






Viral illness

'It's probably just a virus'. Viral infections are the bread and butter of general practice, and while often they can be defined by the syndrome they cause (viral conjunctivitis, viral arthritis), or a specific presentation (herpes zoster, EBV), they frequently present as an undifferentiated illness. Non-specific viral disease usually follows a benign and self-limiting course, but on occasions can lead to more serious illness.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Common specific viral infections and their key features • Red flag symptoms and signs of serious disease for common viral infections • Differential diagnoses of syndromic presentations • Utility of specific investigations for viral illness – PCR, serology • General and specific treatment • Approach to safety netting
PRE- SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Read the chapter 'Baffling viral and protozoal infections' in Murtagh's general practice
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Viral exanthems are typically caused by measles, rubella, roseola, EBV, HIV and parvovirus B19 • Always consider HIV as the cause of a non-specific viral illness • Tonsillar enlargement and exudative pharyngitis are typical of EBV • Cervical lymphadenopathy is less common in CMV infection • Diagnosis of the specific cause of a viral exanthem is more important when there is a history of exposure to pregnant women or immunosuppressed patients
RESOURCES 	<div> Read <ul style="list-style-type: none"> • UK Primary Care Dermatology Society Viral exanthems • AFP article – Cytomegalovirus • AFP article – Infectious mononucleosis </div>
FOLLOW UP/ EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Registrar to complete the clinical reasoning challenge and discuss with supervisor • Registrar to do an audit of five presentations of non-specific viral illness and discuss with supervisor

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Clinical Reasoning Challenge

Jimmy, aged 3, is brought in by his mother, Zoe. He has been miserable for the past couple of days with a fever and rash.

QUESTION 1. What are the MOST IMPORTANT key features on history to help determine the cause of Jimmy's rash? List up to SEVEN features on history.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

QUESTION 2. On the basis of your history, you are suspect Jimmy has slapped cheek syndrome (erythema infectiosum). What are the MOST IMPORTANT aspects of management to discuss with Zoe at this time? List up to THREE.

- 1 _____
- 2 _____
- 3 _____

QUESTION 3. At the end of the visit Zoe tells you that Jimmy has been in contact with her sister who is currently 13 weeks pregnant. What are the MOST IMPORTANT pieces of advice that would you tell her? List up to TWO.

- 1 _____
- 2 _____

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ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features on history to help determine the cause of Jimmy's rash?

- Prodromal features
- Site where rash started
- Nature of rash e.g. confluence, blisters
- Associated clinical features e.g. conjunctivitis, cough
- Recent medication use e.g. antibiotics
- Vaccination history
- Recent travel
- Recent contacts/day care attendance

QUESTION 2

On the basis of your history, you are suspect Jimmy has slapped cheek syndrome (erythema infectiosum).

What are the MOST IMPORTANT aspects of management to discuss with Zoe at this time?

- Symptomatic treatment with fluid, paracetamol and/or ibuprofen
- Maintenance of hydration
- Safety netting

QUESTION 3

At the end of the visit Zoe tells you that Jimmy has been in contact with her sister who is currently 13 weeks pregnant.

What are the MOST IMPORTANT pieces of advice that would you tell her?

- The risk of complications to the unborn child is small but possible
- Zoe's sister needs to see her GP urgently for antibody testing