA* 2007; 298:285-804.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/8/800#446860

DOI: 10.1503/cmaj.110-2101

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*Control = Al(OH)₃ control containing 500 µg Al(OH)₃

Reference: 1. Data on file. GSKBio_WWMA_DoF025_5_2010.

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