Novel H1N1 (Swine) Flu

Disease, prevention, treatment

The signs and symptoms of novel influenza A (H1N1) virus infection are similar to those of seasonal influenza. They include fever which lasts for 48-96 hours, severe cough for 2-3 weeks, sore throat, runny nose for 1-2 weeks, headache, body aches, chills and possibly vomiting and diarrhea.

Vaccination is the most effective method for preventing influenza and influenza-related complications. However, current seasonal influenza vaccines do not provide protection against novel influenza A (H1N1) virus. Therefore, specific vaccines against the novel influenza A (H1N1) virus are being manufactured, and hopefully will be available by mid-October 2009. The vaccine against novel influenza A (H1N1) virus infection is being produced using similar methods to those used for the regular seasonal influenza vaccines and therefore no additional side effects or complications than are typically seen with regular seasonal flu vaccine are expected to occur. At this time it is unclear how this vaccine will be distributed, that is in private offices or vaccine dispensing sites or both.

The age distribution of confirmed H1N1 illness, the severity of illness, and the determination of medical risk factors among persons with severe illness have resulted in the following guidelines and these guidelines will be followed by the doctors of Northern Virginia Pediatrics if the vaccine becomes available in our office.

As soon as the vaccine becomes available, five target groups with the following medical risk factors, will be preferentially given the vaccine:  (If the vaccine is distributed to our office and following the guidelines set for the by the CDC and American Academy of Pediatrics, Northern Virginia Pediatric Associates will be vaccinating our pediatric patients only.)

1. **persons** who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers)
2. **health-care** personnel
3. **persons** aged 6 months--4 years, and
4. **persons** aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications. e.g., chronic heart, lung (asthma), renal, liver disease, cancer or immunosuppressant, or pregnancy, possibly morbid obesity)
5. **pregnant** women (should be given by her Obstetrician)

In previously unvaccinated persons aged <9 years, 2 doses of seasonal influenza vaccine are required to induce immunity because young children typically have had limited exposure to influenza viruses. Because older children also may not have been exposed to Novel H1N1 it is possible and probable that 2 doses of vaccine (typically separated by ≥21-30 days) also will be needed to provide protection for persons in these age groups. Ongoing studies will provide additional information about dosing.

The ACIP makes the following additional recommendations about use of Novel (H1N1) 2009 vaccine:
• The number of doses of vaccine required for immunization against novel influenza A (H1N1) has not been established. Because vaccine availability is expected to increase over time, **vaccine should not be held in reserve** for patients who already have received 1 dose but might require a second dose.
• Simultaneous administration of inactivated vaccines against seasonal and novel influenza A (H1N1) viruses is permissible if different anatomic sites are used. However, simultaneous administration of live, attenuated vaccines against seasonal and novel influenza A (H1N1) virus is not recommended.
• All persons currently recommended for seasonal influenza vaccine, including those aged ≥65 years, should receive the seasonal vaccine as soon as it is available.

**Treatment:**

**Fever:** use Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin) for fever over 102.

**DO NOT USE ASPIRIN OR PEPTO-BISMOL FOR CHILDREN OR ADOLESCENTS.**

**Cough:** For children **over 1 year** use HONEY ½-1 teaspoon as needed

**Stuffy or Runny nose:** Use Saline nose drops or spray. If needed use nasal aspirator

Anti-Flu medication: **Tamiflu.** Most non-high risk children with flu do not need antiviral medication. At best this drug reduces the time your child is sick by about 1-2 days, does not cure the actual disease and may not prevent secondary complications. Tamiflu often has undesirable side effects (nausea, vomiting & hallucinations). Unfortunately, resistance to Tamiflu has already been observed.

Children at higher risk for complications are those with lung disease (asthma, cystic fibrosis), heart disease, diabetes, kidney disease, cancer or immune problems, sickle cell anemia, muscular dystrophy, children on aspirin therapy, pregnancy or healthy children under the age of 2 years. These children can be medicated with Tamiflu on a case by case basis.

Emergency warning signs with Novel Flu and Seasonal Flu: If any of the following signs develop, See your doctor immediately.

• Fast breathing or difficulty with breathing
• blue or grey skin color
• dehydration (not enough fluids) with no urine in 8 hours
• persistent vomiting
• not waking up or not interacting, fussy & does not want be held
• seems better then fever returns and cough gets worse

This document is meant to update the families at NV Pediatrics about Novel H1N1 (Swine) Flu. If you have any further questions, speak to your doctor.