



International Children's Creativity Center

Webinar with Dr Boyana Petkova on common child illnesses and COVID-19,

25 October 2021

Summary of Dr Petkova's talk and Q&A session:

1. To start with, it is important to understand the difference between **bacterial** and **viral** infection so we know what to expect and how to treat children. This simple video explains and illustrates the difference.
[Viruses and Bacteria: What's the difference and who cares anyway? - Plain and Simple - Bing video](#)
2. On average 85% of infections children get are viral, and 15% are bacterial.
3. Young children build their immunity in the first years of their life and **it is normal to get sick**. It is not considered unusual in the cold season for children to get sick as often as twice a month, especially before they turn 5 years!
4. It is believed that it takes a child to experience around 200 respiratory viruses to build a **strong immune system** 😊! Not all of these will be with symptoms so you will not always know the child has a respiratory virus.
5. Whether a child is more, or less, susceptible to getting sick is mostly **due to genetics** and less so due to other factors related to the environment, healthy eating, etc.

Advice: eat a healthy variety of vegetables and legumes, avoid processed food and sweets; Don't dress children too much so their bodies are trained for lower temperatures. Both of these are simple ways to contribute to a stronger immune system.

6. **Avoid or do not use immune boosters** – they can cause the child's immune system to overreact and open the doors to serious diseases (such as some cancer types).
7. For many viruses there are no antiviral medicines. In general, antiviral drugs can help stop the virus entering the recipient cells. This means they can be effective if started in the first 12-24 hours of the infection.

8. Vaccines offer effective protection against some viruses, including COVID-19. Some vaccines offer life long protection, others are effective for a limited time.
9. With viral infections we can say it takes about the same time to get well, medicine or no medicine!
10. A runny nose, if the secretion is not colored (yellow or green), and not thick, is usually the symptom of viral infection. It can often cause coughing. If no fever or other symptoms develop, it is considered that the virus is active about **3 days** after the appearance of a runny nose. **In the absence of other symptoms it is considered safe for the child to return to school after this period, although the runny nose and coughing may continue for some more days.**

Note of caution: In COVID-19 circumstances, esp. the Delta version, Dr Petkova strongly advises **to do an antigen COVID-19 test before returning to school**. Cold-like symptoms are often the symptoms for Covid-19 (accompanied often by diarrhea). Most children will not develop complications, and this is why COVID-19 can look like a normal cold/viral infection, so it should be ruled out before returning to school.

11. If the viral infection causes fever and other symptoms, then the virus can be active for a longer time and the child stops being infectious 24 hours after the last temperature. **In such cases the child can return to school when they have been fever free for at least 24 hours.**
12. Pathogenic bacteria can develop as a **secondary infection**, and less often as primary infection. Bacteria like to feed on the sugars and other substances found in the nose secretion, and pathogenic bacteria can develop/replicate in the nose mucus. The infection can spread to the ears and down the throat, especially during sleep when the muscles are relaxed. **Primary infection** can occur through contact with another child or object contaminated with pathogenic bacteria.
13. If **the secretion from the nose thickens and turns yellow or green**, this is a sure sign that there are pathogens in the mucus that need treatment.

A **nose swab should be done in a laboratory to identify the bacteria type**, and treatment should be used – either antibacterial drops for the specific pathogens, or regular cleaning of the nose by spraying with Sterimar/similar, or nose flushing with Nasopure/similar, etc.

In the summer, exposure to the sun helps treat nasal bacterial infection and the infection can disappear without treatment. But in the cold season it is less likely that the infection will go quickly by itself if untreated.

Nose drops containing Xylometazoline should not be used for treatment of pathogen bacteria. Their use should be limited only to occasions when the nose is very congested and to help the child breath and sleep at night.

Dr Petkova's recommendation is to treat the infection with the **antibiotic drops prescribed for the first few days** (alternatively, clear the mucus with nose spray or other) **and follow up with treatment**

with probiotic drops. Probiotic drops help the population of good bacteria in the nose (which basically eat the food of the pathogens and thus help to fight them).

Important: A child with yellow/green/thick mucus should not be at school because the infection easily gets passed to other kids due to their close contact at pre-school. Staying at home and treatment are necessary not just for the infected child who may go unharmed though the infection. They should be done out of responsibility to the whole school community. Children with a weaker immune system can develop serious complications, and treatment will help prevent these occurrences. This is why Dr Petkova's advice is that children with thick colored secretion from the nose should either stay at home as long as necessary to stop the secretion, or take treatment and return after improvement.

14. To recap, runny nose means either a viral or bacterial infection, it cannot be caused by other problems like teething, for example. Teething causes the weakening of the immune system, opening the door to viral and other infections. Therefore if your child develops a runny nose, the safe thing to do, in the interest of your child and the other children, is to stop them attending for 3 days and act, depending on the child's state and the scenarios described in points 10.-13.

15. **Fever:** Using medication like Paracetamol/similar to lower fever is not necessary unless you want to ease the child's discomfort or give them (and yourself) a good night's sleep. High fever helps the immune system and should not be lowered with medicines even when it spikes in the high end of 39C.

Febrile shocks are caused not by high fever but by a quick rise in temperature, and can happen with fever as low as 37.5C. They are usually not dangerous although they may look scary.

16. **COVID-19:** Approximately in 70% of COVID-19 infections of children it is the adults in the family that infect the child, rather than the other way round. If a child is in the first line of contact with a COVID-19 infected person in the family, the 10 day quarantine should be applied. In most cases after 5/6 days of symptoms the virus is inactive though there are exceptions and this should not be taken for granted. Testing at this point will show if the person is still contagious.

17. Dr Petkova strongly believes that vaccination helps minimize the risk from COVID-19 for both adults and children, and is the best protection for children adults can offer.

The ICCC Health/sickness policy and COVID-19 Policy have been consulted with Dr. Petkova and can be found on our website www.iccf-bg.com/illness-policy

Dr. Boyana Petkova can be contacted for remote consultations in the platform DrHealthyco.

<https://drhealthyco.com/physicians/2516>