# Questions and Case Scenarios

## Congenital Infections

## Paediatric Infections

## Vaccines

## Panel Discussion

Monica Lahra
Royal Prince Alfred Hospital
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## Vaccines

Richard Strugnell

## Infections in pregnancy

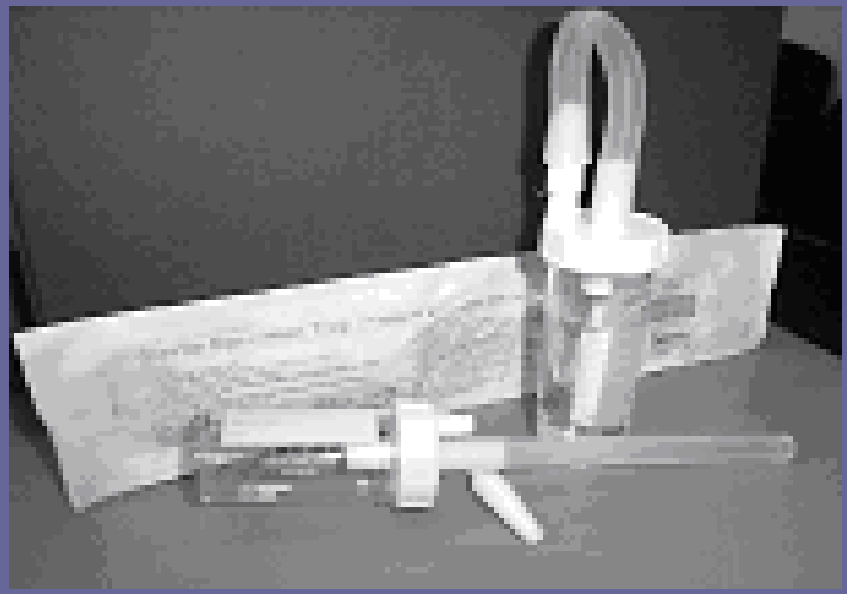
| | |
|---|---|
| Basil Donovan | HSV and HIV in pregnancy |
| Cheryl Jones | Congenital Viral Infections |

## Paediatric virology and diagnosis

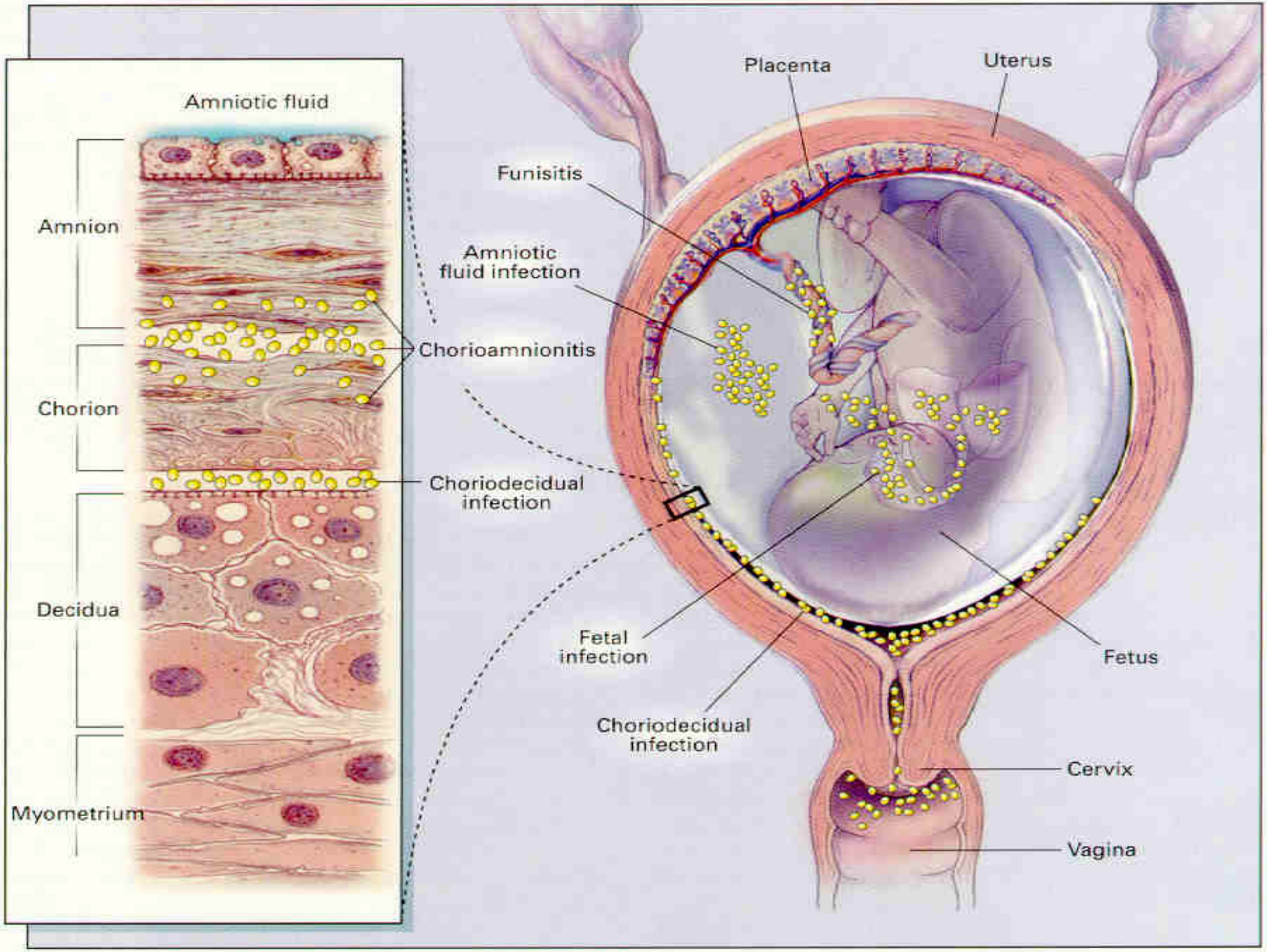
| | |
|---|---|
| Alison Kesson | Childhood exanthems |
| Maria Craig | CMV and enteroviruses |
| Michael Nissen | Childhood gastroenteritis |
| | Childhood respiratory disease |

# Is diagnostic viral culturing redundant?

Is the collection of nasopharyngeal aspirates necessary?

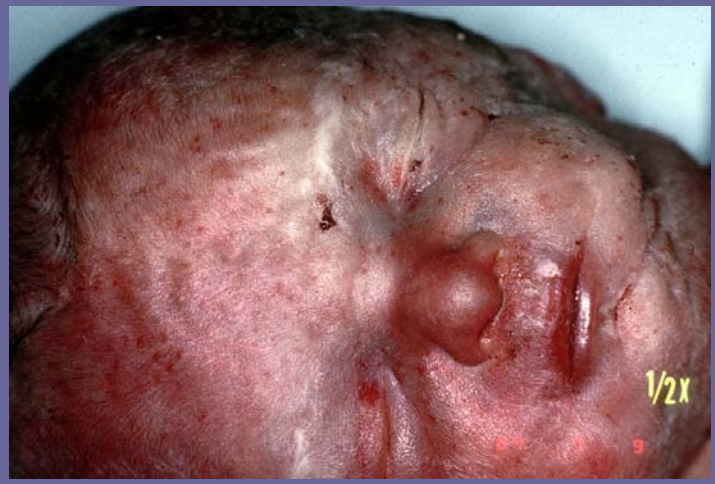


# Utility of molecular diagnosis in respiratory tract infections?


Amniotic fluid
Amnion
Chorion
Decidua
Myometrium
Chorioamnionitis
Choriodecidual infection
Placenta
Uterus
Funisitis
Amniotic fluid infection
Fetal infection
Choriodecidual infection
Fetus
Cervix
Vagina

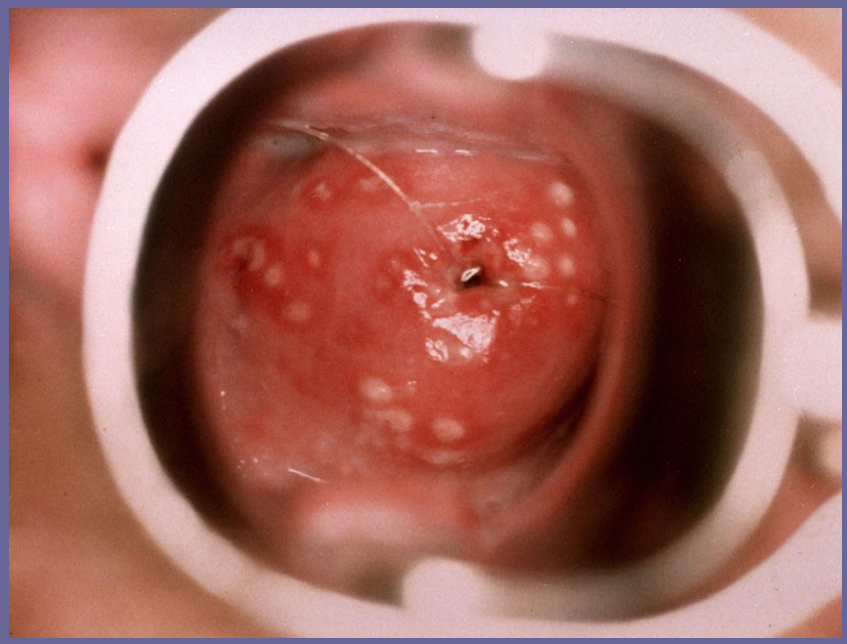
# Clinic question:

I have had a child with congenital CMV. Could it occur again in my next pregnancy?



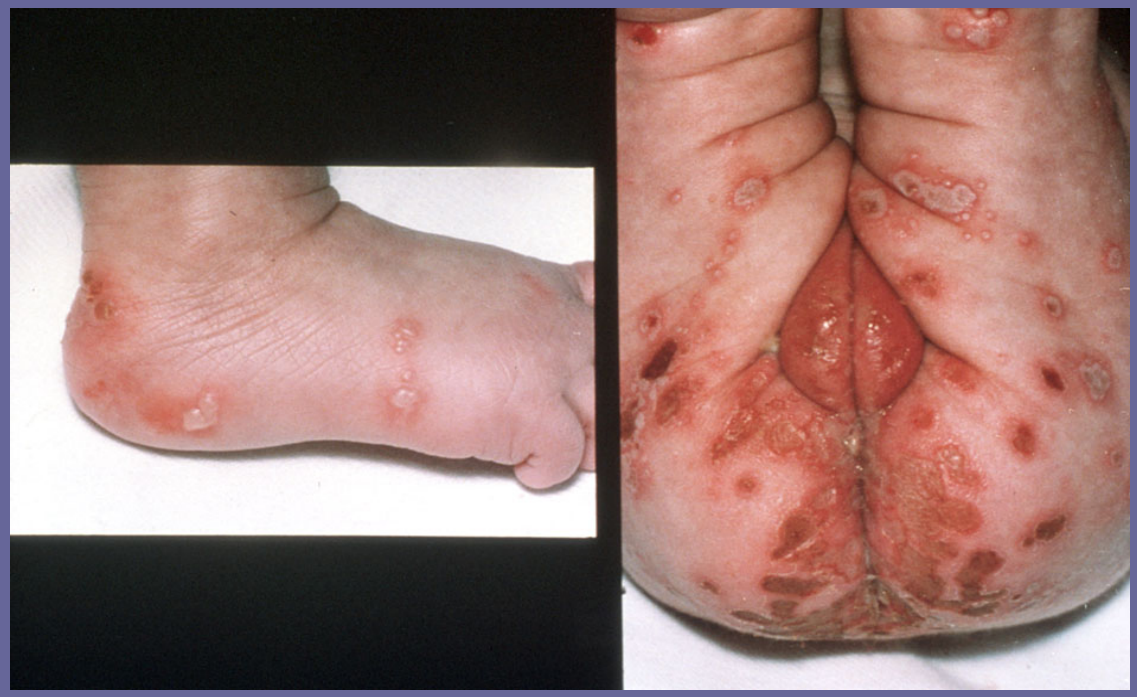
Should all pregnant women with active genital HSV have Caesarean section?

Vaccine ?



# Length of HSV neonatal therapy?

## Clinically is neonatal HSV1 or 2 infection worse?



# Case Scenario 1

32 week old baby in NICU given the breast milk of a mother with the same surname.

Do you need to do anything?

# Case Scenario 1

Body fluid exposure?
What do you tell the parents?
What tests?
What follow up?
What are the potential risks?

# Maternal Infections that are a contraindication to breast feeding

Bacterial mastitis with abscess
Untreated GBS, L monocytogenes,Q fever
Active M tuberculosis
HIV (developed countries)
CMV in preterm babies
HCV (in HIV positive)
HTLV I & II
HSV with breast vessicles

Jones CA J. Pediatr Child Health 2001 37, 576-582

# Post exposure investigations

At time of exposure:
Collect from source mother and mother of exposed infant

- HIV antigen (p24)
- HIV serology (anti HIV)
- Hepatitis C serology
- Hepatitis B surface antigen

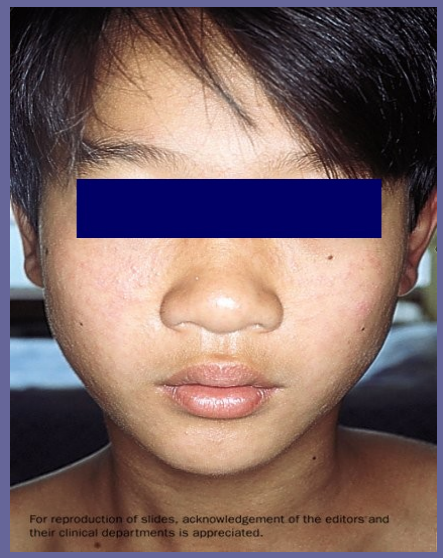
3 months post exposure –both mothers

- HIV  serology
- Hepatitis C serology

*Jones CA J. Paediatr. Child Health* (2001) **37**, 576–582

# Case scenario No. 2

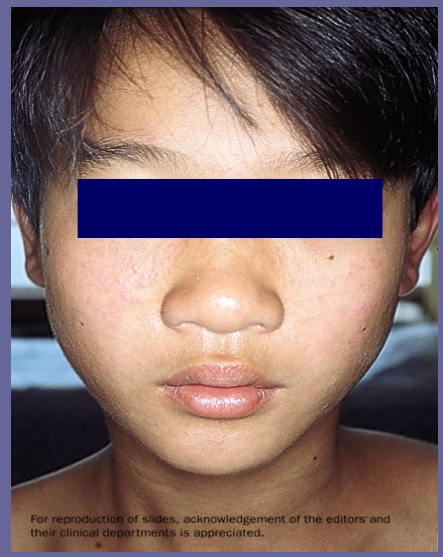
22 yo with clinical rubella
Recent migrant
Married and working as an assistant in CCC



# Case scenario No. 2

Further HX:

Uncertain of immunisation status
Rubella serology IgM +ve IgG +ve
Pregnancy test positive
Unsure of LMP
US: viable intrauterine pregnancy
Estimated fetal age 8 weeks



# Case scenario No. 2

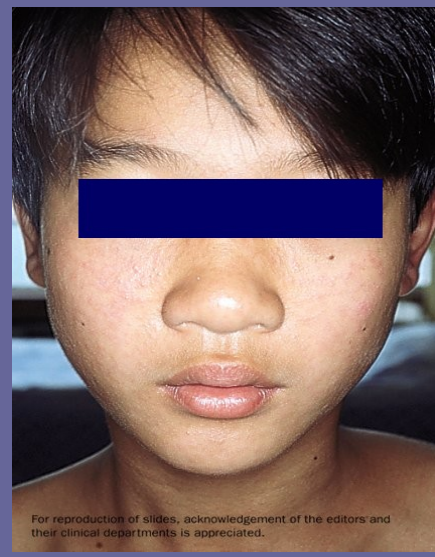
Management issues 1st trimester rubella:

Other tests?

Risks to fetus and advice to mother?

Public Health issues?

Vaccination?



# Perinatal transmission HIV

- US data:

  HAART reduced perinatal HIV transmission rate from 21% to 4%

  Was this including elective caesarian and no breast feeding?

- Perinatal HIV transmission rate in Australia
- How important is elective caesarian in low VL

# Enteroviruses

Availability of Pleconoril?

# CMV Infection

Early acquired CMV?

# Case Scenario 3 Congenital CMV:

Antenatal screening?

CMV vaccine?

# Case Scenario 3:

34 year old pregnant woman.
Previously well.
First pregnancy 15/40 gestation.
Sore throat, lethargy and minor rash.
Serological screening by GP:

Toxoplasma IgG+ve IgM -ve
HSV IgG +ve IgM equivocal
CMV IgG +ve IgM
EBV VCA IgG+ve IgM-ve
EBV EBNA IgG+ve IgM-ve

*Repeat Serology in parallel:*

HSV IgG +ve IgM –ve High avidity IgG

CMV IgG IgM +ve IgG avidity inc 36% to 47%
Amniocentesis: CMV PCR positive
Quant PCR >10 5 copies per ml

Counseling:
Risks to fetus?
Termination?
Treatment of mother?
Newborn?