

## Editorial

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It gives us great pleasure to present this symposium on pediatric infectious diseases. Infectious disease is a very dynamic branch with emerging/ reemerging diseases and evolving treatment strategies; thus the need to regularly update oneself. The topics included in the symposium have been chosen carefully and are an assorted mix of new pathogens, often forgotten pathogens, new diagnostic tests, and new preventive strategies.

The sentinel event of the past year has been undoubtedly the H1N1 pandemic. Fortunately, the virulence of the virus and attributable morbidity and mortality have been lower than what was anticipated. In this symposium, Abdel-Haq et al. discuss in detail clinical features, diagnosis, treatment, prevention and infection control issues of the novel H1N1 virus. Since the disease is mild and self limiting and the case fatality rate is very low, it is crucial that testing and antiviral treatment be limited to people with severe disease and those at risk for severe disease.

The article on rickettsial infections by Atul Kulkarni from Sholapur, Maharashtra emphasizes the importance of considering rickettsia as a diagnostic possibility in febrile illnesses in endemic areas. Furthermore since diagnostic testing is not easily available and not sensitive enough, empiric therapy with tetracyclines is recommended in suspected cases.

The article on “TORCH” infections by Anita Shet provides a bird’s eye view of some of the important vertically transmitted infections. It discusses the often

misused TORCH screen and highlights the need to use it sparingly and interpret it rationally.

In their excellent review on nosocomial infections and multidrug resistant organisms in the pediatric intensive care unit, Eric MC Grath stresses the need to adopt rigorous infection control measures and promote rational use of antibiotics to mitigate the rising menace of antimicrobial resistance. All this is important since there are no new drugs especially against gram negative organisms in the antibiotic pipeline.

In their article on newer methods for diagnosis of pediatric infections, Rodrigues et al. discuss the role of automated culture methods, antigen detection methods and molecular methods all of which reduce the turnaround time for microbiologic diagnosis. Especially notable is the use of molecular methods to ascertain drug sensitivity in *M. tuberculosis*, a test which would cut down the lag time for diagnosis of multidrug resistant tuberculosis by 3–6 weeks.

In their exhaustive review of prevention of mother to child transmission of HIV Chokechai Rongkavilit et al., discuss in detail newer regimes that cut down the risk of transmission associated with breastfeeding. These are especially relevant in resource limited settings where the benefit achieved in formula fed babies of reduced HIV transmission are offset by increased mortality due to diarrhea and malnutrition.

Finally, Singh et al. in their article on preventive therapy of tuberculosis review an issue of every day importance to paediatricians. Investigation of all childhood (below age 5) contacts of adults with sputum positive tuberculosis is extremely important to reduce the risk of post primary disease and reactivation disease. At the same time, indiscriminate use of prophylaxis in latently infected older children should be avoided. Six months therapy with isoniazid alone is still the recommended regime.

The editors hope that this symposium will prove useful to the readers and positively impact their practice of pediatric infectious diseases

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