

A positive history of varicella (chickenpox) has high positive predictive value

When somebody reports a past history of varicella, does it mean he/she already had varicella (and therefore immune)? Similarly, when he/she says no, does it really mean she never had varicella (and therefore susceptible to this infection)? These questions occur not infrequently in clinical practice and have assumed increasing relevance with the availability of varicella immunisation. In a systematic review of published cross-sectional studies comparing history of varicella and varicella-zoster virus serology, Holmes reported these findings: positive predictive values (PPV) 95-98.5%, negative predictive values (NPV) 6-44%. The results show that a positive history of varicella is almost always correct but a negative history of varicella is inaccurate (most of them actually had varicella). It is noteworthy that all the 12 studies evaluated by Holmes were conducted in the developed countries (USA, Canada, Australia, Ireland), we need to bear in mind that the problem of late seroconversion in tropical countries (i.e. more adults who have never had varicella) and lack of accuracy of past history in patients with low literacy.

Note:

PPV: the proportion of people who report a positive history of varicella who are seropositive

NPV: the proportion of people who report a negative history of varicella who are seronegative

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Oral steroid is effective for shortening sore throat duration in acute pharyngitis

We all know that upper respiratory tract infections are mostly viral in origin, even when the presentation is primarily sore throat (acute pharyngitis). We probably would prescribe fewer antibiotics if the symptomatic relief that we give to our patient can be more effective. Kiderman et al conducted a randomised placebo control trial to evaluate the role of oral steroid (prednisone) for pain relief in general practice. Eligible patients were adults who had severe sore throat and at least two of the following features (tonsillar/pharyngeal exudate, dysphagia, fever and lymphadenopathy). Seventy-nine patients (age range 18-65 years) received either 60 mg prednisone (for one or two days) or placebo, and pain symptom was assessed by visual analogue scale and telephone interview. Throat swab culture were obtained for 92% of patients, 57% of them were positive for Group A β -haemolytic streptococci (no difference between intervention or control group). Antibiotic treatment was at the discretion of the doctor. Throat pain score was significantly reduced in the prednisone group compared to the placebo group at 12 hours and 24 hours but not subsequently. At 48 hours, 57.5% and 33.3% of patients in prednisone and placebo group respectively were pain free (statistically significant difference). This study has demonstrated that short-acting oral steroid is effective for shortening throat pain duration in acute pharyngitis. The investigators did not observe any serious adverse effect from the steroid use. It is noteworthy that by third day (72 hours), there is no statistical significance in pain score or proportion of patients with pain relief in the two treatment groups.

Abstracted from: *Kiderman A, Yaphe J, Bregman J, et al. Adjuvant prednisone therapy in pharyngitis: a randomised controlled trial from general practice. BJGP 2005 Mar;55(512):218-221* [[PubMed](#)]