Infectious Diseases Society of America
Emerging Infections Network

Report for Question:
‘Upcoming Pediatric Issues for the EIN’

Overall response rate: 67/288 (23.3%) physicians with pediatric practices responded from 11/28/12 to 12/27/12 [one mailing only, no reminders sent]

Question 1. Do you see have any comments about content or length of past pediatric queries?
[answered by 65 respondents]

No 19 (29%)
Seem appropriate/ interesting and appropriate 27 (42%)
Enjoyable/interesting queries 6 (9%)
Length is ok/appropriate 5 (8%)
Just glad to see pediatric issues being addressed 4 (6%)
Difficult to locate specific case info when asked 2 (3%)
Too long/a bit long 2 (3%)
Useful but narrow in focus 1 (1.5%)

Question 2a. Do you have any suggestions for future queries?  [answered by 44 respondents]
[Multiple respondents for a single category are shown in parentheses, i.e., (1), (2)]

Viral infections
• (1) Missed opportunities for HIV screening in adolescents; (2) Consider pediatric HIV management; (3) Pediatric HIV.
• Adenovirus in transplant population
• Kawasaki
• Neonatal HSV management
• Paraechovirus infection in neonates
• Practices related to acute management of EBV infections in teens - restriction from participating in sports, steroids use
• Pediatric Hep B and C treatment-related issues
• Treatment of congenital CMV: when do you treat? 6 weeks of IV ganciclovir? 6 months of valganciclovir? Both?
• Query the burden of viral respiratory tract infections causing hospital associated infections in pediatrics
• Enterovirus clinical epidemiology. Enterovirus clusters occur annually and we catch up with what is going on somewhat slowly. Examples: 2007 Coxsackievirus B1 and 2012 Coxsackievirus A6 outbreaks.

Bone/joint and hardware infections
• (1) Chronic osteomyelitis management--particularly with MRSA; (2) Experience in IV to po conversion for MRSA osteomyelitis; (3) Experience in linezolid toxicity for MRSA osteomyelitis; (4) I would be interested in seeing how members manage bone and joint
infections amongst pediatric patients; (5) Pediatric osteoarticular infections; (6) Treatment of bone and joint infections; (7) treatment of MRSA osteomyelitis; (8) management of pediatric bone and joint infections; (9) would like to discuss management of osteomyelitis particularly IV only, IV for x days then oral therapy, when to stop therapy; management of chronic osteomyelitis

- (1) Duration of IV and po antibiotic treatment of vertebral rod infections; (2) Infections associated with spinal hardware
- VP shunt infections

Vaccine issues

- (1) Vaccine avoidance, vaccine hesitancy. We could do one about vaccine adverse events that could be very intriguing. (2) Communicating with vaccine hesitant families-strategies
- Uptake of vaccines (e.g., influenza, Tdap) in pregnancy. This is not purely a pediatric query, but I believe would be important to look at current practices. Somehow, we would have to get our OB-GYN colleagues involved.
- Influenza vaccine uptake and best practices for acceptance
- Improving pneumococcal vaccination for high risk patients
- Would vaccine preventable infections in under/unimmunized patients be of interest? Vaccine hesitancy is so common now-- and we are seeing some otherwise preventable illnesses-- I wonder if this is 'sporadic' or is 'emerging' as a serious issue?

Infection prevention

- (1) SSI prevention for pediatric spinal surgery; (2) Prevention of SSI in CV surgery, ortho, neurosurgery; (3) Query hospital practices to reduce surgical site infections in children
- (1) Developing bundles for prevention of pediatric HAI's; (2) Infection Prevention issues specific to Peds (i.e., NICU)
- CLABSI prevention in children with SGS (short gut syndrome)
- Query the use of CHG in NICUs
- Query the use of Tdap vaccine for HCWs in hospitals

Pneumonia, meningitis, and syndromic infections including MRSA

- (1) Recurrent MRSA furunculosis in a family (any large social group); (2) Vancomycin dosing regimens, trough levels, and outcomes in children with invasive MRSA infections; (3) would like to look at the consensus about MRSA decolonization strategies and efficacy outside of perioperative period; (4) Management of recurrent S. aureus SSTI in an outpatient setting; (5) I sense reluctance to adopt Dr. Petola's data for a 3 week course for S. aureus osteomyelitis--is this gaining more acceptance in the US?
- (1) Empiric treatment of community acquired lobar pneumonia; (2) I think it would be interesting to see how people have responded to the new IDSA/PIDS pneumonia guidelines; (3) Management of pediatric pneumonia with empyema
- (1) criteria for treatment of presumed severe bacterial infection in infants; (2) I would like to know for how long peds id specialists treat UTI with iv antibiotics in newborns (maybe dividing 0-6 weeks and 6 -12 weeks), I want to know if people do spinal taps on these children
- When to add ampicillin and acyclovir in management of the febrile infant
- The issues of when to add vancomycin and dexamethasone in the patient with CSF pleocytosis

Antibiotic use, OPAT

- Reimbursement for outpatient antibiotic therapy follow up and what codes are appropriate.
- Duration of abx therapy. Textbook suggestions for duration have very little data supporting them, and many times what data there is came from a previous era, with different antimicrobials and
frequently due to different organisms, or organisms with different antibiograms than we face now.

• Quinolone use, especially in elective situations (travelers' diarrhea)

Other

• (1) Post-lyme syndrome (IDSA criteria) in Peds population; (2) Lyme meningitis treatment - iv ceftriaxone vs. po doxy; (3) Lyme prophylaxis in Lyme endemic areas for children < 8 years old; (4) pediatric ID experience with "Lyme Literate Doctors"-non ID-who are treating children

• (1) 16s rRNA testing in clinical peds; (2) Unmet diagnostic needs in pediatrics; (3) Use of molecular testing for viral infections

• (1) Treatment of pediatric fungal infections; (2) Fungal testing in high risk patients; (3) selection and dosing of antifungal agents in children of various ages

• (1) Tropical diseases; (2) Travel-related infections [malaria, diarrhea, typhoid, etc.]. How many peds ID people prepare children for travel? Infections in pediatric refugees and immigrants [How much tuberculosis? Resistance?]. Other pathogens such as Strongyloides, etc.

• Case series of pediatric FMT (fecal microbiota transplantation) for *C. difficile*

• Utility of antibiotic susceptibility testing in management of CF airway infections

• Yersinia infections in children related to commercial pork ingestion

**Question 3. Suggestions for other projects or directions for the EIN:**

**Other project suggestions**

• Could we share pediatric & neonatal antibiograms, ideally with at least some geographic info (if not the name of the lab) to better understand resistance patterns in our area. Small hospitals often need to "lump" ped or neo data over a few yrs in order to have a large enough "n" to generate meaningful data. Aggregating over yrs makes it harder to see emerging resistance trends.

• I would like to see more emphasis on infection prevention issues and perhaps the development of hospital collaboratives directed by EIN to study how best to prevent HAIs in pediatrics

• (1) Queries around clinical practice for "relatively" common conditions where limited evidence exists. Queries can lead to collaborative case series. (2) Really depends on sentinel cases or clusters

• Directions should include projects that involve reporting of certain new trends that we are seeing as well as practice issues.

• Explore willingness of some respondents to share data (administrative or surveillance) so that it can be coupled with survey responses

• I think focusing on areas that are new or controversial is best

• Not now, but I did not realize these could be initiated and spearheaded by members, so will consider

• (1) Nothing I can think of right now. I do enjoy the discussions and think the queries are important; (2) I think it is on the right track.

• (1) Perhaps move beyond surveys to multicenter trials? (2) Why not develop a multicenter clinical research network with which we could all seek funding, rather than simply survey information?

• Updates/treatment/evaluation on outpatient infectious diseases.

**Comments about survey process**

• Would be helpful to have larger group developing questions to avoid overlap

• Attempt to limit to 1 per site or have the ability to filter by site

• Fewer/shorter

• It would be more helpful to send out plans for the future in advance of the questionnaire so we could be relying on more than memory and collect some actual info, instead of relying on practitioners' memories!