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**Title of Research**  
Not So Well Children: Temporal Association of Well–Child Office Visits and Influenza–like Illness

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**Introduction & Purpose**  
Well–child visits are a primary means of delivery of preventive care to children, however, they often occur in the same clinics as ill–child visits leading to an increased risk of infection.

**Experimental Design**  
Using data from the Medical Expenditure Panel Survey (MEPS) from the years 1996–2008 we identified 84,595 surveyed families. We found 1,589 weeks during which a family member had a well–child visit for a child (less than 6 years old). We found 112,410 weeks of during which a family member (of any age) had an influenza–like illness (ILI) visit. We estimated a survey–weighted logistic generalized linear model.

**Results**  
We found that well–child visits were positively associated with ILI in a family member during the same week or the following two weeks (OR: 9.12; 95% CI: 1.89, 44.05). The marginal increase in the probability of an ILI in the same or two weeks following a well–child visit is 6.31 percentage points. Using the MEPS–provided weights, this additional risk translates to 47,100 excess cases of outpatient ILI per year in the US. Using these estimates, we predict that well–child–related infections result in a total economic burden of $30.3 (95% CI: 3.51, 126) million dollars annually.

**Conclusions**  
The 6.25 percentage point increase in risk is both clinically and statistically significant. Clinics should take these results into consideration. Clinics could reduce this risk by time–shifting, physical isolation and improved infection control measures during the high risk seasons.