

Common Childhood Infections

Part I Respiratory and Ear, Nose and Throat Infections



There was a time when childhood infections killed thousands of children. Today, vaccines protect against many of those infections, but you cannot immunize your child against every infectious disease. If you know the signs and symptoms of the most common childhood infections, you can at least help your sick child get better.

It is also important to know when to contact your pediatrician. Do so if you see signs of any of the following illnesses and are concerned (especially if your child is under 2 months of age). Use this brochure as a guide to common childhood infections.

Causes of infections

Most infections in children are caused by viruses, but they can also be caused by bacteria. Bacteria can live in certain parts of the body without causing any harm. They cause infections when they move to parts of the body where they do not belong. They can also come into the body from the outside; in the body they can cause an infection that requires treatment with an antibiotic.

Most viral diseases are not treated with an antibiotic because antibiotics do not work on viruses. Instead, the body gets rid of viruses on its own. When your child has a virus, your pediatrician will tell you how to make your child more comfortable. You should also make sure your child gets plenty of rest and eats a balanced diet.

Colds

We all know the symptoms of the common cold—sneezing, watery eyes, a cough, and a stuffy, runny nose. A child with a cold will often be cranky and have a mild fever and a headache.

Since there are hundreds of viruses that cause colds, there is still no vaccine for the common cold. Symptoms can be relieved with:

- a cool-mist vaporizer
- acetaminophen to bring down a fever
- decongestants
- lots of fluids

A cold usually lasts about a week. Any fever should appear at the beginning of the cold and then go away. Contact your pediatrician if:

- a fever continues or goes up during the week,
- symptoms seem to get worse after a week, or
- your child has problems breathing or ear pain.

Ear infection

Occasionally, children with colds will develop an earache. Since younger infants cannot complain of ear pain, be on the lookout for other signs. Fussiness, fever, or fluid draining from your child's ear may mean your child has an ear infection.

If your child has any of those symptoms, your pediatrician will examine her to determine if an ear infection is present. If there is one, he or she may pre-prescribe an antibiotic to kill the bacteria that cause the infection. Be sure to give your child the full dose of the antibiotic for the whole time it is prescribed. This is important even if symptoms go away within a few days. You can give acetaminophen (in a dose recommended by your pediatrician) to ease any ear pain, but do not give aspirin. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain. After your child finishes the antibiotic, the pediatrician should check her ears again. Even after the pain and fever have gone, fluid can still remain. This can lead to more infections or future hearing problems.

Sinusitis

When your child has a cold, the sinuses around his nose often get stuffy and swollen. Sometimes the mucus in the sinuses may get infected with bacteria. When this happens, your child has a sinus infection. Sinusitis usually develops after your child has had a cold for at least 10 days. Signs of sinusitis are:

- persistent nasal discharge
- fever
- a cough during the day and night, that often gets worse at night
- tenderness in the face
- headaches

An antibiotic will destroy the bacteria that cause sinusitis.

Strep throat

Strep throat is a bacterial infection. On rare occasions it can lead to serious problems if not treated. Strep usually develops in children over 3 years of age. Signs of strep include a sore throat, fever, and swollen glands in the neck. (If there is also a skin rash, the condition is called **scarlet fever**.) Since many viruses can cause the same symptoms as strep, your pediatrician will need to test for strep to be sure your child has it. To do this, he or she will obtain a throat culture or do a rapid strep test.

If your child does have strep throat, your pediatrician will prescribe an antibiotic that will destroy the strep germ. After 24 to 36 hours of antibiotic treatment, your child is no longer contagious and should start to feel better. Remember to have your child finish all the medicine. If you stop treatment too early, the infection may come back or cause other problems.

If not treated, strep throat can lead to rheumatic fever. This can cause damage to the heart and swelling of the joints. Untreated strep throat can also lead to kidney disease and a number of other health problems.

Croup

Croup is a scary illness for most parents because of its symptoms. Your child may go to bed with a runny nose and mild cough, but wake up during the night with a cough that sounds like a seal's bark.

Croup is usually caused by a viral infection in and around the voice box. Your child's breathing may become noisy and labored, a condition called **stridor**. Your child may or may not have a fever.

Most cases of croup can be handled at home with the advice of your pediatrician. A cool-mist vaporizer may help. If you do not have one, turn on the hot water in your shower or bathtub and let the bathroom fill up with steam. Stay with your child in the bathroom while he breathes in the steam for a few minutes. Keep a close eye on your child so that he does not burn himself with the hot water. (Try sitting with your child on your lap, and read a short story to pass the time.) Or you could take your child for a walk in the cool night air. This may help your child to breathe better.

If your child has a severe case of croup, your pediatrician may recommend a hospital stay. During the stay, your child may need to be inside a plastic tent called a croup tent. To reduce the swelling around the voice box, doctors may give your child a cortisone medication or a medication to inhale.

Bronchiolitis

Bronchiolitis is a common disease of the lower respiratory tract (the bronchioles). It occurs most often in the winter. Bronchiolitis causes coughing, wheezing, and breathing trouble. It is most commonly found in children under 2 years of age. It often develops in infants and toddlers after they come into contact with someone who has an upper respiratory tract illness.

Bronchiolitis starts like a normal cold, with a runny nose and sneezing. After a few days, a child with bronchiolitis will develop a wheezy cough and trouble breathing. She may be cranky too. The cough and breathing problems may make it hard for her to eat. In some infants with severe bronchiolitis, symptoms appear much more quickly.

Bronchiolitis is usually caused by a virus that leads to swelling of the small bronchial tubes. This traps air and mucus in the lungs. Children with mild cases, especially those with a thick nasal mucus, may get some relief with a cool-mist vaporizer. A child who has a lot of trouble breathing may need to go to the hospital for oxygen and fluids. Sometimes medication may be used to help open the bronchial tubes and improve breathing.

A specific virus called respiratory syncytial virus (RSV) can cause bronchiolitis. If infection with RSV is severe or occurs in infants who also have a chronic illness (especially heart disease or lung disease), an antiviral agent called ribavirin (Virazole) can be used in the treatment.

Pneumonia

Pneumonia is an inflammation of the lungs. The symptoms vary based on the cause and severity of the illness. Viruses cause most pneumonias in children. Luckily these illnesses are mild. A child may have a cough, mild fever, and decreased appetite and energy. Viral pneumonias are often treated with acetaminophen for fever and are sometimes treated with bronchodilators (if there is wheezing). Bacterial pneumonias tend to have more severe symptoms, and they respond best to therapy with antibiotics, fluids, and humid air.

Pneumonia often occurs a few days after the start of an upper respiratory tract infection. If one of the more severe types of pneumonia develops, your child may suddenly have shaking chills; a high fever; difficult, rapid breathing; and other breathing problems. A cough may not develop until later. In many cases your pediatrician may need an x-ray to make sure that pneumonia is the cause of the symptoms.

Most cases of pneumonia can be safely treated at home. If the symptoms are severe or your child is under 6 months of age, however, he may need to go to the hospital for treatment.

Signs of infection in an infant

These are the signs of infection in an infant under 2 months of age. Since infections can be especially dangerous in a child this young, call your pediatrician right away if your child develops any of these symptoms:

- poor feeding
- poor color
- listlessness
- weak cry
- rectal temperature of at least 100.4°F
- breathing problems
- unusual fussiness
- sleeping more than usual
- vomiting or diarrhea

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor