

**Weight gain during adolescence and socioeconomic status** (*Prev Chronic Dis* 2009; 6: A19. E-pub Dec 15, 2008)

This study followed a socioeconomically and ethnically diverse sample of 2,516 adolescents from 1999 through 2004. Girls and boys in the low-socioeconomic status (SES) category were more likely to be overweight than were those in the high-SES category. Boys in the high-SES category showed a significant decrease in overweight prevalence whereas boys in the low- and middle-SES categories showed no significant change. Girls in the low-SES category showed a significant 5-year increase in overweight prevalence compared with a stable prevalence of overweight among girls in the middle- and high-SES categories.

**COMMENTS** Youth from low-SES backgrounds are at increased risk for overweight. Obesity prevention and treatment interventions to address the unique needs of youth from less-advantaged socioeconomic backgrounds should be a public health priority.

**Rotavirus surveillance—worldwide, 2001-2008** (*MMWR Morb Mortal Wkly Rep* 2008 Nov 21; 57(46):1255-7)

Two licensed rotavirus vaccines have shown efficacy of 85%-98% against severe rotavirus diarrhea in trials conducted in the Americas and Europe, and they have been introduced into routine immunization programs in 11 countries in these regions and in Australia. Additional trials of these vaccines are ongoing to assess efficacy in low-income countries of Asia and Africa, where vaccine performance might be affected by factors such as concurrent enteric infections, greater prevalence of malnutrition, and a greater prevalence of unusual rotavirus strains. Results of these additional trials are expected within the next 1-2 years. This report presents an analysis of results from the WHO surveillance networks for 2001-008, which indicated that approximately 40% of diarrhea hospitalizations

among children aged <5 years worldwide were attributed to rotavirus infection. The most common rotavirus strains found were G1, G2, G3, G4, and G9, and the distribution of strains varied markedly across regions.

**COMMENTS** Rotavirus continues to be an important cause of pediatric diarrhea worldwide and that the potential health impact of vaccination can be enormous.

**Treatment of wheezing in preschoolers** (*N Engl J Med* 2009; 360: 409-410).

Nearly one third of preschool children ( $\leq 4$  years) have intermittent wheezing, following a respiratory virus infection. Some children, particularly those with atopy have a different clinical phenotype, known as multitrigger wheezing. This condition is characterized by wheezing after exposure to multiple triggers such as exercise and exposure to smoke, allergens, cold air, and viral infections. The exact treatment of these children is still far from clear. Panicker, *et al.* found no benefit of oral prednisolone in preschool children hospitalized with acute virus induced wheezing. Inhaled beta 2 agonists can be recommended for acute episodic wheezing in preschool children. Prophylactic or intermittent use of leukotriene receptor antagonist may be beneficial but comparison with intermittent inhaled steroids is needed. Prednisolone should be administered to preschoolers only when they are severely ill.

**COMMENTS** A detailed follow up is needed of all preschoolers enrolled in therapeutic trials to see who will go on to have persistent, atopic, multitrigger wheezing (true asthma). The data should be analyzed to determine whether the response to treatment for acute episodes in preschoolers in whom true asthma develops differs from patients in whom symptoms subsequently regress.

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