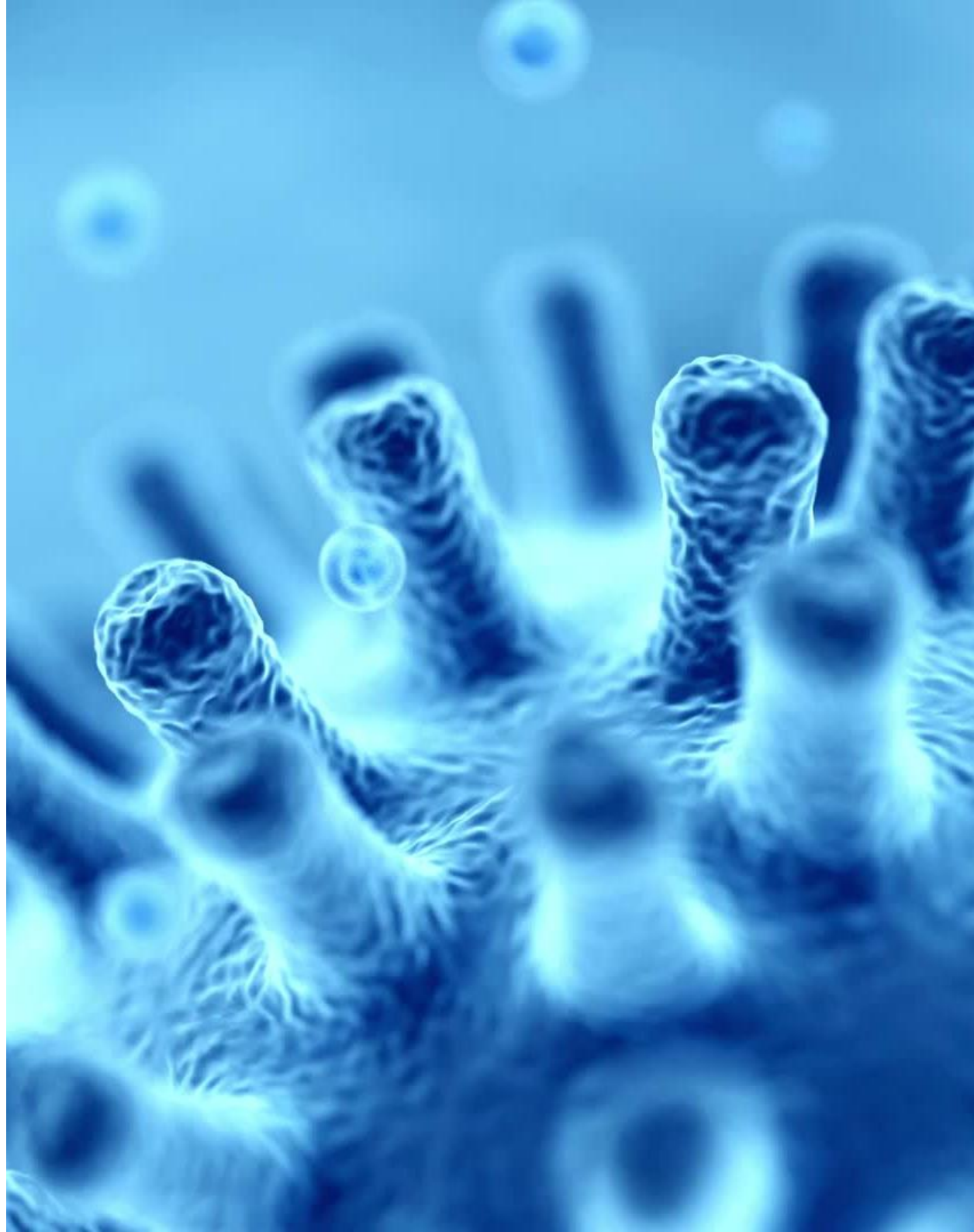
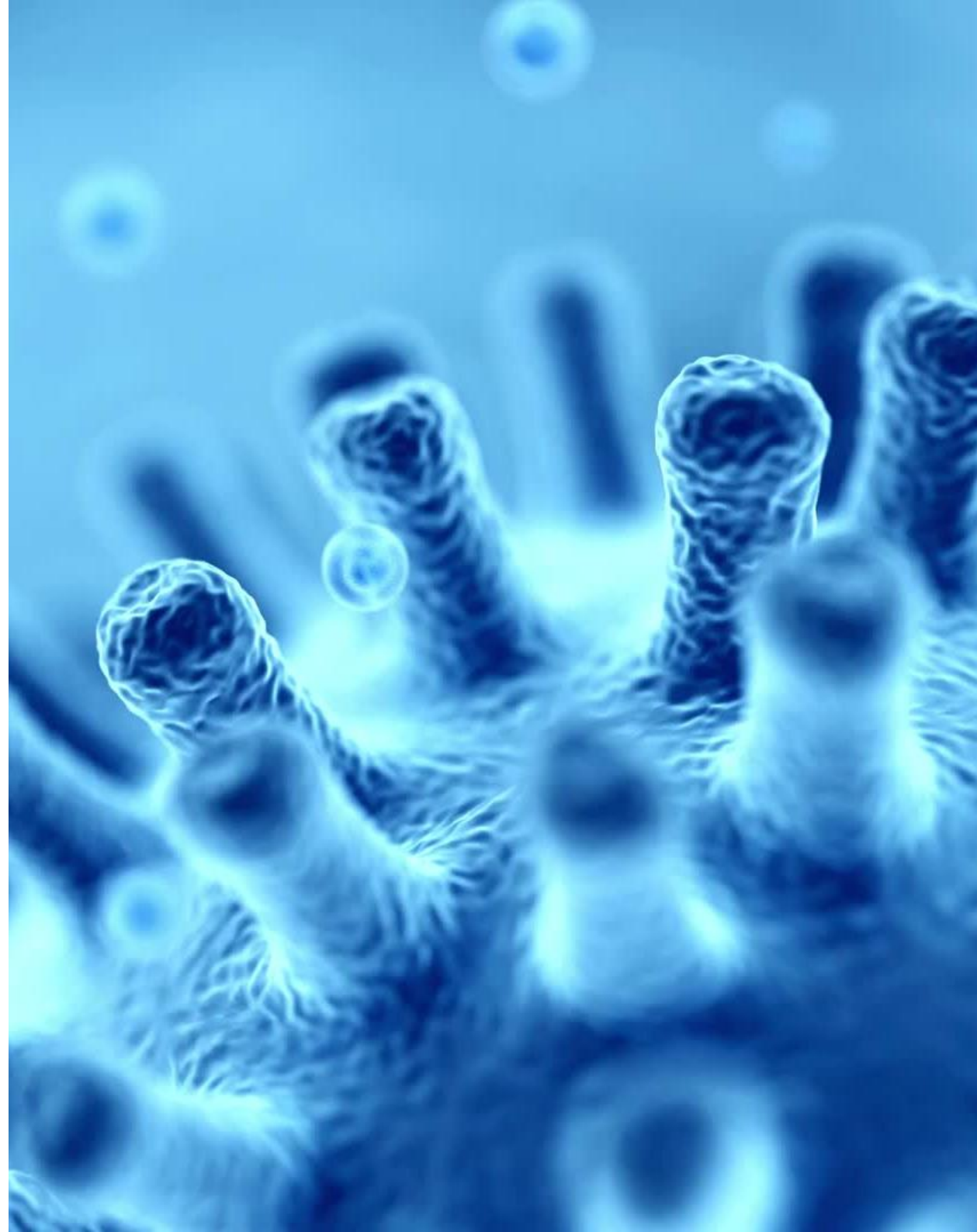


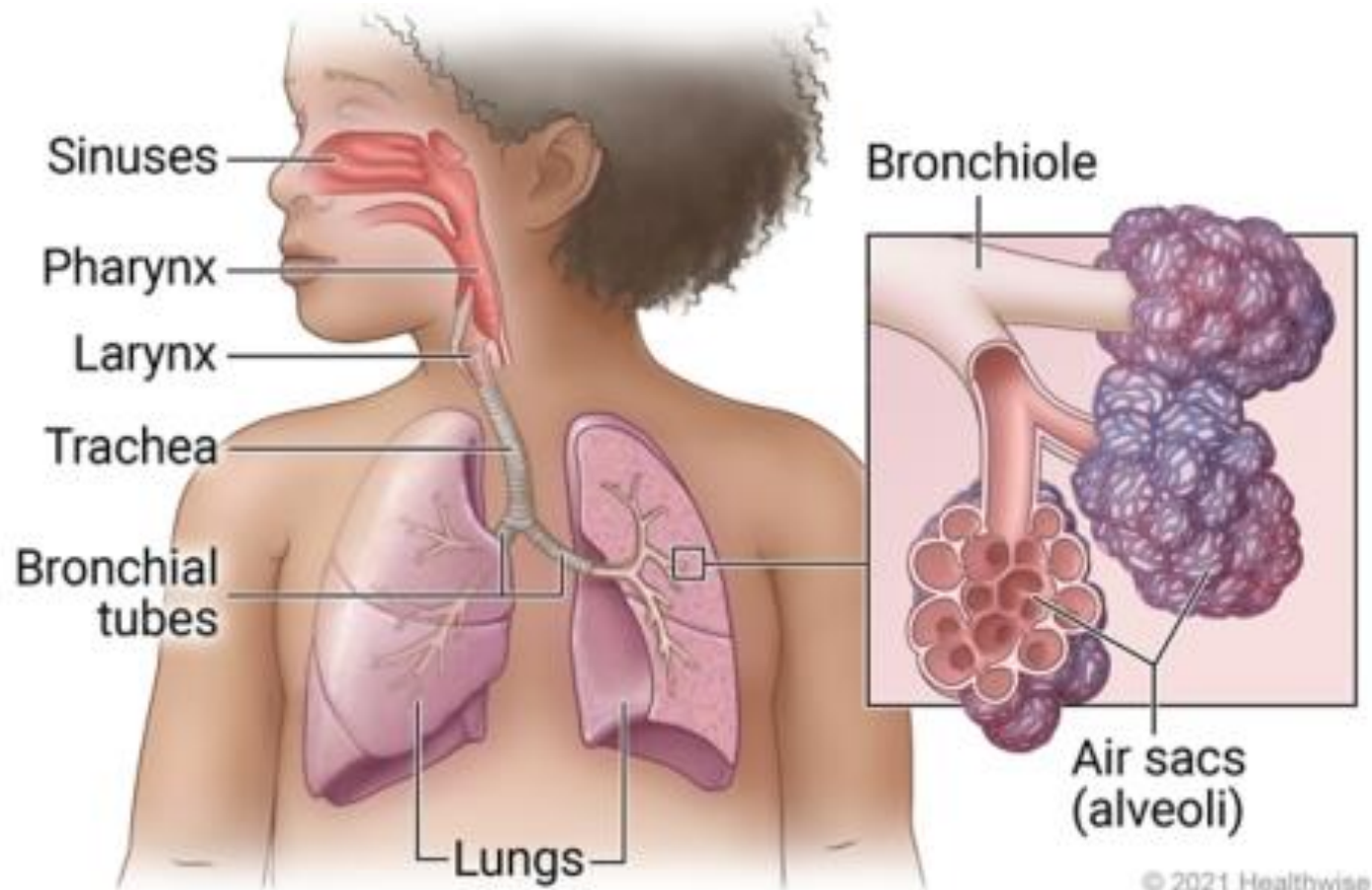
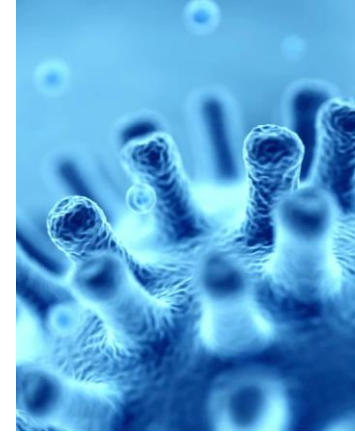
Viral Respiratory infections in the young – Myths and Facts



Definitions
Carer concerns
HP concerns



Viral Respiratory infections in the young – Myths and Facts



Viral Respiratory infections in the young – Myths and Facts



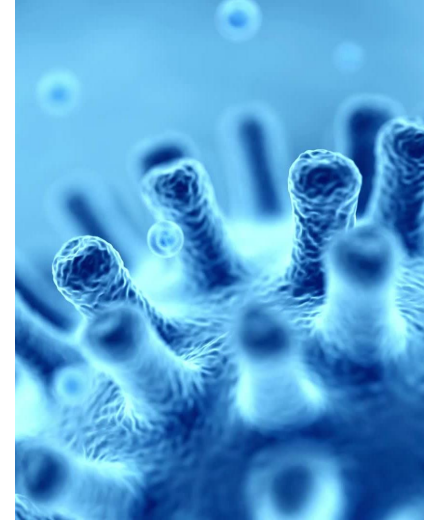
Bacterial complications

Otitis media

wheeze

8-12

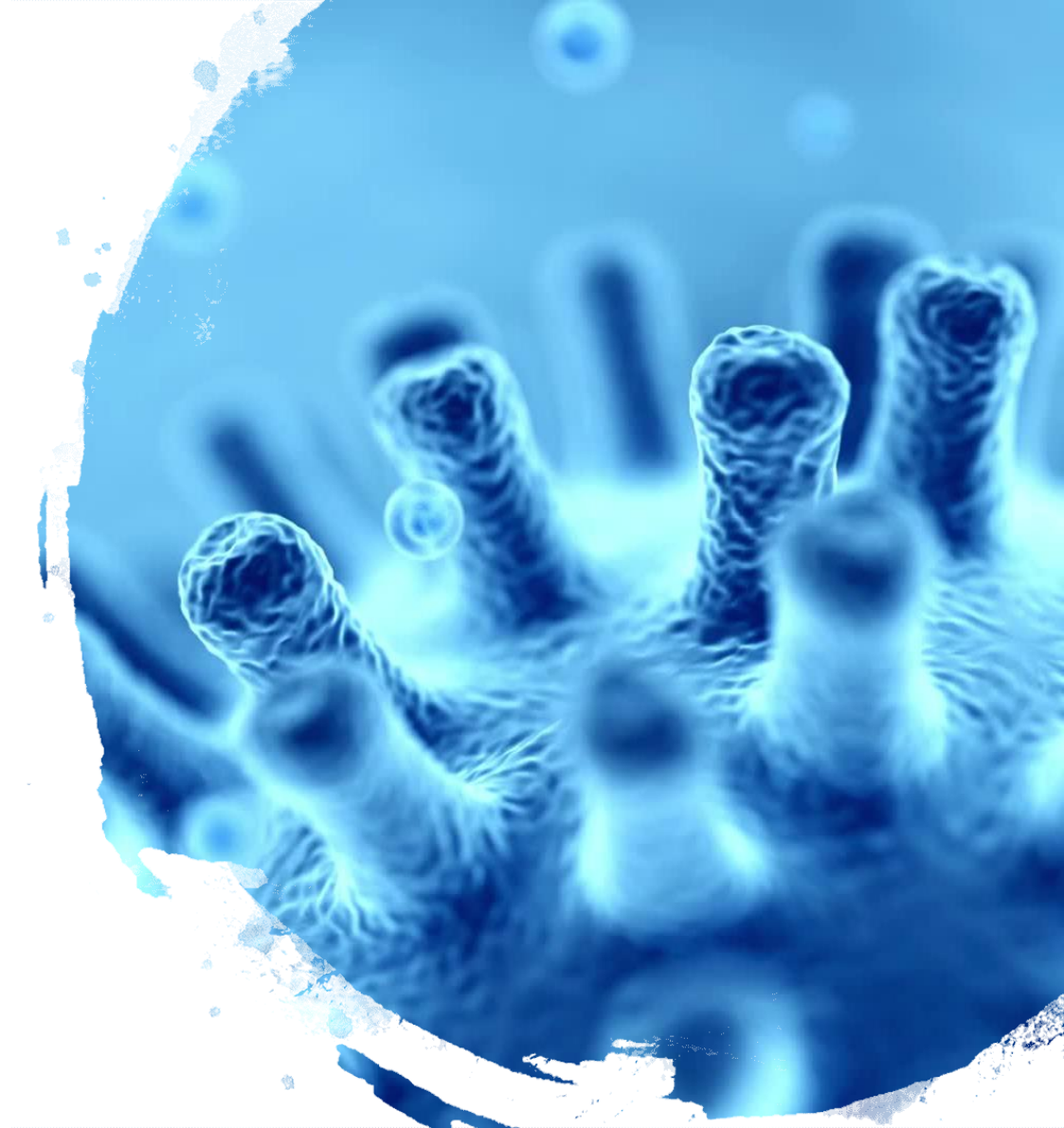
Viral Respiratory infections in the young – Myths and Facts



**Who worries
about what ?**

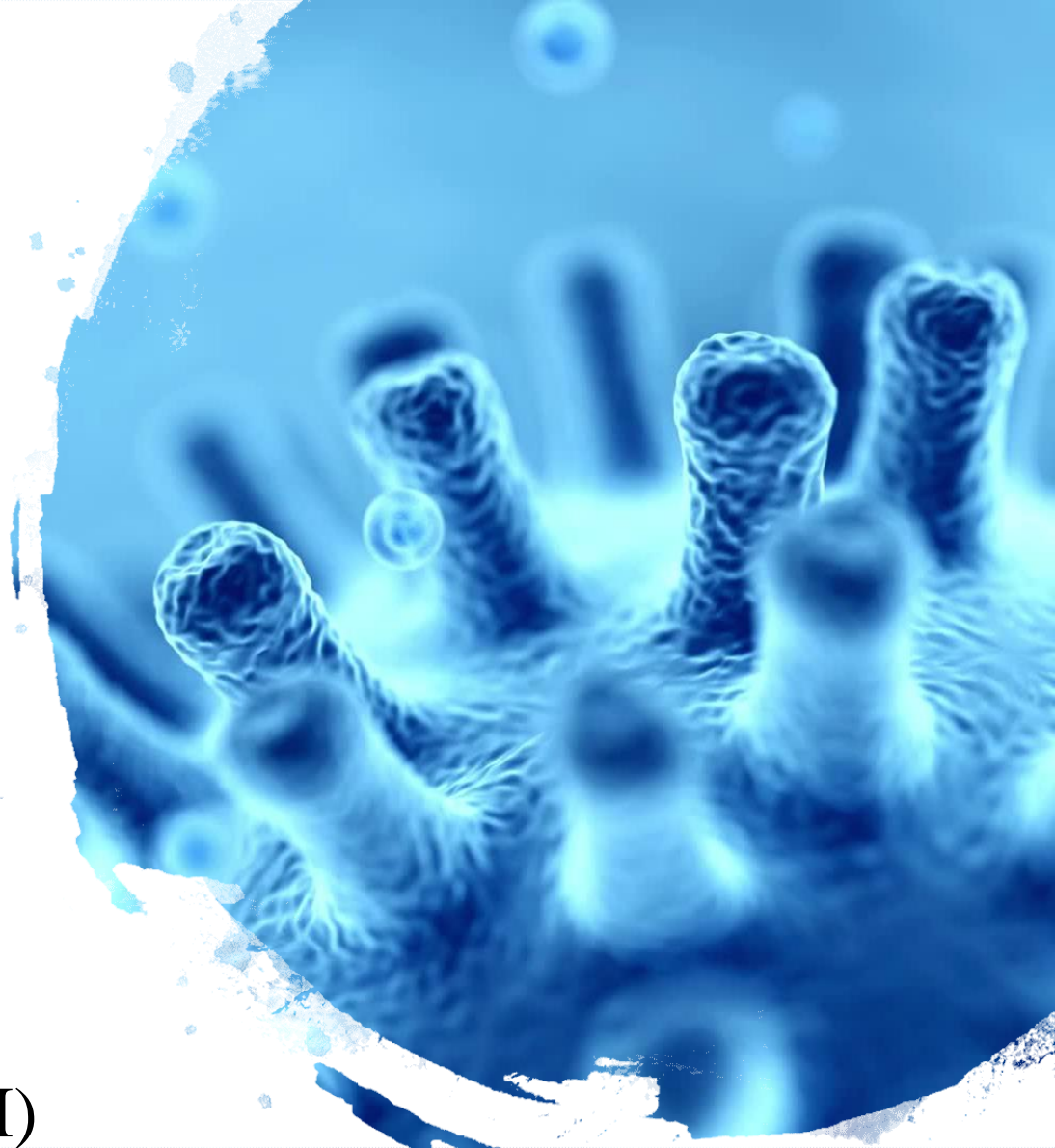
Carers

- Cough
- Fever
- Poor appetite - dehydration
- Poor sleep
- Frequency of illnesses



Health professionals

- Respiratory status
- Hydration status
- Complications
 - Common
 - Rare
- Missing something (SBI)
- Litigation



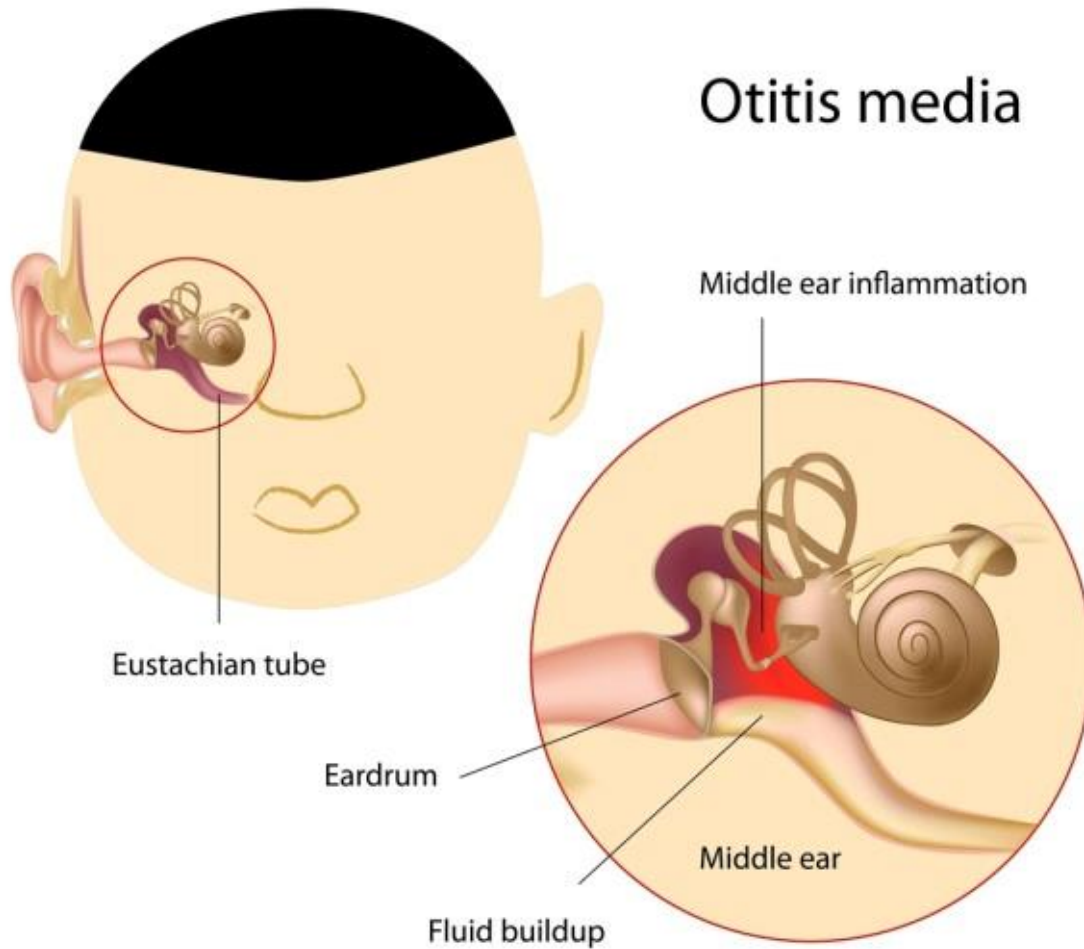


Wheeze



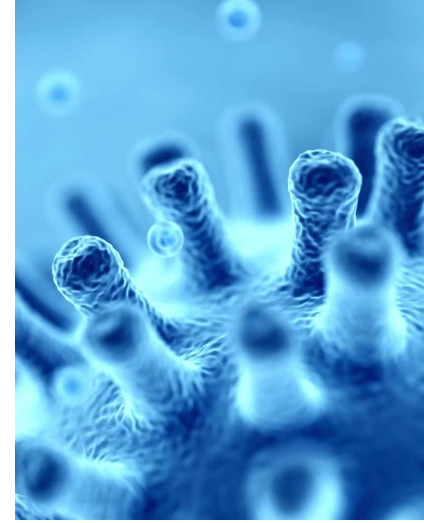
Wheeze

Otitis media



Otitis media

Viral Respiratory infections in the young – Myths and Facts



Serious Bacterial
complications

Otitis media

wheeze

8-12



Serious Bacterial Infections

Meningitis

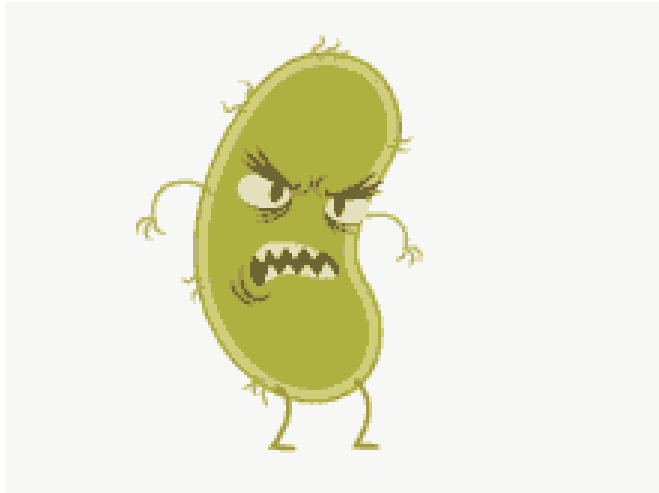
Pneumonia

Sepsis

Bone and joint infections

ENT suppurative complications

Urosepsis



OBS are Vital

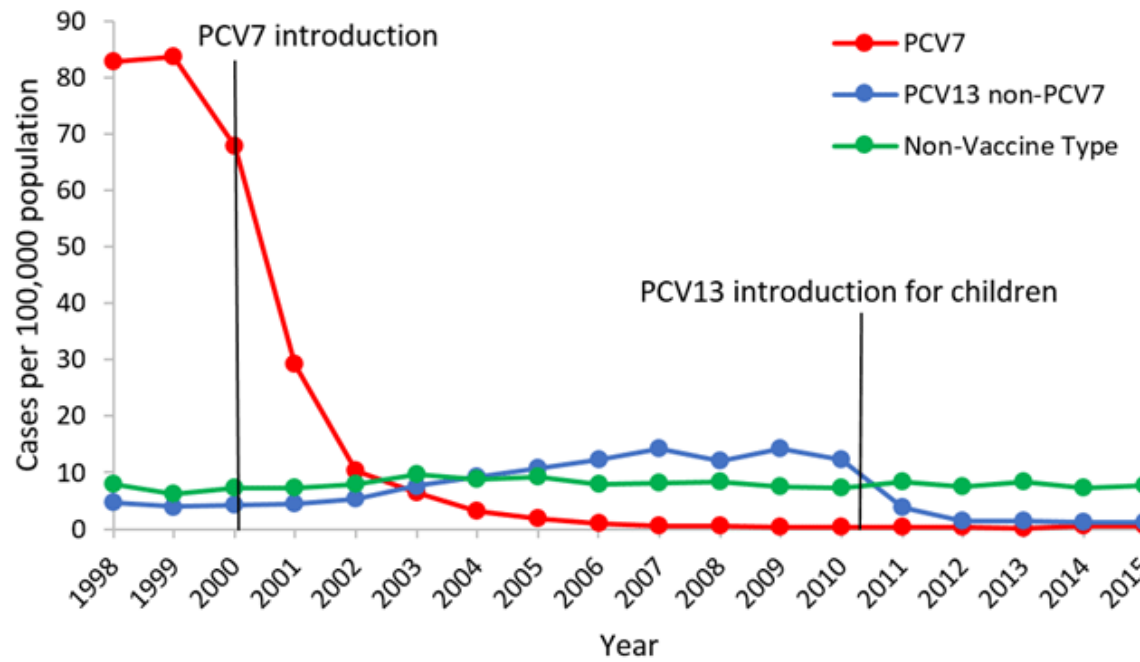
**A – Appearance
(alertness/activity)**

B – Breathing

**C – Circulation – Progressive
unreponsive tachycardia**

D – Dehydration/drowsy

Immunisation



Flucloxacillin

500mg

Cap

PL holder: Athlone Laboratories Limited,
Ballymurray, Co. Roscomrion, Ireland.
Distributed by: Kent Pharmaceuticals Limited,
Repton Road, Measham, DE12 7DT, U.K.

Amoxicillin

500mg

capsules

Drivers for antibiotics

Consumer

- Not as much as you think

Clinician

- Knowledge
- Fear of missing something
- Litigation
- Laziness

System

- Rewarding short consultations
- Time poor



Myths

Antibiotics are safe

Antibiotics should usually be prescribed for ear infections and sore throats

Antibiotics should be used to treat high fever

Antibiotics prevent serious bacterial infections

Myth Antibiotics Prevent Serious Infection

Antibiotic use and bacterial complications following upper respiratory tract infections:

Swedish population-based study - BMJ 2017

- ❖ Studied 10yr incidence of bacterial complications following URTIs between Jan 2006 and 2016
- ❖ During this period antibiotic prescribing decreased by 22% for AOM, Tonsillitis, Sinusitis, Unspecified acute URTI.

Myth Antibiotics Prevent Serious Infection

Antibiotic use and bacterial complications following upper respiratory tract infections:

Swedish population-based study - BMJ 2017

- ❖ Incidence of serious bacterial complications did not increase:
- ❖ Incidence of bacterial complications was 1.5/10000 for both those treated with antibiotics and those who did not receive antibiotics.



Myths

Antibiotics are safe

Antibiotics should usually be prescribed for ear infections and sore throats

Antibiotics should be used to treat high fever

Antibiotics prevent serious bacterial infections

Myth

Antibiotics are safe

GIT

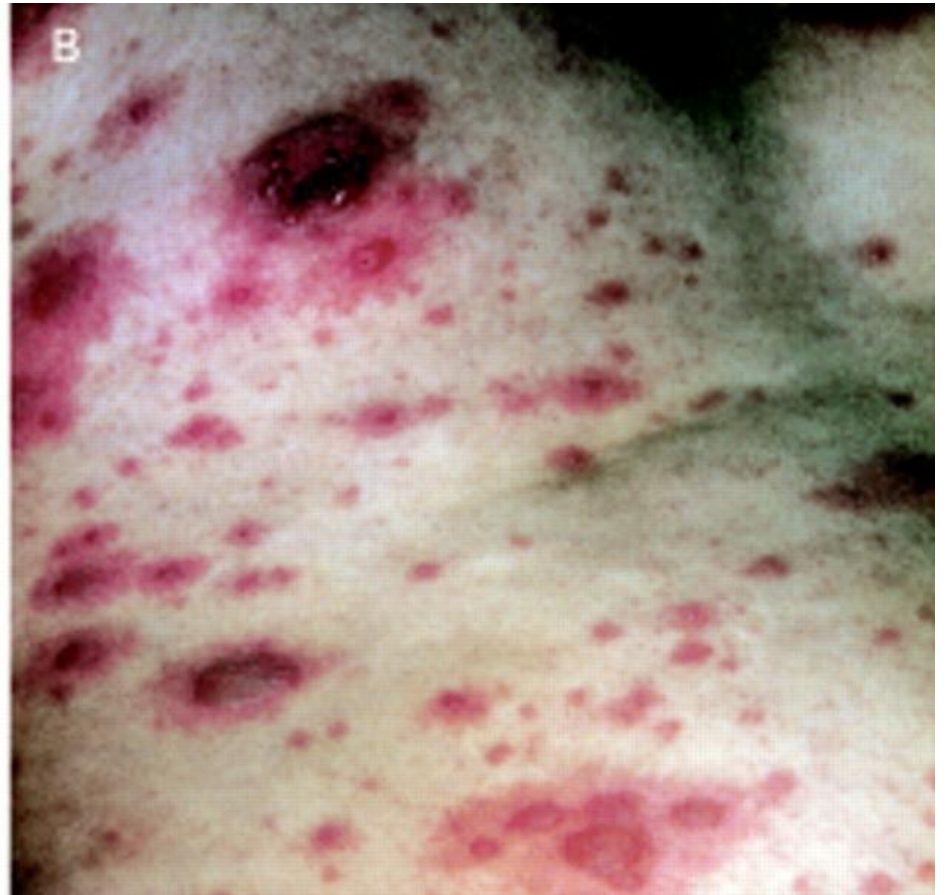
- Diarrhoea,
- Vomiting,
- Clostridium difficile colonization.

Myth

Antibiotics are safe

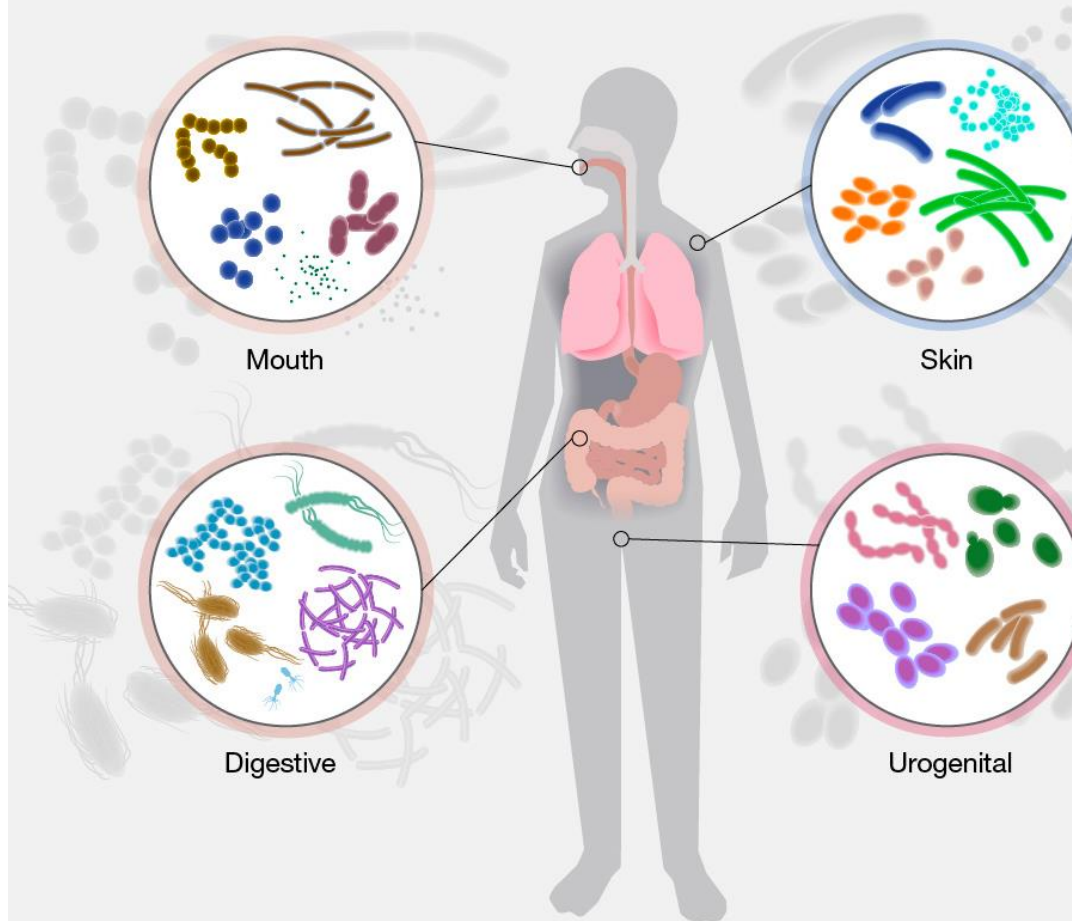
Cutaneous

- Morbilliform (exanthem) – either from drug or drug – viral interaction (EBV, HSV 6,7, other)
- Anaphylactic
- Other –
 - Urticaria (hives)
 - Erythema multiforme,
 - hypersensitivity vasculitis (purpura) including serum sickness like reactions often associated with cefaclor and amoxil
 - Stevens-Johnson syndrome/toxic epidermal necrolysis



Human microbiome

Archaea, bacteria, fungi and viruses



- Asthma
- Obesity
- Inflammatory bowel disease

Antibiotics should usually be prescribed for ear infections and sore throats

Ear infections

Acute otitis media

This guideline has been endorsed by the Paediatric Improvement Collaborative



See also

[Febrile child](#)

Key Points

1. Do not accept otitis media as the sole diagnosis in a sick febrile young child without exclusion of more serious causes (see [Febrile child](#))
2. Diagnosis requires acute onset and an abnormal ear examination with signs of middle ear inflammation and middle ear effusion
3. Avoid the routine use of antibiotic treatment for acute otitis media

3. Avoid the routine use of antibiotic treatment for acute otitis media

Throat infections

Sore throat

This guideline has been endorsed by the Paediatric Improvement Collaborative



See also

[Acute pain management](#)

[Febrile Child](#)

[Invasive group A streptococcal infections: management of household contacts](#)

[Acute upper airway obstruction](#)

Key points

1. Most children with sore throats do not need antibiotics
2. With the exception of scarlet-fever type rash, there are no clinical features alone that reliably discriminate between Group A streptococcal (GAS) and viral pharyngitis
3. Antibiotic therapy is **ONLY** recommended for a [high-risk group](#) of children to prevent non-suppurative complications of GAS infection

1. Most children with sore throats do not need antibiotics

2. Antibiotic therapy is **ONLY** recommended for a [high-risk group](#) of children to prevent non-suppurative complications of GAS infection



the color of the ball



Myths

Antibiotics are safe

Antibiotics should be used to treat coughs and colds

Antibiotics should usually be prescribed for ear infections and sore throats

Antibiotics should be used to treat high fever

Antibiotics prevent serious bacterial infections

Fever Myths

Myth 1 – Higher temperature indicates a serious infection

Myth 2 – Temperature not relieved by antipyretics indicates a serious infection

Myth 3 – Rigors indicated a serious infection

Myth 4 – You must wait for a fever to come down before discharge

Myth 5 – Fever should be treated with antipyretics

Myth 6 – Fever should not be treated with antipyretics

Febrile convulsion Myths

Myth 1. We need to keep the temperature down.

Myth 2. Febrile convulsions mean the child is going to grow up to have epilepsy.

Myth 3. Febrile convulsions need medication to stop them.

Myth 4. Febrile convulsions cause brain damage or long-term problems.

Resources



Suitable for 0-18 years

Fever



Key points

- Fever is a temperature higher than 38°C. It's usually a sign of infection.
- Children aged 0-12 months with fever should see a GP as soon as possible.
- Children aged over 12 months should see a GP if fever lasts more than 4 days.
- Keep children hydrated. Give them medication to reduce their fever only if they're uncomfortable.

21k Found this helpful

You might also like



Young children's health: what to

Resources



- Colds are very common in children, especially in winter.
- Cold symptoms include a stuffy or runny nose, sneezing, sore throat and ears, cough and headache.
- There's no treatment that can make colds go away more quickly. But paracetamol or ibuprofen, fluids and saline nose spray can help with symptoms.

These medications are **not recommended for colds** unless your GP says otherwise:

- **Cough medicines:** your child is coughing because their windpipe is irritated or has a lot of mucus, and cough medicines won't help with either of these issues.
- **Decongestants** like Benadryl, Bisolvon, Demazin, Dimetapp, Duro-tuss, Logicin, Robitussin and Sudafed: these can cause side effects like rapid heart rate, jitteriness and insomnia. Also they can't help with a cold.
- **Antibiotics:** colds are usually caused by viruses, so antibiotics won't help and can even cause stomach upsets and diarrhoea.

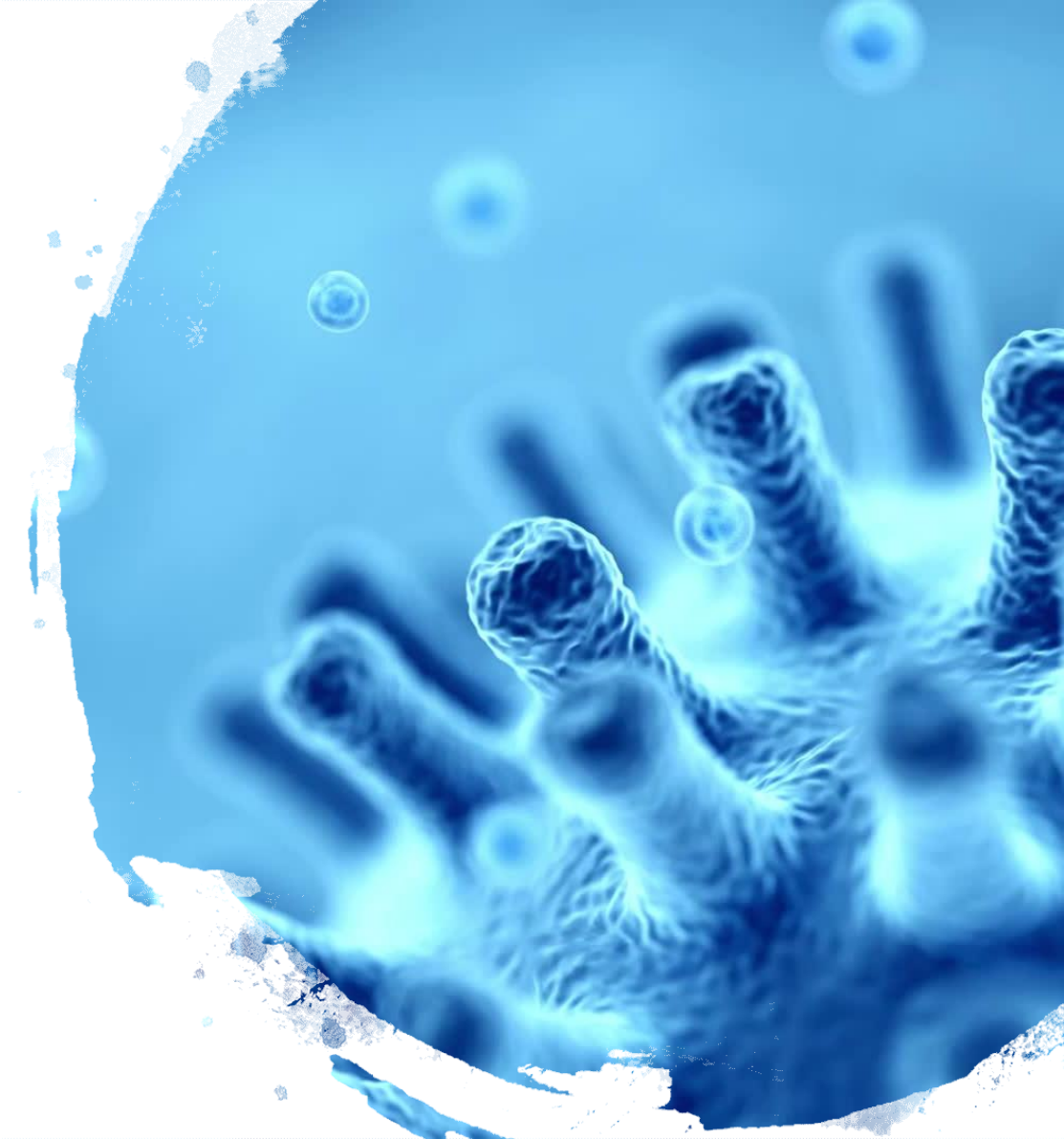
Influenza Vaccine 2023

- **Quadrivalent Influenza Vaccine 2023 – different to 2022**
- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.



COVID vaccines

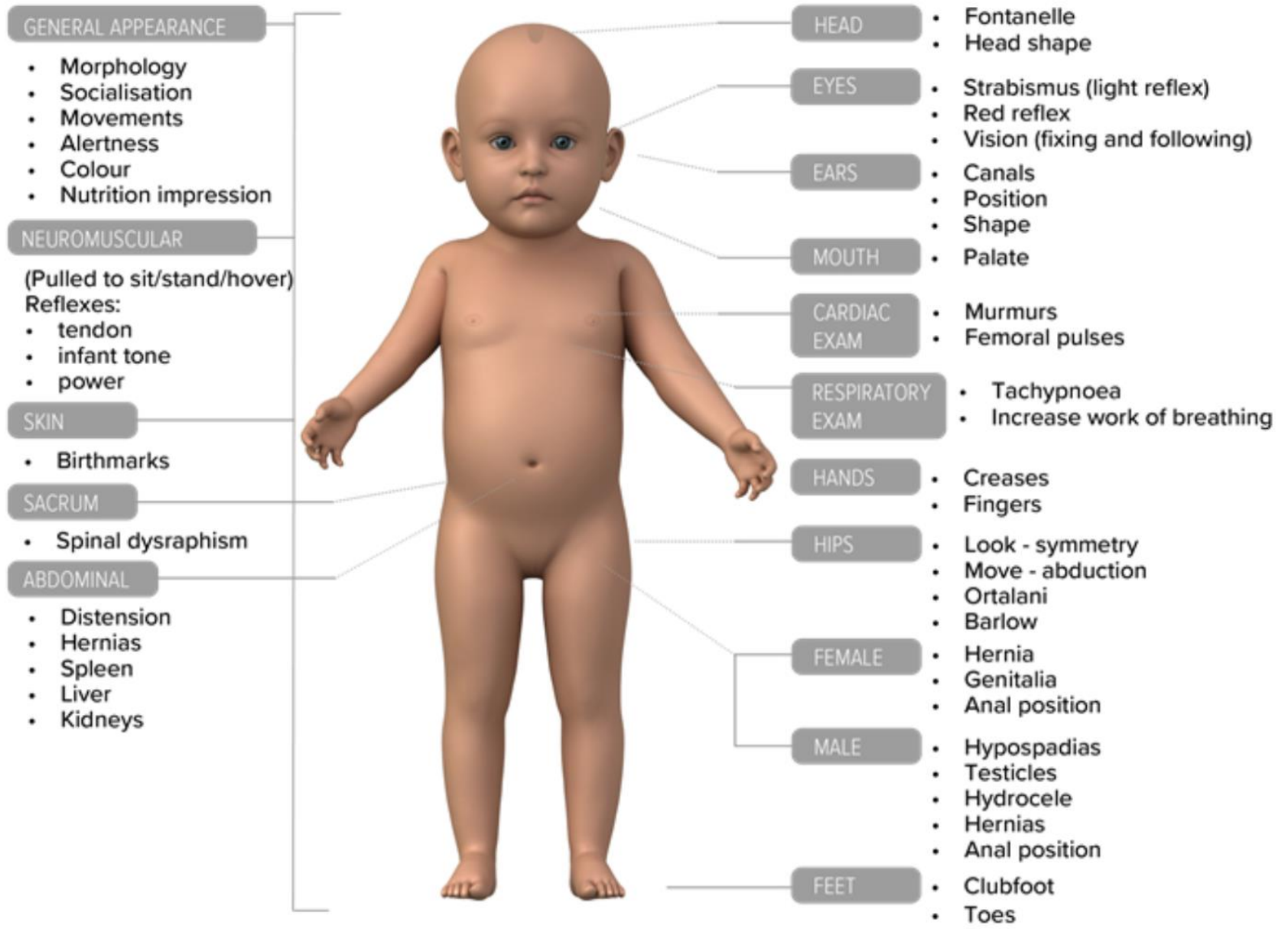
- **COVID**
- **Everyone > 5yrs needs 2 vaccinations 8 weeks apart**
- **Pfizer 5-11yo is only available for this agegroup.**
- **Under 5yrs – Immunocompromised, chronic medical conditions**
- **Booster only for those with chronic medical conditions**





COMING SOON

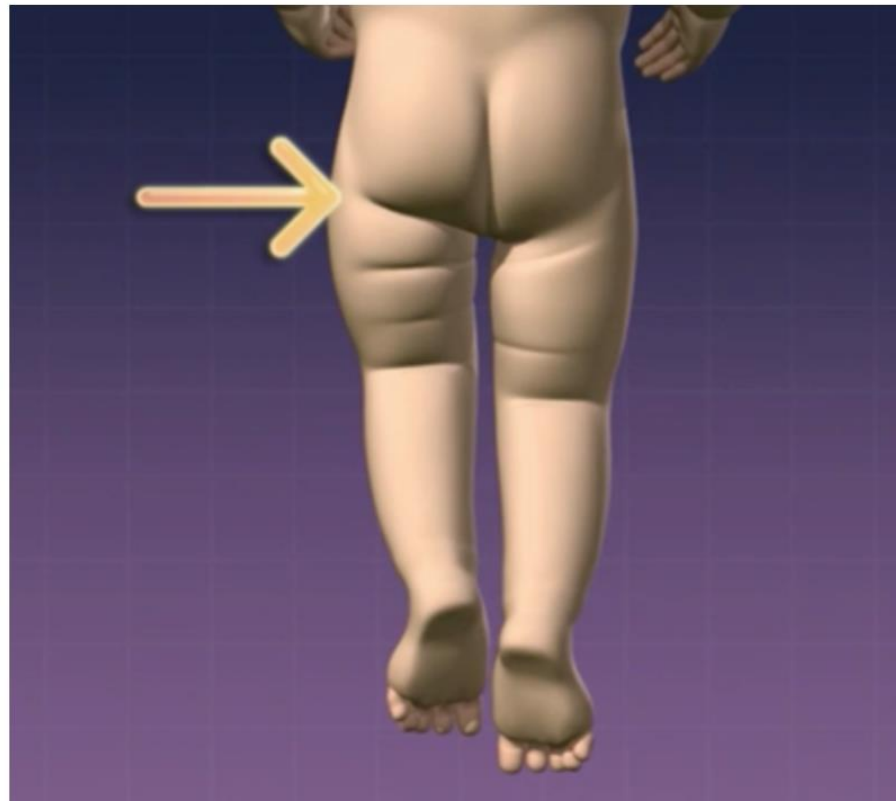
- Combined Influenza Covid Vaccine
- Gp A Streptococcus
- Respiratory Syncytial virus



- **Hip asymmetry** ^ – shortening and limited abduction of hip

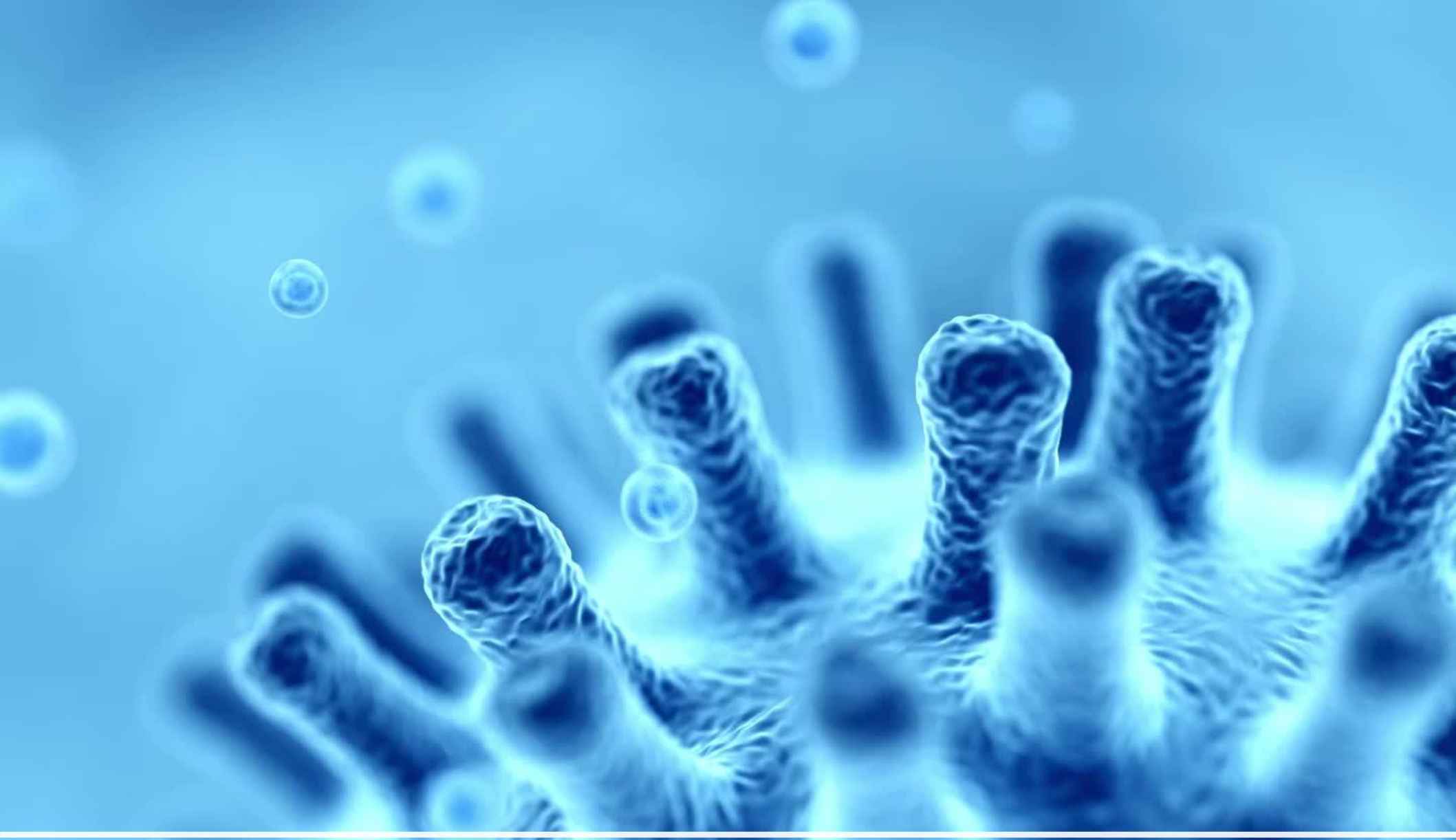
Hip asymmetry

1. Check for uneven asymmetrical gluteal skin folds.
 - With the infant prone, check for asymmetrical thigh or gluteal folds.
 - Note that skin fold asymmetry is seen in 25% of normal infants and in isolation does not constitute a diagnosis of DDH. It is significant in the presence of other positive signs.
 - Asymmetry may not be present in bilateral disease.



Few Tips

If we have
time !



Questions?