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INFECTIONDefinition

☐ The invasion and growth of microorganisms in the body.

INFECTIONDefinition

- □ Microorganisms: Small, living organisms not visible to the naked eye.
 - □ Fungi
 - □ Bacteria
 - **□** Viruses
 - **□** Protozoans
 - □ Prions
- □ Pathogens: Microorganisms that cause disease

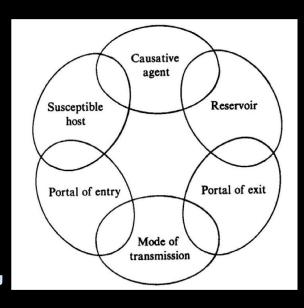




INFECTION Chain of Infection

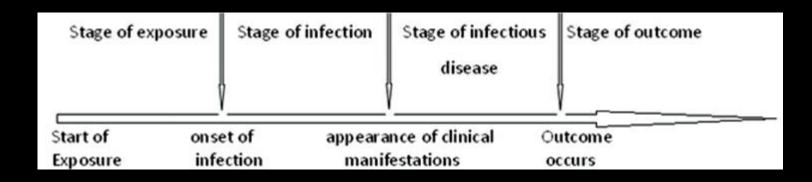
□ Conditions that must exist for disease to occur and spread

- 1. Causative Agent: A pathogen such as a bacterium or virus that can cause disease.
- 2. Reservoir: The place where a causative agent can live. Common reservoirs are human body, animals, environment and fomites which is nonliving objects such as doorknobs, cups, utensils, needles.
- 3. Portal of Exit: The way for a causative agent to escape from the reservoir pathogens can leave the body through such as urine, feces, saliva, blood, tears, mucous discharge, sexual secretions, and wounds
- 4. Mode of Transmission: The way that causative agent can be transmitted to a host including direct contact; person-to-person, examples include: sex, saliva/kissing, handshake/touching and indirect contact; contaminated substances examples include: food, air, soil, insects, animals, feces, equipment
- 5. Portal of Entry: A way for the causative agent to enter a new host. Different portals of entry include breaks in the skin, respiratory tract, digestive tract, genitourinary tract, circulatory system
- 6. Susceptible Host: An individual who can contract the disease. Humans become susceptible if large numbers of pathogens invade the body and body defenses are weak



INFECTION The Natural History of a Communicable Disease

- ☐ The natural history of a communicable disease refers to the sequence of events that happen one after another, over a period of time, in a person who is not receiving treatment.
- □ Signs and symptoms are related to these different stages.
- Events that occur in the natural history of a communicable disease are grouped into four stages:
 - □ Exposure
 - □ Infection
 - □ Infectious disease
 - □ Outcome



Different signs and symptoms are seen with various variables such as the organ system involved and the causative microorganism.

- ☐ Fever ☐ Increased urination
- lacksquare Chills and sweats lacksquare Burning or pain with urination
- \square Change in cough or a new cough \square Redness, soreness, or swelling in any area
 - Sore throat or new mouth sore □ Diarrhea
 - Shortness of breath

 Vomiting
- Nasal congestion

 Pain in the abdomen or rectum.
- Unusual vaginal discharge or irritation

- ☐ Gastroenteritis is an intestinal infection marked by watery diarrhea.
 - □ Diarrhea
 - □ Abdominal pain
 - □ Nausea
 - □ Vomiting
 - □ Fever



- ☐ Assess children with fever for signs of dehydration. Look for:
 - □ Prolonged capillary refill time
 - □ Abnormal skin turgor
 - □ Abnormal respiratory pattern
 - **☐** Weak pulse
 - □ Cool extremities

- ☐ Skin turgor is the skin's elasticity. It is the ability of skin to change shape and return to normal.
- □ To check for skin turgor, grasp the skin between two fingers so that it is tented up. The skin is held for a few seconds then released.
- □ Skin with normal turgor snaps rapidly back to its normal position. Skin with poor turgor takes time to return to its normal position.





☐ This examination could de perform on arm and leg but, commonly abdomen is checked in children.



- □ Abnormal skin turgor
- □ Dry mouth
- □ Sunken eyes
- □ Sunken anterior fontanelle
- **□** Irritability



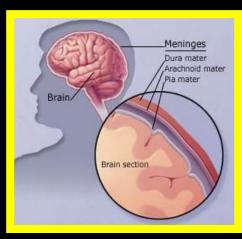
- □ Abnormal skin turgor
 - ☐ The skin often has a doughy texture when the dehydration is associated with elevation of serum sodium.
- □ Dry mouth
- □ Sunken eyes
- □ Sunken anterior fontanelle
- □ Irritability

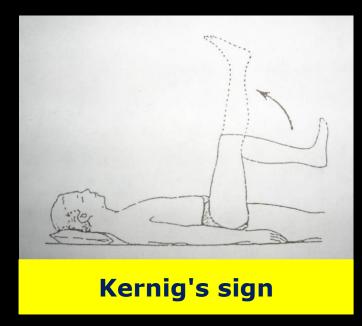


- □ Stiff neck
- □ Brudzinski's sign positivity
- ☐ Kernig's sign positivity
- □ Bulging fontanelle
- □ Decreased level of consciousness
- □ Convulsive status epilepticus





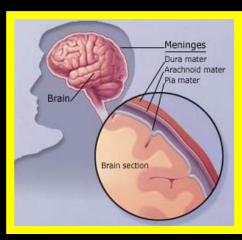


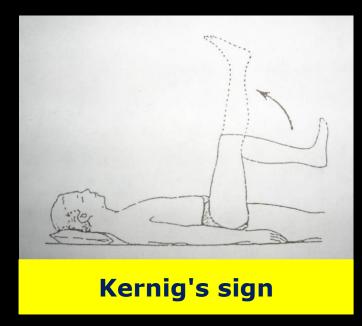


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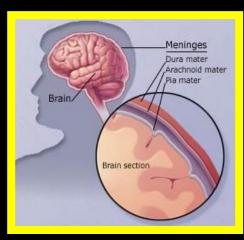


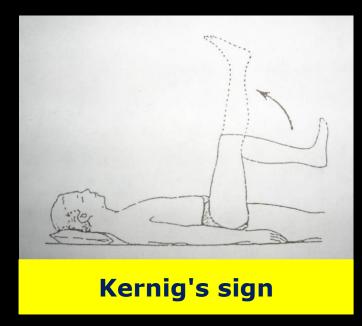


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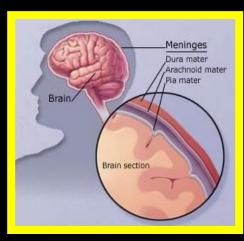


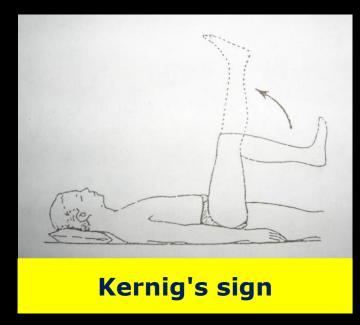


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- □ Consider meningococcal disease in any child with fever and a non-blanching rash, particularly if any of the following features are present:
 - □ An ill-looking child
 - ☐ Lesions larger than 2 mm in diameter (purpura)
 - ☐ A capillary refill time of 3 seconds or longer



SIGNS AND SYMPTOMS IN INFECTIONS Pneumonia

- □ Consider pneumonia in children with fever and any of the following signs:
 - □ Tachypnea

Age Tachypnea if respiratory rate greater than

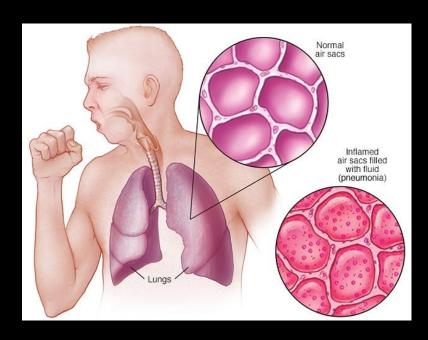
0-2 months 60/minute

2-12 months 50/minute

1-5 years 40/minute

>5 years 20/minute

- □ Crackles in the chest
- □ Nasal flaring
- □ Chest indrawing
- □ Cyanosis
- □ Oxygen saturation of 95% or less on room air.



SIGNS AND SYMPTOMS IN INFECTIONS Urinary Tract Infection

- □ Consider urinary tract infection in any child younger than 3 months with fever.
- □ Consider urinary tract infection in a child aged 3 months or older with fever and 1 or more of the following:
 - □ Vomiting
 - □ Poor Feeding
 - □ Lethargy
 - □ Irritability
 - □ Abdominal pain or tenderness
 - ☐ Urinary frequency or dysuria.



SIGNS AND SYMPTOMS IN INFECTIONS Septic Arthritis/Osteomyelitis

- □ Consider septic arthritis/osteomyelitis in children with fever and any of the following signs:
 - ☐ Swelling of a limb or joint
 - □ Not using an extremity
 - Non-weight bearing



SIGNS AND SYMPTOMS IN INFECTIONS To be able to Tell in the Community's Language...



SIGNS AND SYMPTOMS IN INFECTIONS Common Childhood Exanthems

- Six separate childhood exanthems were defined in the late 19th, early part of the 20th Century.

 These were named in the order they were discovered and are outlined.
- ☐ The term fourth disease or Filatov-Dukes disease is thought to be a variant of scarlet fever and is no longer used.

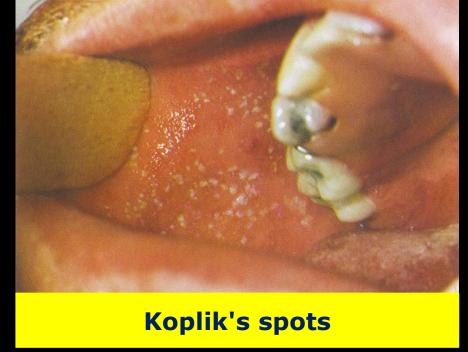
Number	Disease
First	Measles (Rubeola)
Second	Scarlet fever
Third	Rubella (German measles)
Forth	Filatov-Dukes disease
Fifth	Erythema infectiosum
Sixth	Roseola infantum, Exanthem subitum







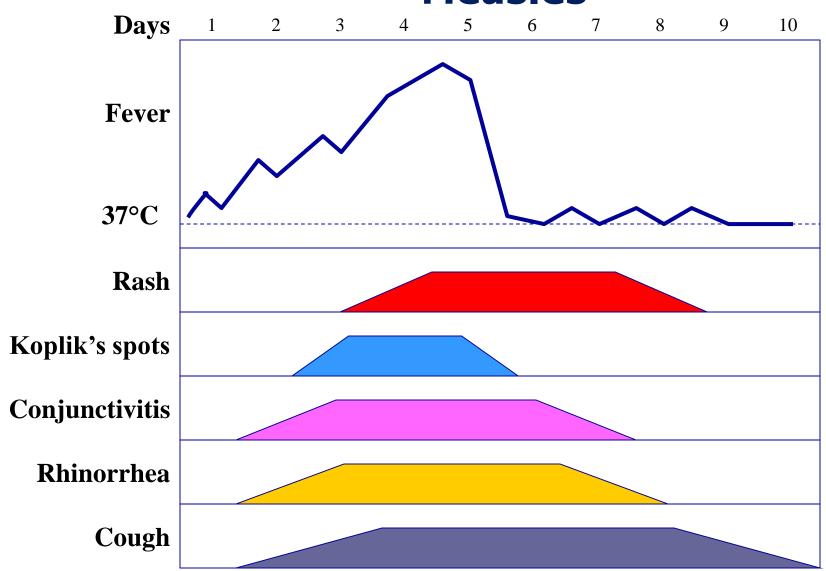
Photophobia



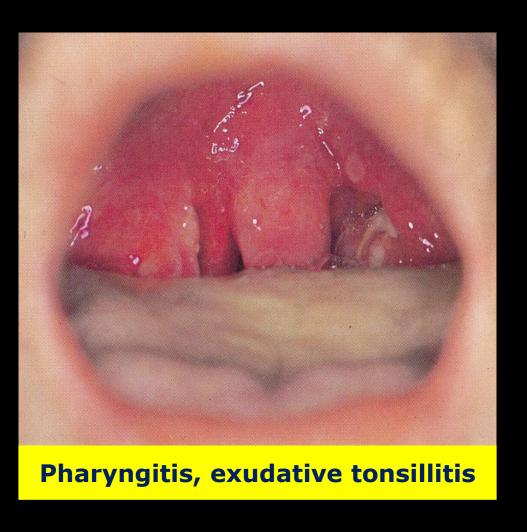


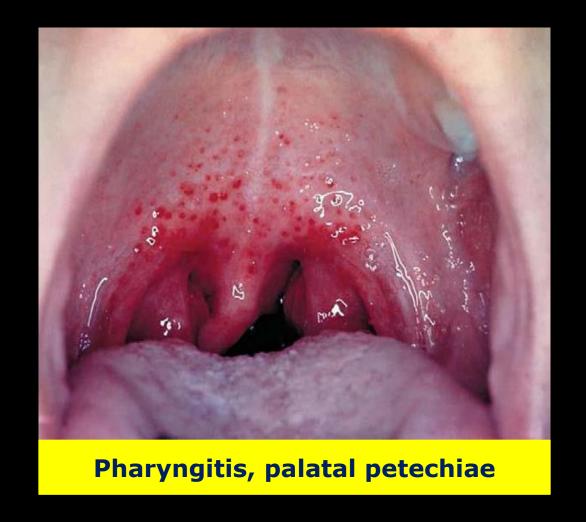
First day



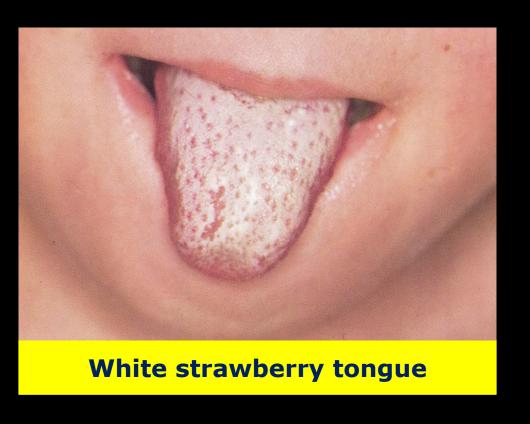


SIGNS AND SYMPTOMS IN INFECTIONS Pharyngitis and Tonsillitis





SIGNS AND SYMPTOMS IN INFECTIONS Pharyngitis and Tonsillitis



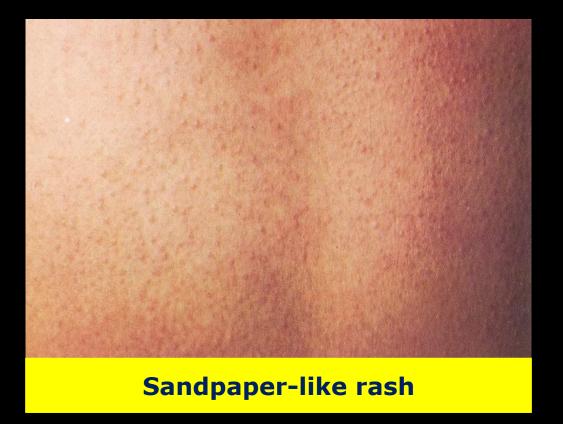


SIGNS AND SYMPTOMS IN INFECTIONS Pharyngitis and Tonsillitis

Scarlet fever

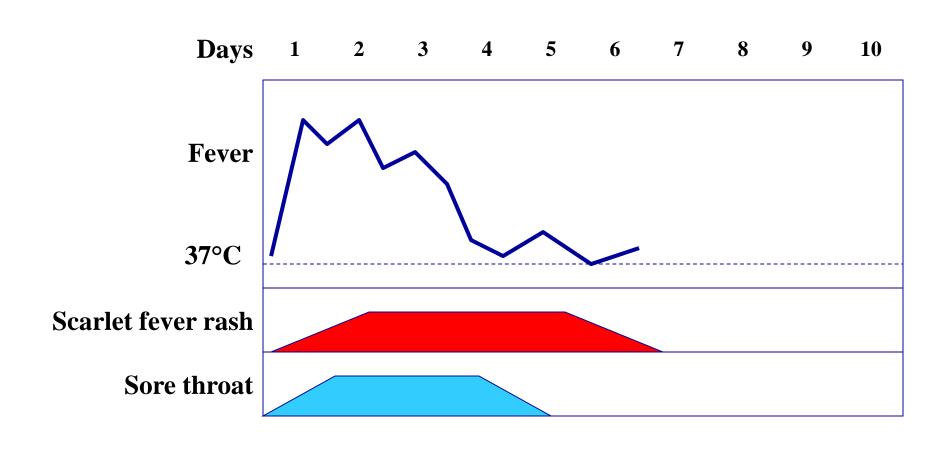


Circumoral pallor



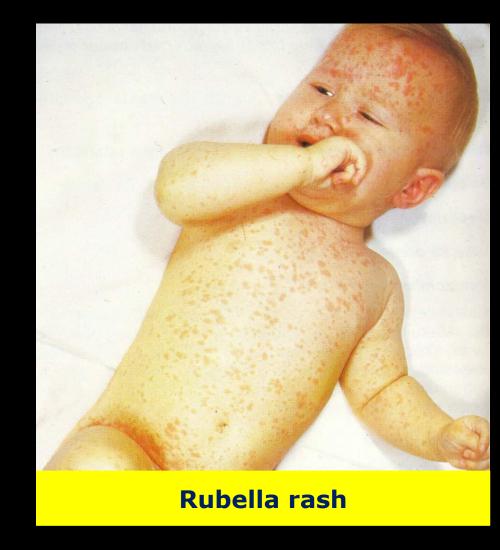
Pastia's lines

SIGNS AND SYMPTOMS IN INFECTIONS Scarlet Fever



SIGNS AND SYMPTOMS IN INFECTIONS Rubella





Rubella



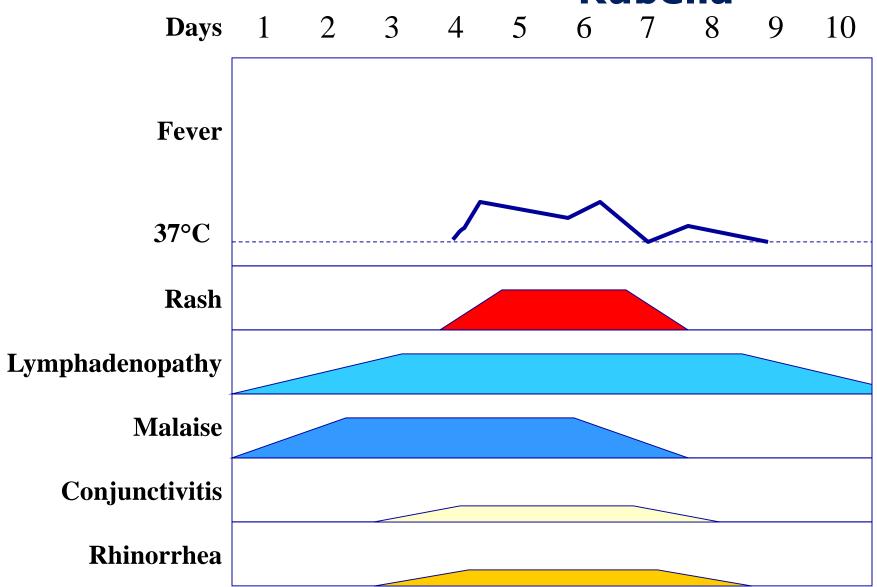
Suboccipital lymph nodes

FIG I. Photograph of a 2-year-old boy with rubella showing bilateral suboccipital lymph nodes and a maculopapular rash on the back. One of the lymph nodes is indicated by a white arrow

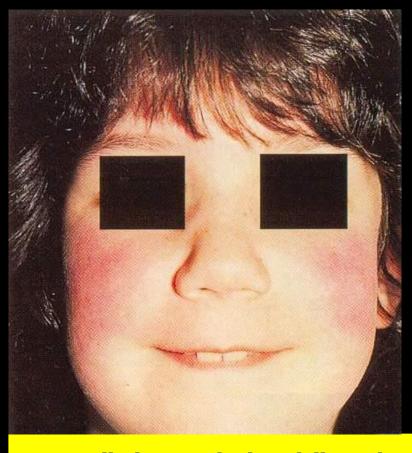


Posterior auricular lymph nodes

SIGNS AND SYMPTOMS IN INFECTIONS Rubella



SIGNS AND SYMPTOMS IN INFECTIONS Fifth Disease (Erythema Infectiosum)



"Slapped cheek" rash

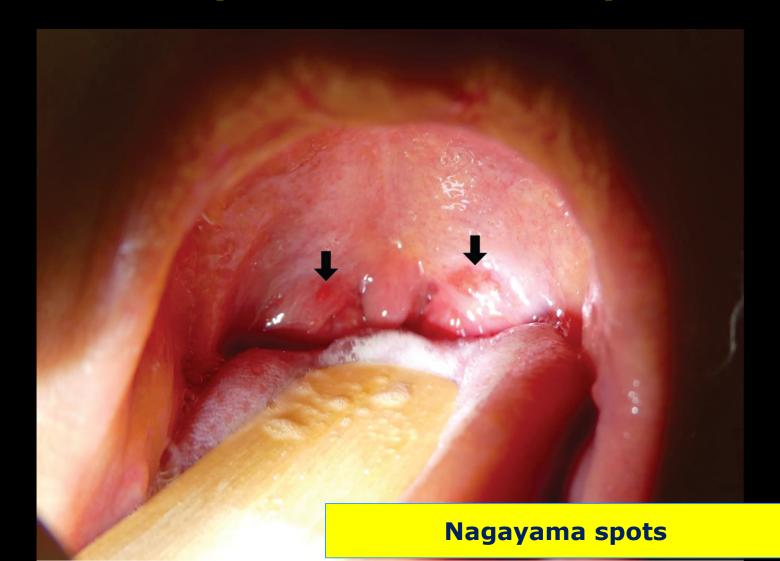


SIGNS AND SYMPTOMS IN INFECTIONS Sixth Disease (Roseola Infantum)

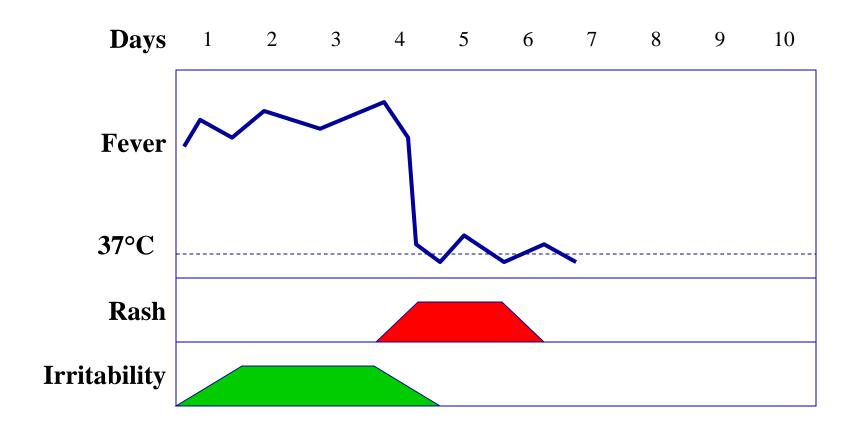


Sixth disease rash

SIGNS AND SYMPTOMS IN INFECTIONS Sixth Disease (Roseola Infantum)



SIGNS AND SYMPTOMS IN INFECTIONS Sixth Disease (Roseola Infantum)



Chickenpox

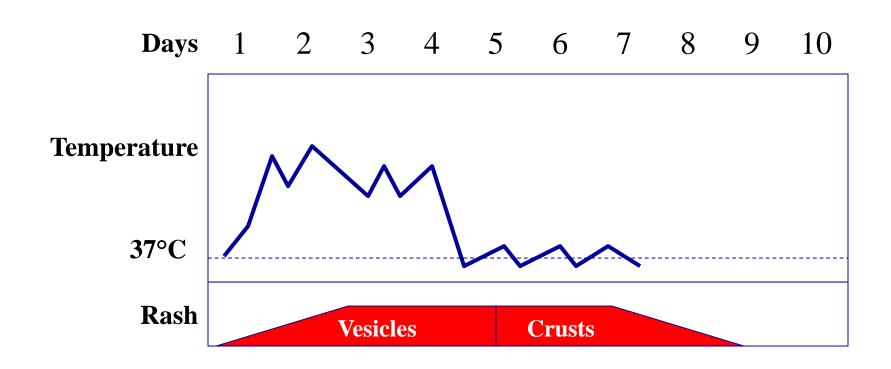






Severe chickenpox rash

SIGNS AND SYMPTOMS IN INFECTIONS Chickenpox



SIGNS AND SYMPTOMS IN INFECTIONS Herpes Zoster After Chickenpox



erpes zoster



SIGNS AND SYMPTOMS IN INFECTIONS Movie Recommendation

