

Committee on Infectious Diseases

Summary of Major Changes in the 1991 Red Book

Key Words

AIDS, antimicrobials, antivirals, arbovirus, bacterial endocarditis, bacterial meningitis, bacterial vaccines, congenital syphilis, cytomegalovirus, day care, DTP, fluconazole, foreign travel, *Haemophilus b* vaccines, *Haemophilus influenzae* infections, hepatitis B, herpes simplex virus, HIV infections, immune globulin, immunization of preterm infants, immunization of transplant recipients, immunization recommendations, immunizations, infection control, international adoptees, intravenous immunoglobulin, Japanese B encephalitis, Kawasaki disease, Lyme disease, malaria, measles, *Neisseria gonorrhoeae*, *Neisseria meningitidis*, nontuberculous mycobacteria, parvovirus B19, permethrin, pertussis, *Plasmodium falciparum*, ribavirin, salmonellosis, sexual abuse, sexually transmitted diseases, shigellosis, sibling visitation, staphylococcal infections, syphilis, tetracyclines, tuberculosis, vaccine adverse events, vaccine contraindications, varicella, viral vaccines.

In 1991, the new edition of the *Report on the Committee on Infectious Diseases (the Red Book)* has been published by the American Academy of Pediatrics (AAP), providing the most recent recommendations and guidelines for control and management of infectious diseases in infants and children.¹ These recommendations and guidelines are based on information available through October, 1990 and replace those given in the 1988 *Red Book*. To aid physicians and other health care profession-

als in assimilating new recommendations and information into their practices, a summary of major changes is given in the *Red Book*. This summary is reprinted here (with minor changes). Subsequent recommendations of the American Academy of Pediatrics are published as committee statements in *AAP News* and *Pediatrics*. In keeping with the 2- to 3-year intervals between the editions of the *Red Book*, the next edition is anticipated in late 1993 or 1994.

Major changes in recommendations and related information in the 1991 *Red Book* are summarized as follows:

1. *Immunization Recommendations.* The schedules for routine immunization incorporate the changes in recommendations for *Haemophilus b*, as of October, 1990 (See "Note.") and measles vaccines. In view of the increased complexity of immunization schedules, particular attention should be given to the footnotes in the immunization schedules. The schedule recommended by the World Health Organization Expanded Programme on Immunization (EPI) is also included.
2. *Reporting of Adverse Events.* The new procedure for reporting adverse events following administration of vaccines (VAERS) is described.
3. *Contraindications to Vaccines.* The recommendation concerning a minor illness as a possible contraindication to diphtheria-tetanus-pertussis (DTP) immunization has been modified. A procedure for desensitization and vaccination with egg-derived vaccines of children with severe egg hypersensitivity and positive skin tests is given.
4. *Indications and Use of Intravenous Immunglobulin (IGIV).* Relevant recommendations and conclusions of the 1990 National Institutes of Health Consensus Development Panel on use of intravenous immunoglobulin (IGIV) are given.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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5. *Immunizations in Special Circumstances*. Recommendations for immunizing preterm infants have been expanded, and guidelines for immunization of transplant recipients have been formulated.
6. *Foreign Travel*. Comprehensive and updated recommendations for prevention of infection in travelers are given.
7. *Children in Day Care*. Recommendations and related information concerning the epidemiology and control of infectious diseases in day care have been revised extensively in accordance with the national standards developed by a joint project of the AAP and the American Public Health Association. Exclusion criteria for children in day care are listed. Physicians and providers of day care are urged to review this chapter in detail for further information and recommendations. These recommendations will also be published in the national standards for out-of-home child care.
8. *Infection Control in Hospitalized Children*. Guidelines for sibling visitation and health care personnel have been added. Although these guidelines are not new, this information was not provided in previous editions of the *Red Book*. Recommended infection control precautions for hospitalized patients are similar to those in the 1988 *Red Book*. Exceptions include those for patients with amebiasis, newborns whose mothers have active varicella, and persons with parvovirus B19 infection. Physicians should consult the chapters on specific infections, however, for updated information on patient-specific recommendations.
9. *Sexually Transmitted Diseases*. New recommendations and information include hepatitis B immunization of persons with sexually transmitted diseases or recent multiple partners, guidelines for use of condoms, and advice for the management of sexually abused children.
10. *Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection*. Current information on HIV infection in pediatrics is provided. Changes in recommendations include indications for zidovudine therapy and for chemoprophylaxis of *Pneumocystis carinii* pneumonia in the HIV-infected child. In addition, the Committee's recommendations on informed consent for HIV serological testing have been revised.
11. *Arbovirus*. Recommendations concerning the Japanese B encephalitis vaccine for those traveling to areas with endemic disease are given.
12. *Cytomegalovirus (CMV)*. Updated information on CMV risks and relevant recommendations for day care personnel, children in day care, and their mothers are provided. In addition, possible indications for the use of CMV immune globulin and ganciclovir are given.
13. *Gonococcal Infections*. Recommendations for treatment have been revised extensively in view of the relatively high frequency of penicillin-resistant *Neisseria gonorrhoeae*, and are in accordance with those of the Centers for Disease Control. For parenteral therapy, ceftriaxone (or cefotaxime in some cases) is the drug of choice, unless the *N gonorrhoeae* isolate has been proven to be susceptible to penicillin.
14. *Haemophilus Influenzae Infections*. (See "Note") Vaccine recommendations were revised in October, 1990, and now include *Haemophilus b* immunization of infants beginning at 2 months of age. As of October, 1990, only one vaccine has been approved for children younger than 15 months of age. Since one or more additional *Haemophilus b* vaccines is likely to be approved for use in infants, however, further revision of these recommendations is anticipated, possibly before or shortly after publication of the 1991 *Red Book*. Therefore, the current recommendations should be considered subject to change.
15. *Hepatitis B*. The recommended indications for hepatitis B vaccination have been expanded and include certain sexually active heterosexual persons, staff and children of nonresidential day care programs exposed to hepatitis B carriers, and children from populations in which hepatitis B virus infections are endemic. Doses and schedules for the several available vaccines are listed. Recommendations concerning children in day care and for persons with percutaneous or permucosal exposure to HBsAg-positive blood are given.
16. *Herpes Simplex (HSV)*. Recommendations for the treatment of infants whose mothers had HSV infection during pregnancy are similar to the recommendations in the 1988 *Red Book*. However, discussion of the management of infants exposed to HSV during delivery has been expanded to provide further guidance in management of this difficult problem. Current recommendations for antiviral therapy of HSV infections in newborns and older children are given.
17. *Kawasaki Disease*. Recommendations for treatment with intravenous immune globulin (IGIV), including use of a single dose IGIV regimen, have been updated.
18. *Lyme Disease*. This chapter has been expanded and includes recommendations for antimicrobial therapy and control measures.
19. *Malaria*. The current recommendations for

treatment and chemoprophylaxis of malaria, including revised recommendations for prophylaxis of chloroquine-resistant *Plasmodium falciparum* (with mefloquine), are provided.

20. *Measles*. In accordance with the 1989 AAP recommendations for measles reimmunization, usually with MMR, and those for control of measles in areas with outbreaks or recurrent measles transmission, the recommendations for measles immunization have been revised extensively.
21. *Meningococcal Infections*. Changes include recommended duration of therapy of invasive infections and discussion of alternate chemoprophylaxis regimens to the currently recommended 2-day course of rifampin.
22. *Parvovirus B19*. Previously published information and recommendations for control of these infections from the 1990 AAP statement are given.
23. *Pertussis*. Contraindications to pertussis vaccine are no longer considered absolute. A review and assessment of the adverse events related to pertussis vaccine, including the lack of proven relationship between pertussis immunization and brain damage, is given.
24. *Salmonellosis*. Recommendations for the use of the new oral typhoid vaccine are provided.
25. *Shigellosis*. Control measures in day care have been revised.
26. *Syphilis*. The recommendations for treatment of infants with either proven or possible congenital syphilis have been revised and now include indications in some cases for the possible use of benzathine penicillin G.
27. *Tuberculosis*. Recommendations for prophylaxis and therapy have been revised and include new recommendations for initial triple drug therapy, duration of therapy, follow-up of isoniazid recipients, and management of the newborn infant whose mother (or other household contact) has tuberculosis. In view of these extensive changes, physicians treating children with tuberculosis should review these recommendations in detail.
28. *Prevention of Bacterial Endocarditis*. The 1990 recommendations of the American Heart Association are reproduced in the 1991 *Red Book*.
29. *Ribavirin Therapy*. The earlier Committee statement (see 1988 *Red Book*) has been revised to include a discussion of the risks and adverse events possibly related to ribavirin therapy. Recommended indications for ribavirin therapy, however, remain unchanged.
30. The following new chapters or sections have been added: Dexamethasone Therapy for In-

fants and Children with Bacterial Meningitis (as previously published by the AAP); Control Measures for Tick-Borne Infections; Medical Evaluation of International Adoptees; Sexual Abuse; *Blastocystis hominis*; Ehrlichiosis; *Helicobacter*; Hepatitis C; Pelvic Inflammatory Disease; and Directory of Telephone Numbers.

31. *Part 3—Summary of Infectious Diseases*. Several chapters on specific diseases have been expanded, including *Staphylococcal Infections* (to include management of coagulase-negative staphylococcal infections) and *Diseases Due to Nontuberculous Mycobacteria*.
32. *Therapeutic Recommendations*. Numerous changes have been made in the recommendations for specific diseases; examples include a new topical drug of choice for scabies (5% permethrin); possible indications for fluconazole in the treatment of some fungal infections (*Candida* and *Cryptococcus neoformans*); possible indications for acyclovir in otherwise healthy children with varicella; and indications for use of tetracyclines in children less than 9 years of age. Physicians are urged to review the relevant chapters for current recommendations for therapy of specific diseases.
33. *Antimicrobial Tables*. The tables of drug dosages and recommendations have been updated, including those for parasitic infections. A new table on topical drugs for superficial fungal infections is provided.

Every effort in this review has been made to identify major changes to aid physicians to rapidly assimilate new recommendations in the care of their patients. However, no list can be complete, and physicians are urged to review the *Red Book* in detail.

Note: In December, 1990, a second *Haemophilus b* conjugate vaccine was approved by the Food and Drug Administration for use in infancy, beginning at 2 months of age. The AAP has issued new recommendations for use of this vaccine.² Because the schedules for the two vaccines differ, these recommendations should also be reviewed.

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2. Committee on Infectious Diseases. *AAP News*. In press

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