

## Adverse Drug Reaction Monitoring

I read with interest the recent editorial on this subject(1). Dr. Kshirasagar rightly point out the need for taking up the problem of Adverse Drug Reaction (ADR) monitoring seriously. The recent trend among doctors, is to use newer drugs, especially antibiotics. But how many of us really go through the whole literature of these drugs before we start using them? I am sure for most of us the main source of information is by the medical representatives!! Recently I had an experience of delayed anaphylaxis, quite severe in nature, due to an injectable typhoid vaccine.

I would like to suggest few things about

ADR monitoring in pediatrics. As pediatricians we should always try to analyze any complaint of a patient regarding ADR, before we deny it! It will be worth while if IAP reserves a page in the journal for ADR reporting. The confidence in managing an ADR will be better if we are well informed about medications we use. This is aided by regular reporting of ADR in journals.

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### REFERENCE

1. Kshirasagar NA, Karande S. Adverse drug reaction monitoring in pediatric practice. *Indian Pediatr* 1996; 33: 993-998.

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## Beta Hemolytic Streptococci in Sore Throat Infections

Beta hemolytic streptococcal sore throat in 5-15 years old children has a potential to cause rheumatic fever in 0.3% to 3% of cases(1). Rheumatic fever is a major public health problem particularly in the developing countries. It is the commonest cause of heart disease in 5-30 years age group throughout the world and in some countries it is responsible for about one third of all deaths from cardiovascular diseases(2).

The present study was conducted: (a) to identify the frequency of beta hemolytic streptococci in children with sore throat (5-15 years), (b) to measure the impact of age,

sex, malnutrition, season, *etc.* on the isolation of this organism; and (c) to determine the frequency of carrier rate. One hundred and fifty children with signs of inflammation in the oropharynx and 60 apparently normal children from Patna town and adjoining rural areas were included in the present study. Throat swabs were taken for culture and the Filter paper strip method was used for transportation. The beta hemolytic streptococci were isolated in 38.6% cases of sore throat with the following characteristics: high frequency in boys (40.0% vs 36.6%), maximum between 5-10 years of age (43.7% vs 32.8%), malnutrition (40.7% vs 35.7%), rural areas (41.1% vs 35.0%) and overcrowded conditions (45.5% vs .28.3%). Isolation in relation to seasons was winter-41.6%, rainy-37.5% and summer 35.7%. The carrier rate was higher in