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College *	College of Pharmacy
Department *	Pharmacy Practice and Science
Title of Research *	Not So Well Children: Temporal Association of Well-Child Office Visits and Influenza-like Illness
Other Authors *	Linnea Polgreen (UI College of Pharmacy); Philip Polgreen (Carver College of Medicine)
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.

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