



Busting childhood infection myths

My name is Dr Megon Sadler, and I am a general practitioner with special interest in paediatrics. I live and work in Windhoek, and I am also a mom.

I have spent most of my career working with children and I am extremely passionate about the education and empowerment of parents. With that in mind, I would like to dispel a few myths about infections in children.

You may have heard your doctor talk about a URTI. This is a term commonly used in medicine and it stands for “upper respiratory tract infection”. In short, these are infections that affect the sinuses and the throat. Believe it or not, it is normal for a healthy child under the age of six years to have 6-8 URTIs per year, and for these symptoms to last up to 14 days. Send that child to a school, and this number increases to a staggering 10-12 infections per year – that’s about one every month! Needless to say, this can become very overwhelming. So, what are the common myths I hear in my practice, and what is the truth?

Myth: “My child has a fever, cough and a runny nose, so he needs antibiotics.”

The truth: Studies have shown that the majority of URTIs are viral and in fact do not need to be treated with antibiotics. Symptoms in most healthy children will resolve with supportive treatment, such as pain medication, immune boosters and something to dry up the runny nose. However, it is important that your child is examined by their doctor to make sure they do not have a bacterial infection, which WILL require antibiotics.

Myth: “My doctor did not give me antibiotics, but my child is not getting better. I will have to see another doctor.”

The truth: Owing to the fact that we have seen few to no new antibiotics on the market in the last decade, doctors have had to become incredibly careful with when and

which antibiotic to prescribe. This “antibiotic stewardship” in simple URTIs is of the utmost importance, but it does not mean that your child might not develop a secondary bacterial infection, or that there was not an early bacterial infection when your child was first examined. The effectiveness of delayed antibiotic prescribing strategies is well documented. However, this may translate to you as the parent coming in for a follow-up visit if you suspect your child’s condition has worsened, having to post-date a prescription, or discussing with your doctor the possibility of collecting a pre-written prescription if symptoms have not settled after 72 hours of supportive medication.

Myth: “Herbal meds do not work and are not safe for my child.”

The truth: Although I am not a homoeopath, I genuinely believe that natural medications can be helpful in the treatment of various ailments, in the same way that preventative medicine is often better than curative medicine. Not only have ingredients like Echinacea long been proven to help boost your immune system, but things like adequate sleep, a well-balanced diet, sufficient hydration and L-O-V-E can help your child recover.

Remember, as a parent, you are part of the team that is taking care of your child. Trust your gut and never give up advocating for your child. 🌱



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