**Is it really a risk factor? Is it statistically significant?. When you have to know**

**RIGHT NOW! You’ve got OpenEpi!**

# All of these… the good, the bad, the ugly, the lifesaving, the caught-in-time and not-caught-in-time mistakes… are ALL TRUE. If they made it to print, the reference is there for you to see. If it did not, the names have been changed to protect the hapless ☺. Let’s do a 2x2 table flashback…Go to Open Epi…Two-by-Two Tables—

During an outbreak of influenza A, seven patients with Reye syndrome and 16 classmate control subjects who were sick (but not with Reye syndrome) were evaluated for characteristics of the patients’ prodromal illness and the control subjects’ illness and for medication usage. Patients during the prodrome and control subjects had similar rates of sore throat, coryza, cough, headache, and gastrointestinal complaints except for documented fever which occurred significantly more often in patients than in control subjects (P = .05). While medications which did not contain salicylate (aspirin, aspirin-containing) were taken as frequently by patients as control subjects, patients took more salicylate-containing medications than did control children (P < .01). All seven Reye syndrome case-patients took salicylate whereas only eight of 16 control subjects did so (P < .05). Patients took larger doses of salicylate than did the entire control group (P < .01). When the eight control subjects who took salicylate were compared with the patients, the patients still tended to take larger doses (P = .08). Patients with fever took salicylate more frequently than control subjects with fever (P < .01). In addition, salicylate consumption was correlated with severity of Reye’s syndrome (P < .05). It is postulated that salicylate, operating in a dose-dependent manner, possibly potentiated by fever, represents a primary causative agent of Reye’s syndrome. ***Is Kay right? Were cases of Reye significantly more likely to have had salicylates?*** [***Starko KM et al Pediatrics.***](http://www.ncbi.nlm.nih.gov/pubmed/7454476)***1980 Dec;66(6):859-64.***

-------------------------------------------------------------------------------------------------------------------------------------------------

Between December 1978 and March 1980, a prospective case-control study of **Reye syndrome** was conducted by the Ohio State Department of Health. Reye syndrome patients and controls, selected from the same school classroom or neighborhood and matched for age, sex, race, and the occurrence of a similar antecedent illness (respiratory, varicella, or gastrointestinal) within 1 week of that which occurred in the case, were interviewed concerning medications taken between the time of onset of the antecedent illness and either admission to the hospital for Reye syndrome (for cases) or recovery from the illness (for controls). For each Reye syndrome case, the date of onset of vomiting, which is usually associated with the onset of Reye syndrome, was recorded. The frequency of usage of only 2 medications was found to be significantly different statistically in cases and controls. Salicylates, including those contained in various compounds, were the only medications which were taken significantly more frequently in cases (95/98, 97%) than controls (114/160, 71%) (p less than .001). Medications containing acetaminophen were taken by only 16% (16/98) of cases compared to 32% (51/160) of controls (p less than 0.01). ***Well… were the anonymous heroes of CDC right? Were aspirin products significantly more likely to be taken by cases than controls? Was acetaminophen protective? If so, why do you think acetaminophen was protective?*** MMWR 1980;29:321-2.

--------------------------------------------------------------------------------------------------------------------------------------------------

To compare the prevalence of genital human papillomavirus (HPV) infections in sexually abused and non-abused preadolescent girls, prevalence of HPV by genital DNA testing was compared in 31 sexually abused girls to prevalence in 9 girls in which sexual abuse had been ruled out. Genital HPV DNA was detected in 5 (16%) of the 31 confirmed or suspected sexually abused girls, and in none of the non-abused girls (Fisher’s exact test <.05). Genital HPV infection is significantly more common among sexually abused than non-abused girls. ***Is Cathy right? Was the prevalence of genital HPV infection higher in abused girls than in non-abused girls? Was the difference significant?******Stevens-Simon C et al*** [***Pediatrics.***](http://www.ncbi.nlm.nih.gov/pubmed/?term=stevens-simon+HPV) ***2000 Oct;106(4):645-9.***

Hemodialysis has been regarded as a low-risk setting for HIV transmission. In January 2012 the BLAH Health Dept. reported that from September to December 2011, 2 patients who underwent dialysis in Hemodialysis Unit A (HUA) acquired HIV infection. We interviewed and obtained blood samples from the 2 affected patients; and reviewed 18 months of medical records and routine periodic serological screening tests for evidence of new HIV and hepatitis C virus (HCV) infections among the 35 patients in the implicated HUA and the over 500 patients in the 13 other BLAH province HUs. HIV seroconversion rate was higher in HUA (2/35 [5.7%]) than in the other HUs (0/663), but this difference was not statistically significant because of small numbers. Identical numbers (2/31 [6.5%] of HUA patients and 2/554 [0.36%] in the other HUs seroconverted to hepatitis C); this trend was also not statistically significant. ***Is Bobby right? Was the HIV attack rate in HUA patients not significantly different from that in other HUs? How about the hepatitis C seroconversion rate?***