

Definition

- Influenza is a viral infection of the nose, throat, trachea, and bronchi.
- Parent thinks child has influenza because other family members have it.
- Parent thinks child has influenza and it's prevalent in the community.

Background

Symptoms

- Involves muscle pain, headache, fever, and chills (more than with usual cold.)
- Main symptoms are a runny nose, sore throat, and bad cough.

Cause

- Influenza viruses that change yearly.

Return to School

- Spread is rapid because the incubation period is only 24-36 hours and the virus is very contagious.
- Your child can return to child care or school after the fever is gone more than 24 hours and your child **feels well enough to participate in normal activities.**
- For practical purposes, the spread of flu and colds cannot be prevented.

Influenza Vaccine (Flu Shot)

- Yearly influenza vaccines are recommended for all HIGH-RISK children older than 6 months (See the list below). Reason: these children have a high complication rate from influenza, especially pneumonia.
- Parents, siblings, and caregivers of high-risk children should also receive the influenza vaccine.
- In 2006, the American Academy of Pediatrics (AAP) Committee on Infectious Diseases recommended all HEALTHY children aged 6 months through 5 years receive the flu shot. Research has demonstrated that HEALTHY children younger than 24 months are at as great a risk of influenza-associated hospitalization as are HIGH-RISK children.
- Given annually (in September-November) before the onset of influenza season.
- The vaccine is 70%-90% effective in preventing influenza. It is not 100% protective, as the influenza viruses change yearly.
- 2009 is an unusual year, with H1N1 as a separate epidemic. The CDC is recommending all children older than 6 months receive the vaccine when it is available in late October.
- **All HIGH-RISK children should have priority!**

High-Risk Children for Complications from Influenza

- Lung disease (eg, asthma, cystic fibrosis, bronchopulmonary dysplasia)
- Heart disease (eg, congenital heart disease, rheumatic heart disease)
- Muscle disease (eg, muscular dystrophy)
- Metabolic disease (eg, diabetes mellitus)
- Sickle cell disease
- Renal disease (eg, nephrotic syndrome)
- Malignancy and other immunocompromised conditions (eg, HIV)
- Diseases requiring long-term aspirin therapy (eg, Kawasaki disease, rheumatoid arthritis)

Prescription Antiviral Agents for Influenza

- Oseltamivir (Tamiflu) has become the drug of choice for treating **severe** influenza.
- Tamiflu is licensed for children older than 1 year.
- Tamiflu comes in a liquid or pill form and is taken for 5 days.
- **Main Side Effect:** nausea and vomiting.
- Tamiflu is useful for influenza A and B.
- Resistance is variable (in contrast to amantadine and rimantadine, which have significant resistance.)
- Limitations of all antiviral agents (including Tamiflu):
 - All antiviral drugs must be started within 48 hours of the onset of influenza symptoms to have an impact. Their benefits are limited; they reduce the duration of symptoms by 1-1.5 days.
 - They also reduce the severity of flu symptoms somewhat, but they do not cure the disease nor remove all the symptoms.
 - They are not a substitute for the flu vaccine.
- Many physicians require a positive influenza test before prescribing Tamiflu. Most other physicians want to examine the child and make a clinical diagnosis of influenza before prescribing Tamiflu.

Indications for Prescription Antiviral Agents for Influenza

- The AAP Committee on Infectious Diseases (*Pediatrics*, April 2007) recommends the following children receive antiviral therapy (currently Tamiflu) for their influenza infection if treatment can be started within 48 hours of onset of flu symptoms:
 - HIGH-RISK children for complications with influenza infection of any severity and regardless of flu immunization status (see the list on previous page.)
 - HEALTHY children with moderate to severe influenza infection who may benefit from the decrease in duration of clinical symptoms documented to occur with therapy. In telephone triage, most children with severe disease symptoms are referred in to be seen.
- ✓ **Please note. It is the policy of Fresno Children's that an examination of the child is necessary before prescribing any anti-viral agents. Tamiflu is reserved for those who are high risk or severely ill, and only at the discretion of the health care provider.**

Emergencies:

Call EMS 911 Now

- Severe difficulty breathing (struggling for each breath, making grunting noises with each breath, unable to speak or cry because of difficulty breathing, severe retractions)
- Very weak (doesn't move or make eye contact) (Possible sepsis or shock)
- Bluish lips or face now (Possible cyanosis and need for oxygen)
- Sounds like a life-threatening emergency to the telephone triager

Go to ER Now

- Stridor (harsh sound with breathing) occurs at rest with no relief (Possible influenza croup)
- Newborn <4 weeks with fever >100.4°F (38.0°C) rectally (Possible sepsis)

Call Office Now

- Age 4-12 weeks with fever >100.4°F (38.0°C) rectally (R/O sepsis)
- Sounds very sick or weak