ing system, well-trained interviewers used a standard questionnaire to collect information on the demographic characteristics, 2009 H1N1 influenza vaccination, history of influenza-like illness, personal hygiene habits, and daily activity of the participants. By univariate and multivariate conditional logistic regression analysis, we found that the significant independent factors associated with seropositivity of 2009 H1N1 influenza included 2009 H1N1 influenza vaccination (odds ratio [OR], 4.82; 95% confidence interval [CI], 1.23–19.91; \( P = .02 \)), history of influenza-like illness <1 month before serum sampling (OR, 2.53; 95% CI, 1.01–6.25; \( P = .047 \)), and frequent hand washing (OR, 0.214; 95% CI, 0.06–0.74; \( P = .015 \)).

The production of antibody to pathogen is attributed to infection and vaccination. As a novel influenza vaccine, 2009 H1N1 influenza vaccine was able to elicit satisfactory immune response to 2009 H1N1 influenza virus in patients after vaccination, which was demonstrated by some previous studies [1, 2]. This case-control study also illustrated the effect of 2009 H1N1 influenza vaccination by the determination of the OR. The epidemic peak of 2009 H1N1 influenza in Beijing occurred in November 2009, according to influenza surveillance in Beijing. Therefore, we considered that a large number of case patients with 2009 H1N1 influenza in Beijing could have been infected during that period, and this could be the reason why a history of influenza-like illness <1 month before serum sampling (December 2009) was associated with seropositivity in the general population. Hand washing was considered to be very efficient at preventing infectious respiratory diseases [3, 4], and in this study, frequent hand washing was shown to be negatively associated with seropositivity, which indicated that this behavior is also efficient at preventing 2009 H1N1 influenza.

Our findings suggest that to prevent 2009 H1N1 influenza, the pandemic influenza vaccination program should be promoted in the general population. Also, health education on hand washing must be strengthened in the future.

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Wenting Liu, Peng Yang, Wei Duan, Xiaoli Wang, Yi Zhang, and Quanyi Wang

Beijing Center for Disease Prevention and Control, Capital Medical University School of Public Health and Family Medicine, Beijing, China

References


Reprints or correspondence: Dr Quanyi Wang, Institute for Infectious Disease and Endemic Disease Control, Beijing Center for Disease Prevention and Control, Capital Medical University School of Public Health and Family Medicine, No. 18, He Pingli Middle St, Dongcheng District, Beijing 100013, China (bjdcdm@126.com).

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Premastication: A Possible Missing Link?

TO THE EDITOR—The search to understand the counterintuitive but consistent finding that exclusive breast-feeding is associated with a lower risk of postnatal mother-to-infant transmission of human immunodeficiency virus (HIV) than is mixed feeding continues without a clear or convincing resolution [1–5]. Detailed insight into the mechanism(s) underlying this repeated observation would hopefully allow effective intervention. Babies receiving mixed feedings may develop more frequent or severe enteric infections [6–10], allowing less ingested HIV to be more efficiently infectious. Foods other than breast milk may differentially alter gastric pH and other alimentary defenses against HIV in the gastrointestinal tract of exposed infants.

Somewhat surprisingly, the discussions around this issue have for the most part ignored associated behavioral practices that may at least partially explain the paradox [11, 12]. In her informative editorial, Kuhn [4] asks “why are women who exclusively breast-feed less likely to transmit HIV during breast-feeding?” Perhaps the complementary question addressing why women who intermittently breast-feed are more likely to transmit HIV than women who exclusively breast-feed would better guide us toward the elusive answer. In this context, some data suggest a direct quantitative relationship between the likelihood of HIV transmission and the degree of feeding other than at the breast [3, 13].

Premastication of solid foods by nursing mothers prior to its being fed to infants appears to be commonplace among diverse cultures around the world [14–17] and may be customarily practiced to supplement breast-feeding (particularly during weaning) in resource-constrained regions where clean water and baby formula are not readily obtainable [6, 7, 18]. Especially in mothers with periodontitis and generally poor dental hygiene [19], premastication likely results in the mixing of bacteria, blood, and saliva with the chewed food [14, 20]. Oral secretions seem to be a rare vehicle for HIV transmission between adults [21, 22]. However, the transfer of infectious particles coated by a food bolus into the immature gut of the child has been linked to transmission of human herpesvirus 8 and HIV from infected mothers to their offspring [16, 23], which may be further enabled by co-

252 • CID 2010;51 (15 July) • CORRESPONDENCE
incident enteric infections and malnutrition. Compared with exclusive breastfeeding, it seems biologically plausible that premasturbation might potentially cause more harm than good [14, 25].

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Mark J. DiNubile
Merck Research Laboratories, North Wales, Pennsylvania

References


Reprints or correspondence: Dr Mark DiNubile, Merck Research Laboratories, PO Box 1000, US3C-06, North Wales, PA 19454 (mark_dinubile@merck.com).

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Underestimating the Real Burden of Invasive Fungal Infections in Hematopoietic Stem Cell Transplant Recipients?

To the Editor—We read the article by Kontoyiannis et al [1] with great interest because the authors found a comparably low invasive fungal infection (IFI) rate of 3.4% among 15,820 patients who underwent at least 1 hematopoietic stem cell transplant (HSCT). When interpreting the results of the study; however, 3 considerations should be taken into account.

First, the rate of galactomannan testing performed is not reported. A low rate of routine weekly galactomannan testing of serum samples and low rates of testing of bronchoalveolar lavage specimens, which has recently been shown to be superior to serum testing in terms of sensitivity [2], may have led to significant underestimation of the burden of invasive aspergillosis. Many probable cases may have been considered to be possible IFIs because they lacked fulfillment of the microbiological criteria. Consequently, the number of possible IFIs would be of considerable interest, but this number is not reported.

Second, the rate of invasive diagnostic procedures performed in the patient population of the study by Kontoyiannis et al [1] would be of great interest. Regarding the intensity of diagnostic measures performed, the authors reported variability...