

SWINE INFLUENZA A (H1N1) PANDEMIC

Guidelines for OMS

STEP 1. CHILDREN AT POSSIBLE RISK

Consider the possibility of swine influenza virus infections in children who:

1. Have an influenza-like illness: fever $> 37.8^{\circ}\text{C}$ (100°F) plus cough or sore throat, or any two of the following:
 - a. nasal congestion
 - b. sore throat
 - c. cough
 - d. fever
2. Live in area where human cases of swine influenza A (H1N1) have been identified or
3. Have traveled to an area where human cases of swine influenza A (H1N1) have been identified or
4. Have been in contact with ill persons from these areas in the 7 days prior to their illness onset.

STEP 2. DIAGNOSIS

The CDC has reported in the United States “most flu is 2009 H1N1.” Many clinics have stopped screening for the H1N1 virus due to cost and treat it the same as the seasonal flu, with **Tamiflu** or **Relenza**. To do the test, a nasopharyngeal specimen for diagnosis can be taken by the primary care provider in a special kit with a special swab. Routine bacterial culture swab or media are not adequate. He/she should contact your local lab for the viral culture/PCR kits and instructions about handling the specimens specific to the kits they carry.

STEP 3. DECIDING WHETHER OR NOT TO VACCINATE

Because it is so new, it is still not clear how the new swine flu vaccination will affect children with OMS. In the past, due to the threat of relapse, we have not tended to immunize children with OMS within two years of achieving neurological remission or having a relapse, or of completing immunotherapy. Also, the effectiveness of the flu vaccine in protecting children from the flu is reduced in those receiving steroids or IVIg. However, parents and physicians must weigh the risk of possible relapse, the risk of death from the flu, and the risk of a complication from the vaccine, and make their own decision as to which risk they feel is higher and more serious. NEVER give the LIVE VIRUS flu vaccine (nasal spray) to the child with OMS or other family members. Only the injection form can be used.

STEP 4. TREATMENT

- The current strain of swine influenza A (H1N1) is susceptible to the neuraminidase inhibitors, i.e. both oseltamivir (**Tamiflu**) and zanamivir (**Relenza**). It is resistant to the adamantane antiviral medications, such as amantadine and rimantadine.
- **Tamiflu** (oseltamivir) is used to treat children over 1 year of age; **Relenza** (zanamivir) is only for children over 5 years.
- IVIg is only helpful for the Seasonal flu (non-H1N1 flu) for the 2009-2010 Influenza season.
- To prevent spread of the disease, CDC recommends that patients with milder symptoms should be advised to stay home and drink plenty of fluids.

REFERENCES AND FURTHER INFORMATION: <http://www.cdc.gov/h1n1flu/>