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CAT Block 11

April 2017

Citation: Bonadio, W., et al. Meta-Analysis to Determine Risk for Serious Bacterial Infection in Febrile Outpatient Neonates with RSV Infection. Ped Emerg Care 67(5): 286, May 2016.

Clinical Question: Should RSV testing affect management of febrile neonates?

Introduction: There are multiple guidelines that help delineate care of the febrile neonate, but none take into account RSV testing.

Methods: The authors created a meta-analysis using a study at their single ED that was combined with patient data from another study with similar methods. The analysis included febrile neonates (28 days or younger) who presented to the pediatric ED during a 6 year period (2008-2014) and subsequently underwent routine febrile workups. The outcome was risk of serious bacterial infection (SBI) for RSV positive vs RSV negative groups.

Results: The analysis included a total of 789 neonates and notes a background prevalence of approximately 6% for RSV. The data revealed SBI in 11.5% of RSV positive patients versus 15.3% of RSV negative patients, but unfortunately demonstrated no significant statistical difference.

Discussion: Unfortunately this study adds little to the management of febrile neonates. Standard workup algorithms should be adhered to, and RSV status of the patient should not dictate workup.