

Dear IAP Colleagues,

We are happy to present the July to September 2020 issue of the journal. We are delighted to share that our journal is now indexed with Index Copernicus. This is possible only because of the excellent contributions from all the authors and the reviewers. We humbly request your continued support in this academic endeavor. There are many interesting articles and original research papers, focusing mainly on neutropenic children, pneumonia in children and neonatal sepsis.

Febrile neutropenia (FN) is the most commonly encountered medical emergency in hematology oncology practice. In India and many resource-poor countries, there is a relatively high incidence of bacterial, fungal, and opportunistic infections. The emergence of antimicrobial drug resistance further compounds this problem. Thus, the management of FN can be particularly challenging in the Indian scenario. Most of the published literature on treatment has been on children following cancer chemotherapy. However, other nonmalignant neutropenic disorders can also be associated with high morbidity and mortality. This review on management of FN is an attempt to provide a stepwise approach and to highlight the challenges faced by clinicians in the management of febrile episodes in children with neutropenia.

Neonatal sepsis is a common cause of neonatal mortality in developing country. Diagnosis of neonatal sepsis very often is challenging due to nonspecific clinical signs and symptoms overlapping with other conditions. Present laboratory investigations to diagnose neonatal sepsis have a poor sensitivity and specificity to confirm or rule out sepsis. Clinician should have high index of suspicion and use a combination of clinical signs and available tests to diagnose sepsis and initiate early antimicrobial therapy.

The article on Neonatal sepsis features the study comparing the results of the DeNIS study with a single-center data from southern part of India, is a prospective observational study. The DeNIS collaboration found a high incidence of sepsis and a great degree of antimicrobial resistance to infants born in tertiary-care centers and found *Acinetobacter* to be responsible for a large chunk of infections.

In the diagnosis of neonatal sepsis, point-of-care ultrasound imaging is a useful tool to determine the site of infection, the progress of sepsis, and prognosis/outcomes of septic neonates. The organ system imaging that is useful includes cardiac ultrasound for delineation of the hemodynamics, cranial imaging for changes in meningitis/ventriculitis, lung ultrasound for early detection of effusions and consolidation, and gut imaging for gut perfusion and viability in necrotizing enterocolitis. These aspects have been discussed nicely in the article.

Pertussis in infants can be a severe disease leading to higher morbidity and mortality. Infants are usually protected from the disease by virtue of maternal anti-pertussis antibodies. In those infants where these protective antibodies are lacking due to nontransfer or low maternal anti-pertussis antibody, are at higher risk of the disease. Authors have reported a series of four infants diagnosed with pertussis, bringing to light the fact that infant pertussis is not so uncommon in India and probably due consideration should be given for universalization of antenatal pertussis vaccine.

The regular sections on Case Files from KKTCH, Antimicrobials, Case Reports and Journal Watch will surely provide you a feast of knowledge on infectious diseases.

Happy Reading and stay safe.

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