

INFECTIOUS DISEASES

Table 22. Risk Factors for Group B Streptococcal Infection

Maternal risk factors

- Prolonged rupture of membranes (> 18 hours)*
- Premature rupture of membranes (<37 weeks' gestation)*
- Preterm labor (<37 weeks' gestation)*
- Fever >37.9°C (100.2°F)*
- History of previous infant with GBS sepsis*
- Clinical evidence of chorioamnionitis
- GBS bacteriuria*
- Multiple gestation
- Diabetes

Fetal/Neonatal risk factors

- Prematurity
- Meconium passed in utero
- Low 5-minute Apgar score (<6)
- Male gender (sepsis four times more common in boys than in girls)

GBS, group B streptococci.

*Risk necessitating intrapartum antibiotic administration per 1996 Centers for Disease Control (CDC) guidelines.

Table 23. Signs and Symptoms of Sepsis in the Newborn

Respiratory distress	Tachypnea (respiratory rate >60/min), grunting, nasal flaring, retractions; sometimes present even without an oxygen requirement or abnormal chest x-ray
Temperature instability	Fever >37.9°C or hypothermia
Poor feeding	Lack of interest, abdominal distention, vomiting, diarrhea
Altered neurologic status	Lethargy, irritability, hypotonia, seizures (especially if meningitis is present)
Apnea	Especially in preterm infants
Poor perfusion	Mottled, grayish, capillary refill >3 s
Tachycardia	Often a late sign
Bulging fontanelle	Meningitis

Table 24. Neutrophil Indices

Neutrophil Indices	Normal Values
Absolute neutrophil count (ANC) ^a	> 1,800/mm ³
Absolute band count (ABC) ^b	<2,000/mm ³
I:T ratio ^c	<0.2

^aANC = % total neutrophils × WBC count.

^bABC = % bands × WBC count.

^cI:T = % immature (bands, metamyelocytes, myelocytes): % total (immature + segmented) neutrophils.

Table 25. Clinical Features Associated with Congenital Infection

- Intrauterine growth retardation
- Hydrops
- Hepatosplenomegaly
- Microcephaly, intracranial calcifications, hydrocephalus
- Anemia, thrombocytopenia, petechiae
- Jaundice (especially conjugated hyperbilirubinemia)
- Pneumonitis
- Cardiac malformations, myocarditis
- Eye abnormalities (chorioretinitis, cataracts)
- Bone abnormalities (osteochondritis, periostitis)

Table 26. Clinical Findings in Congenitally Infected Infants that Suggest a Specific Diagnosis

Infection	Suggestive Findings
Rubella	Cataracts, cloudy cornea, pigmented retina "Blueberry muffin" syndrome Vertical striation
CMV	Malformation (PDA, pulmonary artery stenosis) Microcephaly with periventricular calcifications Inguinal hernias in boys Petechiae with thrombocytopenia
Toxoplasmosis	Hydrocephalus with generalized calcifications Chorioretinitis
Syphilis	Osteochondritis and periostitis Eczematoid skin rash Mucocutaneous lesions (snuffles)
Herpes	Skin vesicles Keratoconjunctivitis Acute CNS findings

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CMV, cytomegalovirus; CNS, central nervous system; PDA, patent ductus arteriosus.

Table 27. Interpretation of Epstein-Barr Virus (EBV) Serology^a

	IgG-VCA	IgM-VCA	EBV Nuclear Antigens	EBV Early Antigens
No evidence of infection	<10	<10	<2	<10
Acute infection	>10	≥10	<2	≥20
Convalescent infection	>10	Variable	>2	Variable
Remote past infection	≥10	<10	>2	≤20

^aValues are expressed in reciprocal titers as measured by standard immunofluorescence methods.

Table 28. Croup (Laryngotracheobronchitis)—Severity Score for Croup Patients

Indicator of Severity of Illness	Score
Inspiratory stridor	
None	0
At rest, with stethoscope	1
At rest, without stethoscope	2
Retractions	
None	0
Mild	1
Moderate	2
Severe	3
Air entry	
Normal	0
Decreased	1
Severely decreased	2
Cyanosis	
None	0
With agitation	4
At rest	5
Level of consciousness	
Normal	0
Altered mental status	5
Mild Croup	0–3
Moderate to severe croup	>3