

Infectious Mononucleosis	
Etiology	EBV (90%) > CMV, HIV, HHV6/7, Hep B, Toxoplasma
Presentation	Fatigue, malaise, fever, dysphagia, LAD, splenomegaly (up to 65%)
Differential	Viral syndrome, strep pharyngitis
Workup	Monospot (poor sensitivity in first week - 75%), EBV IgG/IgM titers , EBNA (to determine whether the patient has longer-standing infection since IgM can be falsely positive in many situations), lymphocytosis >50%, atypical lymphocytes >10%, +/- transaminitis
Treatment	Supportive, no contact sports 3 weeks due to risk of splenic rupture. Avoid amoxicillin/other PCNs for treatment of concomitant strep pharyngitis given risk of associated rash

Acute Otitis Media*	
Etiology	Strep pneumo, Moraxella catarrhalis, H. flu
Differential	Otitis media externa, mastoiditis, serous effusion
Workup	Acute symptoms + bulging TM + reduced TM mobility with pneumatic otoscopy
Treatment	<ul style="list-style-type: none"> • Amoxicillin (1st line), augmentin (2nd line) • If no severe symptoms (>39 C temp, ear pain 48+ hrs, severe ear pain), no bilateral symptoms in <24 mo pt can defer antibiotic treatment.

Influenza*	
Etiology	Influenza A (including H1N1)/B
Presentation	Fever, cough, sore throat, rhinorrhea, myalgias, headaches, fatigue
Workup	Clinical + rapid influenza diagnostic test which detects the viral antigen **At BCH we use PCR test since other rapid flu tests have low sensitivity
Treatment	<ul style="list-style-type: none"> • If diagnosis identified within 48 hours of symptom onset, antiviral therapy (Tamiflu) should be given for 5 days. • Children at high risk should still be considered for antiviral therapy even after 48 hours. High risk is defined by: <5 years old, chronic pulmonary disease (asthma), cardiac disease, renal disease, hematologic disease (sickle cell), neurodevelopmental disorders (CP, seizure disorder), moderate to severe developmental delay, pregnancy, chronic immunosuppression, hospitalized with high risk of influenza complication
Prophylaxis	<ul style="list-style-type: none"> • Annual flu vaccination is recommended for every child and adolescent 6 months and older annually • Any child with an egg allergy of any severity can receive the influenza vaccine
Complications	Sinus or ear infections, pneumonia, myocarditis, sepsis