Letters

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

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

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 nitrates, 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

For the full letter, go to: www.cmaj.ca/cgi/letters/182/8/800/46860

Urine cultures for kids

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Cervarix™ is a prophylactic vaccine. It does not prevent progression of HPV-related lesions present at vaccination. Cervarix™ does not protect against all oncogenic HPV types and may not prevent infection with HPV 16/18 or subsequent progression to cervical carcinoma in all vaccinees. Cervarix™ is not a treatment for current HPV infection, precancerous lesions, or cervical cancer. Vaccination is for primary prevention and is not a substitute for regular cervical screening (secondary prevention) or for precautions against exposure to HPV and sexually transmitted diseases.

Vaccination should not be undertaken in pregnant women and vaccinees should be advised to take adequate precautions to avoid pregnancy for 2 months following vaccination.

The most commonly reported adverse events within 7 days of vaccination with Cervarix™control were: Local [pain (91.8%/87.2%), redness (48.0%/24.4%) and swelling (44.1%/21.3%)]; General [fatigue (55.0%/53.6%), headache (53.4%/61.4%)].

Please see the full Product Monograph.

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