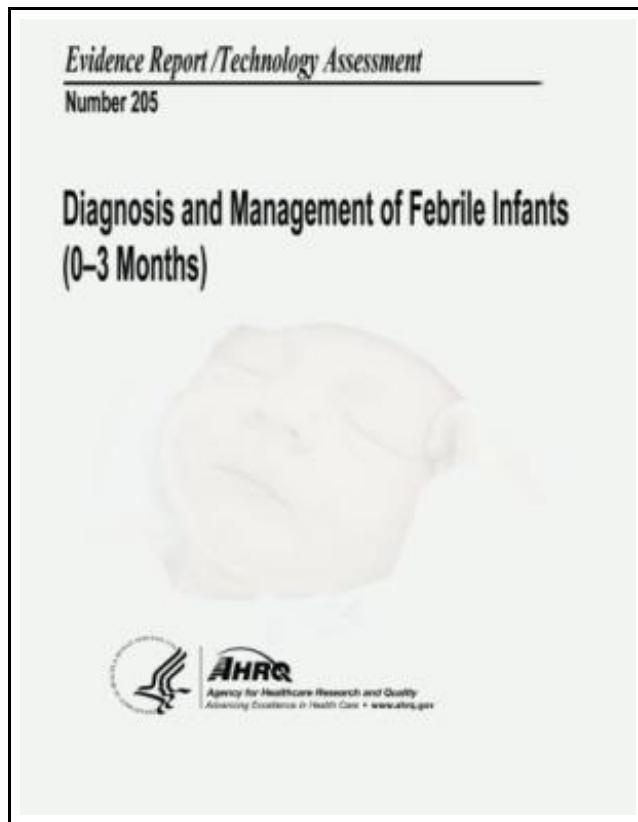


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(Sallie Wiegand)

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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 302 pages. Dimensions: 11.0in. x 8.5in. x 0.7in. The febrile infant is a common clinical problem that accounts for a large number of ambulatory care visits. Young febrile infants (ages 0-3 months) often present with nonspecific symptoms and it is difficult to distinguish between infants with a viral syndrome and those with early serious bacterial illness (e.g., meningitis, bacteremia, urinary tract infection (UTI), and pneumonia). The definitions of serious bacterial illness (SBI) vary across published literature. SBI typically includes the diagnoses of meningitis, bacteremia, and UTI. Some studies have also included pneumonia, bone and joint infections, skin and soft tissue infections, and bacterial enteritis in the definition. Invasive herpes simplex virus (HSV) infections are grouped into meningoencephalitis; disseminated; or skin, eyes, and mouth. There is some overlap in these presentations. Febrile illness in infancy is often due to viral infections and is likely to be self-limiting. Although SBI is relatively uncommon among febrile infants, if it is not promptly diagnosed and managed, serious consequences may result. The clinical dilemma that practitioners often face is how to avoid missing a case of SBI versus how to avoid the risks and harms of investigating, observing, and potentially treating a febrile infant with no SBI. The most common bacterial pathogen for SBI in the young infant is *Escherichia coli*, with *Group B Streptococcus*, *Staphylococcus aureus*, *Listeria monocytogenes*, and other gram-negative enteric bacteria being the other likely pathogens in this age group. Although uncommon, HSV infections are a major cause of morbidity and mortality among neonates (ages 0-28 days) with a case fatality rate of 15-5 percent. The prevalence of neonatal HSV infection has been reported to be between 25 and 50 per 100,000 live births in the United...



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