

Health Professionals Alert – SUSTAIN H1N1 Influenza 09 (Human Swine Flu) Children and Adolescents (0-18 years) 3pm, 5 June 2009

This notice is provided to health professionals to update the situation regarding H1N1 and the management of children and adolescents including those with special needs. There are specific issues relevant to children and adolescents that are outlined in this notice.

Case definition modified for children and adolescents (> 1-18 years of age)

Acute onset of illness with a measured temperature of $\geq 38.5^\circ$ or significant history of fever (rigor, sweating chills) plus two or more of cough, sore throat, body aches, fatigue/tiredness or shortness of breath.

How does this change how I treat my patients?

During the modified sustain phase of the pandemic there will be a number of changes that you will need to consider especially for children and adolescents:

1. Current case definition:

The case definition has been slightly modified (increased temperature) for children and young people to ensure that only those who are most likely to have flu are treated as cases. Given the relatively high prevalence of the H1N1 virus in children this will prevent inappropriate overuse of Oseltamivir (Tamiflu) in the childhood population.

2. Children and adolescents with special health care needs

During the sustain phase children with special health care needs (including chronic respiratory conditions, compromised immune system, chronic medical conditions such as diabetes, and neurological conditions such as cerebral palsy, spina bifida etc) remain at increased risk of adverse outcomes, as they would through any flu season.

All children with special health care needs should have their routine seasonal flu vaccine. This will not protect against H1N1 but will prevent dual infection.

Most children with special health care needs are in mainstream schools and childcare. These children should be especially vigilant of their own hygiene practices, and families should be encouraged to ensure that appropriate hygiene practices are in place.

Close family contacts of these children should:

- seek early medical advice for any signs of illness,
- be treated early with Tamiflu if they are a suspected case,
- be provided with prophylactic Tamiflu *early* if the household case meets the above case definition.
- undertake enhanced hygiene practices at home (including mask for family members who are unwell)
- be encouraged to develop an action plan for school/childcare attendance with their usual specialist or treating doctor.

3. Children in special developmental schools and early childhood intervention centres

During the modified sustain phase, children who attend special developmental schools or early childhood intervention centres have been noted as a particularly high risk group.

- The possibility of influenza should be considered not just in those who meet the strict case definition as they may present with less specific features including altered behaviours.
- If there are any concerns, these children should be treated early.
- All children who attend special developmental schools who are considered likely to be a case should be tested. This will enable appropriate management of special developmental schools and contact tracing as necessary. Confirmed cases should be notified to DHS on 1300 651 160.

4. Children in child care, preschool and family day care

Children under the age of 5 years, and particularly those under the age of 1 year are at increased risk of adverse outcomes during any influenza season.

- Parents with young children (especially infants ≤ 12 months of age) in child care, preschool and family day care with suspected symptoms (eg fever $\geq 38.5^\circ$, cough, changed breathing pattern, listlessness), should seek medical attention early.
- Symptomatic children in child care and family day care ≤ 12 months of age should be tested and any confirmed cases notified to DHS on 1300 651 160.
- Symptomatic household members should seek medical attention and treated with Tamiflu.
- Given the difficulty with infection control in child care, young children should be kept at home until they are completely well.

5. Infants ≤ 12 months of age

Infants under the age of 12 months are especially vulnerable and more likely to experience adverse outcomes with any influenza virus infection. This is especially so for infants with a chronic condition. Therefore parents should be encouraged to seek medical advice if they have a young baby who is unwell with flu like symptoms. (see 4. above)

- Infants in this age group who **do not require hospitalisation** should **not** receive Tamiflu.
- Infants in this age group who **do require hospitalisation** will be clinically assessed and if necessary will be treated with Tamiflu.
- Hospitalised infants who receive Tamiflu should be tested at that time and treatment ceased if testing is negative.
- Infants in this age group should **NOT be given prophylactic treatment**.
- Family members of **infants not requiring hospitalisation** do not require prophylactic treatment if the infant is the only member who is unwell.

Yours sincerely
Dr Rosemary Lester
Acting Chief Health Officer

**FOR MORE INFORMATION: Visit www.health.vic.gov.au
Call the Swine Influenza Hotline Tel 180 2007**

Call Nurse-on-Call Tel. 1300 606 024 – for expert health information and advice (24 hours, 7 days)

