How many respiratory infections does an average child have in a year? by Dr Dharini Chandrasegaran

INFANCY 11 infections per year
PRE-SCHOOL 8 infections per year
SCHOOL AGE 4 infections per year

A child with a normal immune system, grows and develops normally, responds quickly to appropriate treatment and is healthy between infections. Red flags for possible immunodeficiency (PID) are:

- Failure of a baby or child to gain weight or grow normally (delaying growth)
- The need for IV antibiotics to treat infections
- A family history of primary immunodeficiency
- Four or more ear infections in one year
- Two or more sinus infections in one year
- Two or more monthly on at least two antibiotics at a stretch with little effect
- Two or more pneumonias within three years
- Frequent deep tissue or organ abscesses
- Persistent thrush or fungal infection (more than six months)
- Two or more deep seated infections, including septicemia, within three years

2 or more of these red flags? Think “primary immunodeficiency?” from https://www.paediatricfoam.com/2020/09/immunodeficiency/ and http://www.immunodeficiencyuk.org/

**NEW SERIES – “Did you know?”**

Every month, we all pick up updates, information and new resources that we were unaware of. I have asked our junior paediatric trainees to keep an eye out for titbits which would be useful to healthcare professionals new to paediatrics or dealing with children as a subset of their usual clinical load.

Two Did you know? statements for starters:

1. Diminished or absent tonsils and cervical nodes in the presence of recurrent respiratory infections can suggest an antibody deficiency (https://www.paediatricfoam.com/2020/09/immunodeficiency/)

2. The NICE guideline on ADHD was updated in 2019 and an ECG is no longer necessary for all children prior to starting medications (https://www.nice.org.uk/guidance/ng87/chapter/Update-information)

Effect of Amoxicillin Dose and Treatment Duration on the Need for Antibiotic Re-treatment in Children With Community-Acquired Pneumonia

The CAP-IT Randomized Clinical Trial

Julia A. Shields, PhD; Wolfgang Schütt, PhD; Lars Baretzky, MD, et al. Should children be vaccinated against COVID-19? Archives of Disease in Childhood Published Online First: 03 November 2021. doi: 10.1136/archdischild-2021-332040

With thanks to one of our current GP trainees, Dr Rebecca White, for bringing this recent paper to the journal club for discussion. This is a topic which exercises all of us who treat unwell children.

- < 5 yr olds often receive antibiotics for respiratory infections, usually amoxicillin
- = 33% of community acquired pneumonia (CAP) in this age group is thought to be bacterial
- Co-detection of viruses and bacteria is common in symptomatic and asymptomatic children
- Neither chest x-rays nor blood tests help tell which children require antibiotics
- There are antibiotic stewardship issues with the current prevalence of antibiotic use in this cohort of children, especially in secondary care

Duration of treatment varies from 3 to 7 days with doses ranging from 30 - 90mg/kg/day

What? Why? Children in Hospital

I have just come across this excellent Scottish charity and their website which houses parent information leaflets and 61 videos for families to watch to help prepare themselves for their visit to the hospital. ECG, x-ray, blood test etc.

https://www.whatwhychildreninhospital.org.uk/