I am pleased to serve as guest editor for this issue of *Pediatric Annals*. As we planned this issue, my goal was to identify infectious disease challenges faced by neonatologists and pediatricians as we care for preterm and full-term infants. Congenital syphilis often presents twists and turns that make diagnosis and management both perplexing and interesting. Congenital tuberculosis and congenital herpes simplex infections are thankfully rare in this country, but the severity and poor prognosis, as well as the difficulty in diagnosing each infection, merit regular updating of our knowledge. Congenital cytomegalovirus infection has always been a challenge, insofar as there can be significant long-term morbidity, even among patients who are asymptomatic during the newborn period. With polymerase chain reaction for the diagnosis of enterovirus infections now widely available, we are poised to reexamine the epidemiology and patient costs of congenital enteroviral disease.

In the first article, Dr. Caroline Chua and her coauthors provide a summary update of the new recommendations for management of well-appearing infants who have been exposed to herpes simplex virus at the time of delivery. As we all know, research in congenital herpes infections is difficult because of the rarity of the disease. Nonetheless, new information about the risk of transmission as a function of maternal serostatus affords us a new opportunity to fine-tune our patient management, leading to more thorough diagnosis and early and aggressive treatment in patients at increased risk of infection.

As is always the case in public health, the first step is to increase public awareness.

In the second contribution, Drs. Julia C. Haston and Terry C. Dixon have provided an update on congenital enteroviral disease. Although diagnosis of fulminant congenital enteroviral infection, with hepatitis, seizures, and myocardial failure is not always difficult, I often wonder whether milder forms of congenital enterovirus disease account for some of the cases of “culture-negative sepsis” that we see in the neonatal intensive care unit. My charge to Drs. Haston and Dixon was to opine on whether they thought that congenital enterovirus infections might be under-recognized in the newborn period.

Drs. Jieun Kwak and Catherine Lamprecht have provided an update on the diagnosis and management of congenital syphilis. Perhaps reflecting the widening gap between the haves and the have-nots in our country, syphilis continues to raise its ugly head. In the south side of Chicago, you can readily get a sense of syphilis activity in the community by looking at the prevalence of health department-sponsored ads on the city buses. Not surprisingly, congenital syphilis, with its myriad presentations, its fellow travelers, and attendant complicated social situations, continues to perplex us as clinicians.

In the fourth article, Dr. Gail J. Harrison presents not only a medical, but also a public health and political consideration of congenital cytomegalovirus infection. As Dr. Harrison points out, cytomegalovirus infection is the “elephant in the living room” of congenital infections; it’s common, diagnosed only in its severest forms, and yet costly even for children who are asymptomatic in the newborn period. In recent years, several states, urged by parent advocacy groups, are beginning to recognize that congenital cytomegalovirus infection is a major public health problem. As is always the case in public health, the first step is to increase public awareness. In her contribution, Dr. Harrison gives us the tools so that we, too, can advocate for children with congenital cytomegalovirus infection.

In the last article, Dr. Emily Obringer and her co-authors discuss congenital and neonatal tuberculosis. I am especially proud to see our young trainees partnering with Dr. Joseph
R. Hageman to write this article. As many as you may be aware, Dr. Hageman, some time ago, was an author on an earlier and important article on congenital and neonatal tuberculosis. Like syphilis, tuberculosis keeps coming back, reflective of the dysfunctions in our medical system. What’s next, measles?

Speaking of Dr. Hageman, I wish to convey to him my thanks for his guidance through the creation of this issue. In my career, I have met few people as committed to the teaching of pediatric residents and fellows as Dr. Hageman. His new role as a member of the editorial advisory board for Pediatric Annals is something worth celebrating, and will undoubtedly benefit the student in all of us.

REFERENCE

doi: 10.3928/00904481-20150512-07

About the Guest Editor

Kenneth Alexander, MD, PhD, completed his medical and graduate training at the University of Washington in Seattle. After his residency training in Pediatrics at the Children’s Hospital in Boston, Dr. Alexander did fellowship training in Infectious Diseases at Duke University. After 10 years on the faculty at Duke, Dr. Alexander moved to the University of Chicago where he served as Section Chief for Pediatric Infectious Diseases Journal. In 2014, Dr. Alexander moved to the new Nemours Children’s Hospital in Orlando, FL, where he serves currently as Chief of Infectious Diseases.

Dr. Alexander’s clinical interests include infections in the neonatal intensive care unit, and vaccination of underserved populations, particularly adolescents. He has a special interest in promoting human papillomavirus infection (HPV) immunization. Dr. Alexander’s research studies papillomavirus replication and HPV-mediated oncogenesis.

Dr. Alexander and his wife, Michelle, of 30 years have two adult daughters who are outspoken advocates for immunization.

Address correspondence to Kenneth Alexander, MD, PhD, via email: Kenneth.Alexander@nemours.org.