

Dear IAP IDians

Greetings from Pediatric Infectious Disease

We wish a very happy new year to all the members. Hope the year 2022 finds you in good health and spirits. We are happy to present the January to March 2022 issue of our journal. Our journal is now being published on time. We are ever grateful to all the authors, reviewers and the esteemed editorial board members.

In India, invasive pneumococcal disease (IPD) is a major contributing factor to the high under-five mortality rate, but surveillance-based studies are scarce on the subject, although vaccines are available for prevention. The research article on "Invasive Pneumococcal Disease case series in Pediatric Inpatients" is a case series of IPD among Indian children aged ≤ 12 years attending a Pediatric specialty hospital in South India, over five years. The case series reveals that IPD-causing pneumococcal serotypes in Indian children are mostly vaccine-preventable and susceptible to standard antibiotics. Continued surveillance for IPDs and serotyping of pneumococcal isolates is important to study the effects of vaccination and monitor the emergence of non-vaccine-preventable serotypes. Since the availability of pneumococcal vaccine (PCV) in India, this is possibly the first case series of IPD in Indian immunized children. Another article "Clinicolaboratory Parameters of Pediatric COVID 19 Patients and its Correlation with Outcome: A Study at a Teaching Hospital of Northern India" is a retrospective evaluation of records of a cohort of 45 children with RT-PCR confirmed COVID-19.

Vaccines have made an enormous contribution to the health and well-being of all. However, persistent disparities still exist in the adoption of new vaccines and sustained vaccination rates because some people still question or doubt vaccines value and importance in both developed and developing countries. Therefore, a potential contributor to the success of vaccination programs is vaccine acceptance and thus understanding the complex mix of factors that determine individual and collective vaccination behavior is key to design effective vaccination policy, programs and target interventions. With vaccine confidence being a relatively new concept in understanding vaccine acceptance, one determinant of vaccine confidence that is consistently shown to correlate with vaccination behavior is a recommendation from a healthcare professional (HCP), who is always the most trusted voice on vaccines. It is thus essential to recognize that confidence now plays a central role in vaccine acceptance, and investments and efforts are needed to ensure that high levels of trust exist in recommended vaccines. These issues have been discussed in the article – "Vaccine Hesitancy - What critical role can Healthcare Professionals can play?"

The issue also has some interesting case reports like "Pulmonary necrotizing granuloma due to subclinical *Histoplasma* infection," "an Unusual case of Community acquired *Aeromonas hydrophila* gastroenteritis causing delayed onset obstructive hydrocephalus in a child after posterior fossa craniotomy for tumor"

"Is amoxicillin effective in treatment of acute otitis media in routine outpatient practice?" is an article evaluates the effectiveness of low dose amoxicillin in otitis media. The authors have studied the success rate of a 10 day course of oral amoxicillin at 40 mg/kg/day in three divided doses in children presenting to outpatient clinic with signs and symptoms suggestive of otitis media. The authors conclude that amoxicillin remains the first line therapy in treatment of acute otitis media in children.

Invasive fungal infections are being documented with increasing frequency. Early initiation of treatment and specifically treatment initiation within the day of symptom onset and blood culture draw is related with a significantly reduced mortality significantly. Automated blood culture methodologies, which are routinely used for the diagnosis of candidemia, take up to 2–5 days to grow and lead to a crucial delay in treatment initiation. Rapid diagnostic methods for fungal infections are long awaited and are expected to improve outcomes through early initiation of targeted antifungal therapy. T2 *Candida* panel is a novel qualitative diagnostic platform that was recently approved by the US Food and Drug Administration (FDA) for diagnosis of candidemia with a mean time to species identification of less than 5 hours. Technological advances have presented a rapid, fully automated, qualitative, sensitive, and specific diagnostic platform, the "T2 *Candida* panel". The introduction of this technology in diagnostic algorithms is expected to provide an economically self-supporting policy if savings from shorter hospital stays and termination of excess empiric antifungal treatment are taken into account. The T2 Magnetic Resonance (T2MR) assay can detect and speciate the 5 most common *Candida* spp.; namely, *Candida albicans*, *Candida glabrata*, *Candida parapsilosis*, *Candida tropicalis*, and *Candida krusei*. This has been aptly described in the section on "Notes from the Labs" in the article "T2 CANDIDA PANEL – A Game changer in diagnosis of Fungal Infections."

When do You Suspect Immune Deficiency in a Child with Eczema? Is an article which gives insight into possibilities of immune deficiency in children presenting with chronic eczema. Patients with eczema are more prone to develop allergic manifestations like allergic rhinitis, asthma, and 80% usually develop either of them or both. Children and adults with primary immune deficiencies (PIDs) are not only prone to infections; they develop allergies, autoimmunity and malignancies as well. Eczematous dermatitis is a common finding among several PIDs and many of these patients first present to a dermatologist. PIDs that can present with eczema are Hyper-IgE syndrome, Wiskott Aldrich syndrome, IPEX etc. Recognizing the warning signs of an underlying PID can help clinicians in early diagnosis of an underlying immune deficiency. In this article, the authors discuss in detail the pathomechanism of eczema in PID and provide a simple approach to PIDs presenting with eczema.

Happy reading!

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