



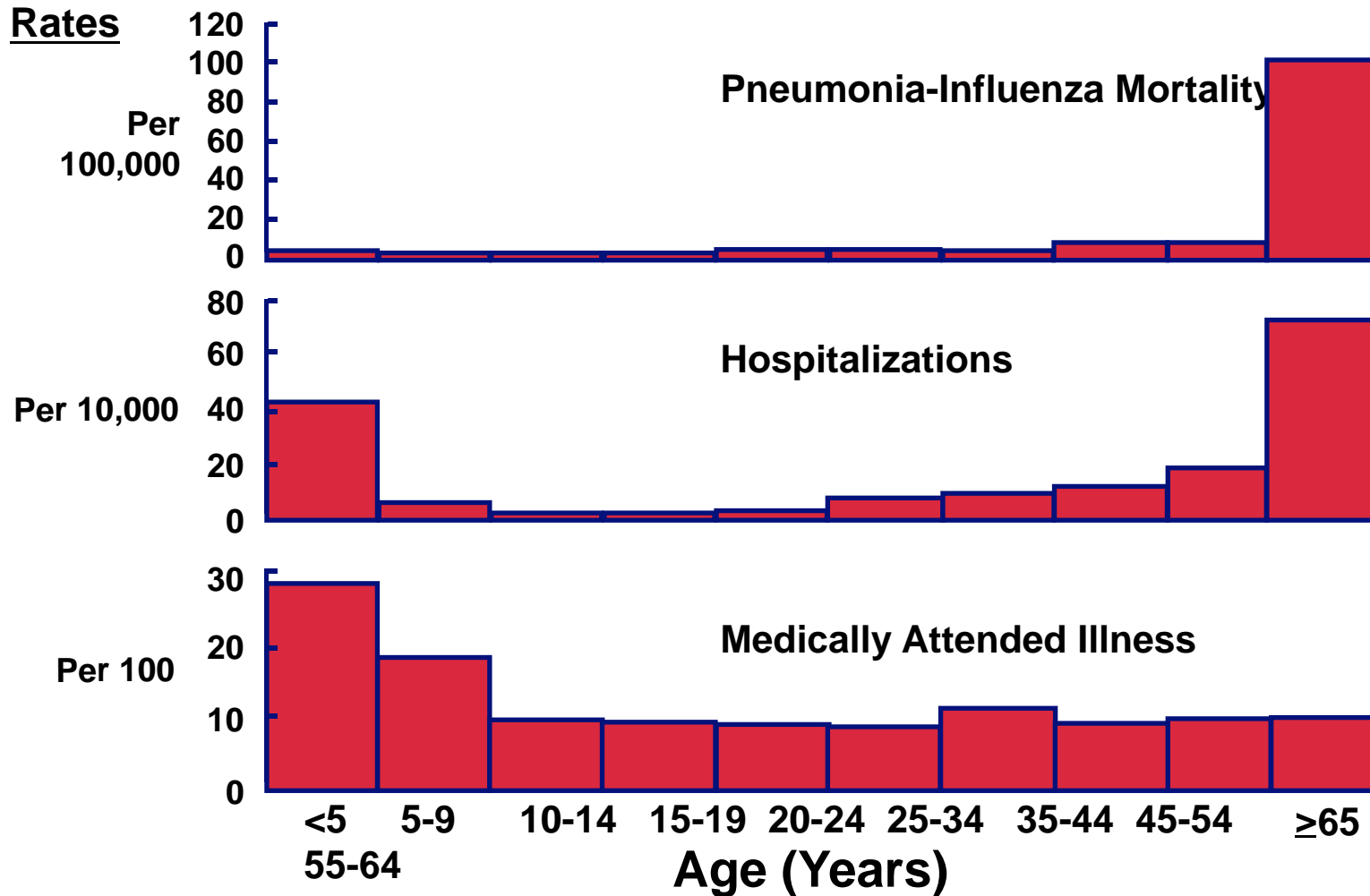
Lead by example.

Children and Flu: Fact and Fiction

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Seasonal Influenza: background





Novel H1N1 Influenza: Background

- Novel H1N1 emerges during spring 2009
- In US, children and young adults are more likely to be infected
- Possible reasons:
 - Social activities of children facilitate transmission
 - Residual immunity for people over 50 yrs of age



Seasonal vs. Novel H1N1 Influenza

TYPICAL WINTER (seasonal flu)

- At CHOP:
 - 150-300 patients
 - 30-45 ICU patients (10-18%)
 - 1-2 deaths

SPRING 2009 (novel H1N1)

- At CHOP:
 - 188 patients
 - 10 ICU patients (5.4%)
 - 0 deaths



Recent Updates – epidemiology

- In Philadelphia, ongoing infections over summer
- Pockets of renewed outbreaks associated with August openings of schools and colleges in other parts of country
- Disease remains mild
 - No increase in rate of hospitalization
 - Major impact felt by primary care providers



Recent Updates – viral characteristics

Virus remains very stable...

- No change in virulence
- No antigenic shift
- Oseltamivir-resistant strains remain very rare



Issues for Providers

- Infection control measures in office setting
- Role of diagnostic testing
- Role of antiviral treatment



Infection control measures in office setting

- Separate patients with fever and respiratory symptoms from other patients
- Offer masks for patients with respiratory symptoms to wear in waiting area
- Promote hand hygiene and respiratory etiquette (alcohol hand rub, tissues)
- Follow droplet and contact precautions when examining patients with influenza-like illnesses



Stop the spread of germs that make you and others sick!

Cover your Cough



Clean your Hands

after coughing or sneezing.





Clinical Management (1)

Similar to caring for patients with other respiratory viral illnesses:

- Please consider telephone-management of mildly ill patients
- Symptomatic care
- Instructions to stay home until fever-free for 24 hrs



Clinical Management (2)

Most patients DO NOT need....

- To be tested for influenza
- To be treated with antiviral medications
- Medical evaluation or doctor's note prior to returning to school



When to send patients to an Emergency Room

Consider sending patient to an Emergency Department if they have...

- Significant respiratory distress
- Lethargy
- Not urinated in more than 8 hrs

DO NOT send patients to an Emergency Department ...

- If they have mild-moderate symptoms
- For diagnostic testing
- For antiviral prescriptions



Diagnostic Testing

NOT generally recommended in primary care setting

- **DO NOT** test healthy children with respiratory symptoms
- **DO NOT** routinely test children with chronic medical illnesses
- Test patients who need hospitalization
- Consider testing chronically ill patients if they require care in hospital emergency room



Antiviral Medications (1)

NOT generally recommended for otherwise healthy patients with mild-to-moderate symptoms

- **DO NOT** treat healthy children with respiratory symptoms
- Treat patients who need hospitalization
- Treat chronically ill patients if they have influenza-like-illness and H1N1 is in the community



Antiviral Medications (2)

LIMIT role for post-exposure prophylaxis with antiviral medications

- **DO NOT** give post-exposure prophylaxis to otherwise healthy children
- Consider post-exposure prophylaxis for chronically ill patients or pregnant patients who have been exposed
- **ONLY** give post-exposure prophylaxis if there has been significant face-to-face exposure to an ill person



Chronic Illnesses that Increase Risk with Influenza

Neurological or neuromuscular conditions

Unrepaired (or incompletely repaired) congenital heart disease

Chronic respiratory diseases (other than well-controlled asthma)

Immunosuppressed conditions

Kidney diseases, sickle cell disease, diabetes

****Pregnancy****



H1N1 vaccine

- Initial lots of vaccine anticipated to be delivered to providers by late October
- Priority groups:
 - Pregnant women
 - Healthcare and emergency services workers
 - Children 6 months – 24 yrs
 - Parents and caregivers of infants < 6 months
 - Adults with high risk medical conditions



Issues for Schools, Daycares, and other Childcare settings

- How to minimize spread of virus within school
- How to manage people who become ill while at school



Minimize Virus Spread

- Educate students and staff on basic hygiene
 - Handwashing
 - Cover coughs and sneezes
- Emphasize that ill students and staff should stay home until fever-free for 24 hrs
 - No need for medical evaluation or doctor's note prior to returning to school
- Clean “high touch” areas frequently
 - Can use usual cleaning agents



Managing Ill People at School, Daycare, or Childcare Setting

- Separate sick and well students or staff until ill people go home
- Limit unnecessary contact with sick person
- Consider doing daily “health check” to ensure young children who are ill are quickly identified



Need more information?

- www.chop.edu
- www.cdc.gov/h1n1flu/schools/toolkit