Evidence-Based Infectious Diseases, Second Edition
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Evidence-Based Infectious Diseases, Second Edition is a multidisciplinary book, providing a comprehensive introduction to evidence-based clinical practice for the major areas of infectious disease management. The book uses a case-led format to outline the contexts encountered when dealing with specific infectious diseases or specific populations, and it recommends optimal treatment approaches for the individual patient to the reader. The approach is very useful for infectious disease management, because a host of external factors can affect case presentation and no one situation is typical.

Consisting of 2 major parts, the book is subdivided into 19 chapters, most of which have been revised from the book’s first edition published in 2004. Three chapters—on influenza, critical care, and long-term care—have been added in this second edition.

An introductory chapter sets the stage for the 18 subject-matter chapters, providing a good overview of evidence-based infectious disease practice. This chapter defines and outlines evidence-based medicine, evidence-based infectious diseases, evidence-based diagnosis, evidence-based treatment, and evidence-based assessment of prognosis. It also includes brief information on how to access the evidence base that could influence practice.

Part I comprises 12 Specific Diseases chapters that range from skin and soft-tissue infection, bone and joint infection, and community-acquired pneumonia to tuberculosis, diarrhea, urinary tract infection, and human immunodeficiency virus infection. Most of the chapters include well-presented sections on the disease, the epidemiology, the clinical presentation, the diagnosis and management, the prognosis, the implications for practice, and current research. Each chapter is accompanied by useful case presentations.

Part II comprises 6 Special Populations chapters that focus on infection control, infection in neutropenic hosts, infection in general surgery, infection in thermally injured patients, infection in health care workers, and infection in long-term care. These chapters feature sections on infection risk factors as well as clinical and therapeutic management of common infections for these specific populations and settings. Like the chapters in Part I, these chapters include an array of case presentations.

Throughout the book, the authors emphasize methodological approaches and caveats in assessing the quality of evidence and outline the best basis for infectious disease management. The authors also stress that, although evidence from well-designed studies can heavily influence the decision-making process, it does not replace it. Thus, studies may recommend certain therapeutic approaches to manage cases, but individual patient or case characteristics, such as allergies, etiological agents, or drug pharmacodynamics, may require individually tailored treatment regimens. In this regard, the cases presented in each chapter help to distinguish the typical from the atypical.

Although the book focuses primarily on infections and settings commonly encountered in the Western Hemisphere and although additional infections, including those seen in travel medicine or transplant cases, could have been included in the book, the authors should be commended for producing such an impressive collection of expertise and case reports. Besides the 3 editors, 36 leading infectious disease specialists contributed to the book. Each chapter has a comprehensive list of references, including key systematic reviews and studies, many of which have been published since the first edition of the book.

In summary, Evidence-Based Infectious Diseases is a comprehensive resource for evidence-based infectious disease management. The book is essential reading for those involved in this field and, as such, should be recommended to medical students, clinical instructors in infectious diseases and microbiology, and physicians in internal medicine and public health.

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