Leukocytosis in cerebrospinal fluid is unreliable as an indicator of meningitis in very preterm infants. In Cleveland, Ohio between 1977 and 1995 (Clinical Pediatrics 2001;40:473–80) 64 ill very low birthweight (<1.5 kg) infants had culture-positive cerebrospinal fluid samples. Of 38 samples not contaminated with blood only six contained >30 leukocytes/mm³ and all six were from babies with a gestational age of at least 33 weeks; none of 29 infants of lesser gestation had a CSF leukocytosis. Thirty-nine of 45 survivors were followed up to 20 months and, compared with 2053 very low birthweight controls, they had higher rates of major neurological abnormality (41% v 11%) and low (<70) Mental Development Index (38% v 14%).

Unilateral cerebellar lesions in young children may impair functional development in the opposite cerebral hemisphere. In Oxford (Developmental Medicine and Child Neurology 2001;43:685–91) seven children who had had unilateral cerebellar tumours removed at a mean age of 3 years were assessed at a mean age of 7 years. The findings suggest that in right handed children damage to the right cerebellar hemisphere affects the development of verbal and literacy skills and damage to the left cerebellar hemisphere affects nonverbal or spatial skills. All children with cerebellar lesions should have long term monitoring of their cognitive development.

Obsessive-compulsive disorder is rare in young children but the prevalence increases throughout childhood. A national survey in the UK (British Journal of Psychiatry 2001;179:324–9) has shown an overall prevalence in children aged 5–15 years of 0.25% (25 of 10 438 children assessed). Of the children with obsessive-compulsive disorder one was aged 5–7 years, four were aged 8–10, four 11–12, and 16 aged 13–15. Prevalence rates rose from 0.026% in 5–7 year olds to 0.63% in 13–15 year olds. Affected children were from lower socioeconomic class and of lower intelligence. Only three of the 25 had been referred to specialist children’s services.

A paediatric dermatology nurse specialist was appointed to Bournemouth and Christchurch Hospitals in 1995. Since then (Paediatric Nursing 2001;13:14–7) hospital admissions of children from Bournemouth with skin problems have fallen to a very low level. Ninety-five per cent of parents expressed great satisfaction with the nurse support. They particularly valued the availability of telephone consultation and advice about the use of ointments and creams.

In Tanzania (Lancet 2001;358:1218–23) 156 (45%) of 348 under-5 year olds treated for non-severe falciparum malaria with a single dose of pyrimethamine-sulfadoxine were still parasitaemic after 7 days. Two thirds of these had a recurrence of clinical malaria over the next 3 weeks. For retreatment at that stage a 3 day course of chlorproguanil-dapsone was better than a repeat dose of pyrimethamine-sulfadoxine (parasitaemia clearance rate 93% v 39%). Pyrimethamine-sulfadoxine resistance in this part of Africa is associated with triple mutations in the dihydrofolate reductase gene of the parasite.

Infant immunisation with live attenuated rotavirus vaccine began in the USA in October 1998. It was suspended in July 1999 because of fears about an increased risk of intussusception. Population attributable risk was reckoned at one extra intussusception for every 2500 to 5000 infants receiving the vaccine. More recent data (Lancet 2001;358:1224–9; see also commentary, ibid: 1197–8) produced a population attributable risk estimate of one extra intussusception for every 2500 to 3000 vaccinated infants. The commentator points out the methodological shortcomings of this ecological data and appears to favour the older epidemiological studies. At present the vaccine is still licensed but the manufacturers have stopped making it and it is not available. In developing countries some 600 000 to 800 000 infants and young children die of rotavirus disease each year.

The widespread use of low doses of antibiotic to promote growth in food animals also promotes antibiotic resistance in human enteric pathogens. Forty-one of 200 meat samples from supermarkets in Washington DC. (New England Journal of Medicine 2001;345:1147–54) contained salmonella; 84% of isolates were resistant to at least one antibiotic and 53% to at least three. Resistance to quinupristin-dalfopristin was found in 58% of over 400 chicken carcasses from stores in four states (ibid: 1155–60). (This combination of streptogramins is approved in the USA for the treatment of vancomycin-resistant Enterococcus faecium infections.) A study on volunteers in Copenhagen (ibid: 1161–6) showed that meat-derived antibiotic-resistant E faecium can be isolated from stools for up to 14 days after ingestion. An editorialist (ibid: 1202–3) calls for antibiotic use in animals to be restricted to treatment by a veterinary surgeon and for the banning of the use of drugs such as fluoroquinolones and third generation cephalosporins in animals and of the use of low dose antibiotics as growth promoters.

Seventeen current clinical practice guidelines from the US Agency for Healthcare Research and Quality were assessed and only three were found to be still valid (Journal of the American Medical Association 2001;286:1461–7). Seven were judged to be in need of a major update. It was estimated that about half of the guidelines became out of date in 6 years and at least 10% were out of date in 3.6 years. It is suggested that all guidelines should be reassessed every 3 years.

A blood test for latent tuberculous infection may help to identify skin test reactions due to BCG immunisation or nontuberculous mycobacterial infection. In a study of 1226 adults (Journal of the American Medical Association 2001;286:1740–7) there was 83% agreement between the blood test (whole blood interferon γ assay after incubation with PPD) and tuberculin skin testing (STU, 10 mm induration after 48–72 hours). A positive skin test with a negative blood test was seven times more likely in people who had had BCG vaccination than in those who had not. Subjects with these results in the absence of previous BCG vaccination had a 20% probability of nontuberculous mycobacterial infection.

Of 125 children with Staphylococcus aureus bacteraemia in New Zealand (Pediatric Infectious Disease Journal 2001;20:668–73) 14 were under 1 month of age. Four children, aged 3 days, 2 weeks, 9 months, and 15 years died. Twenty-seven children had intravenous catheters. Eighty-eight had community acquired bacteraemia (positive culture from blood taken within 48 hours of admission). The risk of S aureus bacteraemia was increased (twofold and 2.5-fold) in children from Maori and Pacific Island ethnic groups.