

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/tailoring-treatment-in-pediatric-meningitis-age-based-considerations/37248/>

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### Tailoring Treatment in Pediatric Meningitis: Age-Based Considerations

#### Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Jessica Snowden, who's a Professor of Pediatrics and Vice Chancellor for Research at the University of Tennessee. She'll be discussing treatment strategies for meningitis B in children. Here's Dr. Snowden now.

#### Dr. Snowden:

We don't wait to decide if we think for sure you've got meningitis before we go ahead and give you antibiotics. The longer that the infection goes on without treatment, though, the more chance we have of a bad outcome for a child's brain.

So we use that age-based piece to let us know if this is somebody who's less than three months old, the things they're most likely to be sick with are things that came from the delivery process itself. So we're going to think about things like the bacteria that are in a delivering parent's intestines that could have infected the baby when they were young, or group B strep, which we know is something that colonizes people's vaginal canals. Those are the things that I'm going to go ahead and put the child on antibiotics for right off the bat because those are most likely the things causing infection. Similarly, the herpes simplex virus that causes cold sores and genital lesions can cause really catastrophic illness in newborns, and so we typically will go ahead and put them on antivirals for that right off the bat.

In an older child, things are a little bit different. In an older child, I'm more worried about different bacteria. Particularly, if they are not vaccinated, I start to worry about pneumococcus, which is something that lives in all of our noses and upper airways and can cause infections in the brain and other places. And so my antibiotic choice changes a little bit then. So I'm not as worried about a gram negative that might have come from mom's intestines—I'm more worried about things that are coming from the upper airway, meningococcus, and other things.

So the age piece really lets us know what that empiric antibiotic choice is going to be, and there are lots of fantastic tables and references out there to help you abide by that. The important thing is to have thought of it in the first place and don't wait. Whatever antibiotic you're going to choose, don't wait to give it.

One of the most amazing things about being a pediatrician is seeing how resilient children are. Their bodies are growing and developing every day, and that really becomes important when we think about recovery from things like meningitis. So early intervention can be a really important part of helping that child's brain, body, and muscles learn to work well again together.

Kids have an ability to recover plasticity that's not really seen in adults, and I have seen children recover from some truly catastrophic infections, so it's going to be really a critical part of care for any child once we get beyond that immediate antibiotic and intensive care period to start thinking about the early intervention services around physical therapy, occupational therapy, speech therapy, and other things that we need to do to make sure that we are proactively giving that child's body everything it needs to do to make those new connections, grow, and recover as much as possible.

Many children do just fine after meningitis. What we want to do is make sure that all children have the chance to have their best possible outcome.

#### Announcer:

That was Dr. Jessica Snowden talking about how we can effectively treat meningitis B in children. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!