Bacterial vs viral etiology of fever: a prospective study to estimate a host score's potential to support ED physicians' etiologic accuracy



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Objective:

A host-protein score (BV) combining the circulating levels of TRAIL, IP-10 and CRP was developed for distinguishing bacterial from viral infection. BV's potential to impact decision making at the emergency department (ED) was assessed by comparing BV to physician's etiological suspicion.

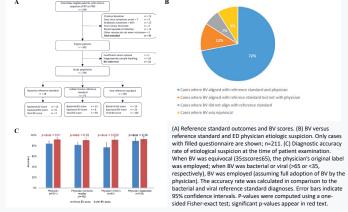
Study design:

Rosetta study participants, aged 3 months to 18 years with febrile respiratory tract infection or fever without source, were prospectively recruited in a tertiary care pediatric ED. The main eligibility criteria were symptoms for less than 7 days and immunocompetence. ED physician's initial etiological suspicion (bacterial/viral/I don't know) and degree of confidence (low/medium/high) were recorded in a questionnaire. The etiologic reference standard was based on the diagnoses (bacterial/viral/indeterminate) of 3 pediatric specialists who were provided with all available patient data. BV was interpreted based on pre-defined score thresholds (viral/bacterial/equivocal). ED physicians and pediatric specialists were blinded to BV results. To assess BV's potential to impact the physician's etiologic accuracy, BV results and physician etiologic suspicion were compared to reference standard.

Results:

Among 348 patients recruited, 290 met eligibility criteria and had requisite serum sample (Figure 1A). Median age was 1.3 years (interquartile range 1.7), 37.5% were female. 211 patients had questionnaires filled. BV matched physician's label and reference standard in 72% of the cases (151/211; Figure 1B); of these, 52% (78/151) were labeled by the physician with low/medium confidence, i.e., BV could reinforce the physician's suspicion. In 12% of the cases (26/211) BV aligned with the reference standard but not with the physician's suspicion, and therefore could correct the physician's etiologic diagnosis. Overall, BV could potentially correct physician diagnosis and reduce error >2-fold, from 16.1% to 8.1% (Figure 1C).





Conclusion:

BV has potential to aid the diagnostic process. Future studies are warranted to assess the real-world impact of BV on ED practice.

Poster max size is 45" T x 91" H, artwork will be scaled to max height or width if supplied artwork isn't already 45"x 91". Final poster size is listed below.

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