

BLASTFAX

Practical Tips for Current Influenza Pandemic in Pediatric Practices

Diagnosis

Standard rapid tests for H1N1 flu diagnosis are about 50% accurate, so the diagnosis and decisions regarding evaluation and treatment should be based on clinical grounds.

Treatment

If swine flu is likely based on epidemiology, history, rapid flu test, or clinical diagnosis of influenza, a course of Tamiflu (oseltamivir) should **only** be considered for children with risk factors or severe disease.

Treatment with Tamiflu should be reserved for high risk groups within the pediatric population, remembering that the drug will be most beneficial if started early in the course of illness. The following tables list the emergency use regimens for children under one year.

Dosing recommendations for antiviral treatment of children younger than 1 year using oseltamivir.	
Age	Recommended treatment dose for 5 days
<3 months	12 mg twice daily
3-5 months	20 mg twice daily
6-11 months	25 mg twice daily
Dosing recommendations for antiviral chemoprophylaxis of children younger than 1 year using oseltamivir.	
Age	Recommended prophylaxis dose for 10 days
<3 months	Not recommended unless situation judged critical due to limited data on use in this age group
3-5 months	20 mg once daily
6-11 months	25 mg once daily

Prophylaxis

Consideration for family prophylaxis will depend on certainty of diagnosis and high risk individuals in the family.

Return to school or daycare

Children can return to school after they are afebrile for 24 hours without any antipyretic medication (no time minimum).

Vaccines

Give the seasonal flu vaccine to your pediatric patients as soon as it is available.

Precautions in the office

All patients and parents who have respiratory symptoms should be given a surgical mask prior to entering the office or at triage if masks are available. Hand washing solution should also be made available upon entering the office. If possible, there should be well and sick waiting rooms. Patients should be seen as soon as possible. Physicians and staff should wear masks, gloves, and gowns if available. Strict hand hygiene before and after patient contact should be maintained.

For updated and additional information please consult the CDC website at: <http://www.cdc.gov/h1n1flu/> and/or the AAP website at: www.aap.org/advocacy/releases/may09swineflu.htm

For questions or concerns regarding this blastfax or any other immunization information, please contact the Chapter's Immunization Coordinator, Mike Chaney at (404) 881-5094 or mchaney@gaaap.org.