

**Outpatient management of pediatric patients for Swine-Origin Influenza A (H1N1) Virus (S-OIV) Infection – Updated May 1, 2009**

**Definitions:**

**Acute febrile respiratory illness:** fever (>38°C) and recent onset of at least one of the following:

1. rhinorrhea or nasal congestion
2. sore throat
3. cough

**Confirmed case:** person with acute febrile respiratory illness with lab confirmation (by RT-PCR or viral culture)

**Probable case:** person with acute febrile respiratory illness who is positive for influenza A, but negative for H1 or H3 by influenza RT-PCR

**Suspected case:** person with acute febrile respiratory illness with

1. contact within 7 days to close contact of confirmed case, or
2. travel to community within 7 days to community in the US or internationally where there are one or more confirmed cases or
3. resides in a community with a confirmed case

**Factors that increase risk of complications from influenza:**

1. Chronic pulmonary, cardiovascular, renal, hepatic, hematological, or metabolic disorders
2. Immunosuppression and HIV
3. Compromised respiratory function, including conditions which increase risk for aspiration
4. Children ≤ 2 years
5. Pregnancy
6. Elderly >65 years
7. Residence (regardless of age) in nursing home or long-term facility

***Patients presenting with an acute febrile respiratory illness with suspect, probable or confirmed infection with mild to moderate disease should be evaluated as follows:***

Risk factors for complication – treat

No risk factors – consider treatment

Screening tests should **NOT** be done for influenza in those with **mild** disease as it will not influence treatment decisions! Treatment is based on exposure and risk factors and when prescribed treatment should be done in the first 48 hours of onset of the illness.

***If acute febrile respiratory illness with severe disease (likely requiring hospitalization– refer to ED, please call ahead). Do not send to ER just for testing.***

***Please emphasize to patients to cover their cough and hand hygiene!***

***If feasible have separate areas for patients with an acute febrile respiratory illness and use masks if available. Please use appropriate personal protective equipment when caring for patients with an acute febrile respiratory illness.***

Antiviral chemoprophylaxis for individuals:

Recommended:

1. Household close contacts who have risk factors for complications of a confirmed or probable case
2. Health care workers (HCW) not using appropriate personal protective equipment during close contact with an ill, probable or suspected case during case's infectious period

Considered:

1. Household close contacts who have risk factors for complications of a suspected case
2. Children attending school or daycare who have risk factors for complications and had close-contact (face-to-face) with a confirmed, probable, or suspected case
3. HCW who have risk factors for complications working in area that contains confirmed cases or caring for patients with acute febrile respiratory illness
4. Travelers to Mexico who have risk factors for complications
5. First responders who have risk factors for complications and working in areas with confirmed cases

See below for dosing of antiviral therapy. If child < 1 year can refer to below table but please contact Pediatric Infectious Diseases if guidance needed. Also see info available on CDC website for children < 1 year.

Agent, group		Treatment	Chemoprophylaxis
<b>Oseltamivir</b>			
<b>Adults</b>		75-mg capsule twice per day for 5 days	75-mg capsule once per day
<b>Children</b> (age, 12 months or older), weight:	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	15–23 kg	90 mg per day divided into 2 doses	45 mg once per day
	24–40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day

**Zanamivir**

**Adults**

Two 5-mg inhalations (10 mg total)  
twice per day

Two 5-mg inhalations (10 mg total) once per  
day

**Children**

Two 5-mg inhalations (10 mg total)  
twice per day (age, 7 years or older)

Two 5-mg inhalations (10 mg total) once per  
day (age, 5 years or older)

Table 2. Dosing recommendations for antiviral treatment of children younger than 1 year using oseltamivir.

<b>Age</b>	<b>Recommended treatment dose for 5 days</b>
<3 months	12 mg twice daily
3-5 months	20 mg twice daily
6-11 months	25 mg twice daily

Table 3. Dosing recommendations for antiviral chemoprophylaxis of children younger than 1 year using oseltamivir.

<b>Age</b>	<b>Recommended prophylaxis dose for 10 days</b>
<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

Please also review the CDC website and the Stony Brook University Medical Center website for more information.