Preface
Old and New Infections of Childhood

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Childhood infections range from mild, common diseases to severe, unusual pathogens, and they are a leading cause of morbidity and mortality worldwide. Although mortality from infectious diseases is rare in North America, the field of infectious diseases continues to evolve. In the first year of life, a child could suffer as many as one infection per month, and the care of children with infectious diseases is a common part of a clinician’s job. The plethora of pathogens that can impact children is ever changing and expanding as old pathogens evolve over time and emerging pathogens develop.

In this issue of Infectious Disease Clinics of North America, a wide range of pediatric infectious diseases topics that will be helpful to primary care physicians and subspecialists are presented by leading experts in the field. Older pathogens and diseases, such as Haemophilus influenzae, syphilis, norovirus, and encephalitis, are reviewed, including changing epidemiology and improved testing strategies. Globalization dictates that pediatric providers know how to evaluate fever in the returning traveler and recognize newly emerging pathogens, such as Zika virus, Ebola, and emerging respiratory viruses, as well as older pathogens, such as malaria, that cause disease outside of their local region. Antimicrobial resistance and hosts with altered immune systems, such as those undergoing hematopoietic stem cell transplant and those on biologic medications, present new challenges for seasoned physicians. New guidelines for the management of common pediatric infectious diseases, such as community-acquired pneumonia and bronchiolitis, are based on new evidence, including rapid diagnostics and cost-effectiveness. Prevention of infectious diseases in pediatrics is still tantamount, and we review updates to influenza vaccine recommendations as well as human immunodeficiency virus postexposure prophylaxis, two areas with increasing pediatric data. Last, we highlight new rapid diagnostics to aid in the care of the pediatric patient with an infectious disease.
We are honored for the opportunity to assemble such an outstanding group of experts in the field of pediatric infectious diseases. We want to thank Donald Mumford for guiding us through this process. We are grateful to all the authors of this issue for the significant time and effort that they have spent in providing such outstanding, educational contributions.

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