

EAR INFECTION FACTS

What is an ear infection?

An ear infection (acute otitis media) occurs when fluid builds up in the middle ear (middle ear effusion) and a child has specific signs and symptoms of illness, such as pus visible behind a bulging ear drum, a distinctly red ear drum, or a fever. Special instruments that painlessly detect ear drum movement can confirm a true ear infection.

Good things to know

- 1) **Some Families** have more problems with ear infections than others. Parents who have had their own problems with ear infections should be prepared for ear infections in their children.
- 2) **Hearing Loss** is the concern with middle ear effusion. Whenever fluid fills the middle ear space, there is some temporary hearing loss. Your physician will want to monitor the duration of the effusion.

Prevention

These prevention tips can help limit the incidence of otitis media that your child experiences. However, they probably won't completely eliminate them. Otitis media is a disease of infancy. Children prone to it will have two or three bad winters, but will have fewer problems after five years of age. There *is* light at the end of this tunnel!

- 1) **Breast feeding** works. The antibodies and other protective factors in breast milk help fight ear infections.
- 2) **Day care** increases a child's exposure to respiratory germs that can cause ear infections. Children in large day care programs will have more infections than children in small groups.
- 3) **No smoking** in the home. Children exposed to smoke have more episodes of otitis media than children not exposed.
- 4) **Vaccines** help. Influenza virus vaccine can help children who have had a bad respiratory season the prior winter. The pneumococcal vaccine may also help.
- 5) **Chemoprophylaxis** works. Antibiotics are a prophylaxis against recurrent episodes of acute otitis media. While the development of antibiotic resistance is a concern, children do benefit from reduced numbers of ear infections.
- 6) **Tympanostomy tubes** work. Surgery may be necessary for children with middle ear effusion of more than 4 months duration and for children with recurrent episodes of acute otitis media who don't respond to chemoprophylaxis. The tubes ventilate the middle ear, provide drainage, and accelerate normalization of the middle ear mucosa.