

H1N1 (swine flu) TOOL SHEET - PEDIATRIC**CDC GUIDANCE & DEFINITIONS for Swine-origin Influenza A (H1N1) Virus (S-OIV)**

Confirmed Case	Probable Case	Suspected Case
Diagnosis of: an acute febrile respiratory illness	Diagnosis of: an acute febrile respiratory illness	Diagnosis of: an acute febrile respiratory illness with:
LAB: confirmed S-OIV (swine flu) influenza by CDC: - real-time RT-PCR - viral culture	LAB: - pos flu A but neg for H1&H3 by RT-PCR OR - pos flu A by rapid flu test or IFA AND must meet criteria for suspected case	ONSET: - within 7 days close contact person with confirmed S-OIV OR - within 7 days travel to community in US or country with 1 or more confirmed S-OIV cases OR - resides in community with 1 or more S-OIV cases

Infectious period: 1 day prior to the case's illness onset to 7 days after onset.

Close contact: within about 6 feet of an ill person who is a confirmed or suspected case of swine influenza A (H1N1) virus infection during the case's infectious period.

Acute respiratory illness or sepsis like syndrome: recent onset of at least 2 of the following: rhinorrhea or nasal congestion, sore throat, cough (with or w/ fever), severe headache, hypotension

High-risk groups: A person who is at high-risk for complications is defined as the same for seasonal influenza; A person who requires hospitalization; A person at high-risk for severe disease.

Special Considerations for Children: Aspirin or aspirin-containing products should not be administered to any confirmed or suspected ill case of swine influenza A (H1N1) virus infection aged 18 years old and younger due to the risk of Reye syndrome. For relief of fever, other anti-pyretic medications are recommended such as acetaminophen or non steroidal anti-inflammatory drugs. http://www.cdc.gov/swineflu/casedef_swineflu.htm

LABORATORY TESTING PROTOCOL

1. Perform influenza testing on all patients with **influenza-like illness**
 2. Perform influenza testing on all patients with **acute respiratory illness**
- AND**

- a history of recent travel to Mexico (within 7 days) or
- contact with a person who has been diagnosed w/Influenza A.

RECOMMENDED TESTS

1. **Real-time RT-PCR** at a State Health Department Laboratory
2. **Rapid flu testing:** perform if available, for immediate decisions regarding communicability. A negative rapid test could be a false negative and should not be assumed a final diagnostic test for swine-origin influenza infection. Regardless of results of rapid flu testing, collect and submit specimen for viral culture.

OTHER TESTS

- **Immunofluorescence (DFA or IFA):** A patient positive for influenza A by immunofluorescence may meet criteria for a suspected case. However, it should not be assumed a final diagnostic test.
- **Viral culture:** Isolation of swine-origin influenza A (H1N1) virus is diagnostic of infection, but may not yield timely results for clinical management. A negative viral culture does not exclude infection with swine-origin influenza A (H1N1) virus.

TESTING METHOD: Upper Respiratory Specimen**Following should be collected as soon as possible after illness onset:**

- nasopharyngeal swab/aspirate or nasal wash/aspirate. OR
- a combined nasal swab with an oropharyngeal swab is acceptable for patients who are intubated
- an endotracheal aspirate should also be collected

Storage Specimens should be placed into sterile viral transport media (VTM) and immediately placed on ice or cold packs or at 4°C (refrigerator) for transport to the lab preferably no longer than 1 week.

Swabs: Ideal - swabs with synthetic tip & an aluminum or plastic shaft.

Not Recommended - swabs with cotton tips and wood shafts

Not Accepted - swabs made of calcium alginate

Shipping: Clinical specimens should be shipped on dry ice in appropriate packaging. All specimens should be labeled clearly and include information required

INFLUENZA ANTIVIRAL MEDICATIONS FOR USE IN CHILDREN AGE 1 YEAR AND OLDER

Antiviral agent		Age group (yrs)			
		1-6	7-9	10-12	13-18
Zanamivir*	Treatment, influenza A & B	N/A†	10 mg (2 inhalation) twice daily	10 mg (2 inhalation) twice daily	10 mg (2 inhalation) twice daily
	Chemoprophylaxis, influenza A & B	Ages 1-4 N/A	Ages 5-9 10 mg (2 inhalation) once daily	10 mg (2 inhalation) once daily	10 mg (2 inhalation) once daily
Oseltamivir	Treatment†, influenza A & B	Dose varies by weight¶	Dose varies by weight¶	Dose varies by weight¶	75 mg twice daily
	Chemoprophylaxis influenza A & B	Dose varies by weight¶	Dose varies by weight¶	Dose varies by weight¶	75 mg/day
Duration of Treatment	Treatment	Recommended duration for antiviral treatment is 5 days.			
	Chemoprophylaxis	Recommended duration is 10 days after the last known exposure.			

Oseltamivir (Tamiflu) Dosing (60 mg / 5mL)

Treatment	Dosing	
	Age	Dose
Treatment	<3 mo	12 mg PO bid x 5 d
	3-5 mo	20 mg PO bid x 5 d
	6-11 mo	25 mg PO bid x 5 d
	>1 yr; <15 kg	30 mg PO bid x 5 d
	> 1 yr; 15-23 kg	45 mg PO bid x 5 d
	23-40 kg	60 mg PO bid x 5 d
Chemoprophylaxis	> 40 kg	75 mg PO bid x 5 d
	< 3 mo	Not recommended unless situation judged critical
	3-5 mo	20 mg PO q day x 10 d
	6-11 mo	25 mg PO q day x 10 d
	> 1 yr; < 15 kg	30 mg PO q day x 10 d
	> 1 yr; 15-23 kg	45 mg PO q day x 10 d
	23-40 kg	60 mg PO q day x 10 d
> 40 kg	75 mg PO q day x 10 d	

Adapted from <http://www.cdc.gov/swineflu/childrentreatment.htm>

HOME CARE GUIDANCE FLU

^{CDC} Flu Precautions

- ___ stay home for 7 days after the start of illness and fever is gone
- ___ get plenty of rest
- ___ drink clear fluids to keep from being dehydrated
- ___ cover coughs and sneezes
- ___ clean hands with soap & water or an alcohol-based hand rub often
- ___ avoid close contact with others – DO NOT go to work or school while ill
- ___ be watchful for emergency warning signs (see below) that might indicate you need to seek medical attention

EMERGENCY WARNING SIGNS

- has difficulty breathing or chest pain
- has purple or blue discoloration of the lips
- is vomiting and unable to keep liquids down
- has signs of dehydration such as dizziness when standing, absence of urination, or in infants, a lack of tears when they cry
- has seizures (for example, uncontrolled convulsions)
- is less responsive than normal or becomes confused