

Swine Flu (novel H1N1 influenza strain).

Hilliard Pediatrics, Inc. – Dr. Tim Teller, M.D. – October 2009

Introduction.

A new strain of influenza appeared in 2009, a combination of the pig, bird, and human strains, a type of influenza A, called H1N1 strain.

When did the virus first appear? The novel H1N1 influenza strain was first recognized in March of 2009.

When did we first see cases at Hilliard Pediatrics of H1N1 flu? In the middle of September 2009.

What are the symptoms of the H1N1 flu? Although the strain of the virus is new, the symptoms that this virus causes are the typical influenza symptoms: **fever** (very often at least 102-104 degrees, and often 105-106 degrees), **cough, sore throat, body aches and headache, chills, fatigue**, and sometimes nausea, vomiting, and diarrhea.

How is the virus spread? The virus is spread from one person to another from coughing, sneezing, and touching something after someone who is sick touched (like a door handle) after the ill person touched their nose or mouth. Coughing and sneezing into one's elbow or hand, frequently cleaning the hands with hand sanitizer or warm soapy water, avoiding being in contact with people who have symptoms, and staying away from others while you are sick helps stop the spread of the virus.

How long after being exposed to the virus do you start to feel sick? A few days to a week later.

Does my child need to be tested for the H1N1 virus if they have symptoms of the virus or have been around someone with the virus? Only if they are so sick that they will need to be hospitalized. The testing is available in Ohio only through the Ohio Department of Health Lab. The test is done on swabs from the back of the nose. Because there is not enough testing material available, it is expensive, the results may not be available for more than a week, and we can usually base your child's treatment on their symptoms (without any lab testing), only a few of those with the H1N1 flu will get tested this year.

Which children are at risk for becoming sicker with the H1N1 flu? Children at a younger age, diabetes, asthma, chronic kidney disease, or with a chronic heart condition are more likely to become quite sick the H1N1 virus.

What is the treatment for the H1N1 flu? The treatment for the virus is largely to treat the symptoms. Kids (and adults) with the illness need rest, plenty of fluids, fever-reducers, and a cough medicine as needed for kids 4 years and above. Antibiotics will not help. They only work on some bacterial infections that can follow the flu: pneumonia, ear infection, or sinus infection.

Do otherwise healthy children need an anti-viral medicine like Tamiflu if they have the H1N1 virus? Because the national supply of Tamiflu is low, the medicine does not help everyone, Tamiflu causes at least 3 out of 10 kids to have an upset stomach, the medication is expensive, and the use of the medicine over time tends to make the virus more resistant in the future, we are **not** going to be routinely using Tamiflu for otherwise healthy children based on the recommendations of medical experts.

Do children with chronic medical problems need Tamiflu if they are ill with the H1N1 flu? Tamiflu can shorten the amount of time someone is ill with H1N1 and reduce how severe the symptoms are if the medicine is started in the first 48 hours of the illness. As noted above, there is going to be a shortage of the medicine this flu season. This means many children that might normally be prescribed the medicine will not be able to get it

this flu season. For someone not so sick to be hospitalized for the flu (see below), it will be unlikely we would want them to take Tamiflu. For some children with diabetes, asthma, chronic kidney disease, or chronic heart problems, if they are able to start Tamiflu in the first 48 hours of the illness, it would help.

Do kids with a chronic medical issue need to be put on “prophylactic” Tamiflu to prevent them from getting sick if they have been exposed but do not have any symptoms yet? The current recommendation is that we will NOT be doing Tamiflu as a preventative.

Who will be hospitalized for the H1N1 flu? For those children (and adults) that need to be hospitalized, the symptoms are almost always **dehydration** and **respiratory distress**. The combination of upset stomach, fever, not drinking well, and possible vomiting and diarrhea means that some children will become dehydrated. We are concerned with dehydration when someone has not urinated in the last 6-8 hours, is not taking fluids in and holding them down, is listless or lethargic, and has a dry mouth. If someone is urinating at least every 6 hours, is drinking *something* and not regularly vomiting, has some spit (saliva) in their mouth, has tears when they cry, and lies around and is less active but will talk and interact with you, we are expecting your child would NOT need IV (intravenous) fluids for dehydration. Signs of respiratory distress include rapid breathing, often 60 breaths or more per minutes and a very frequent cough. It is hard to judge how fast someone is breathing when the temperature is up at that time. Children with a fever often breathe rapidly. What is important is if there breathing is calming down and less than 50-60 breaths per minute when the temperature comes down.

If my child has these symptoms of dehydration or respiratory distress, where do they need to be seen? We will want your child to be seen at the Nationwide Children’s Hospital Emergency Department in downtown Columbus, Ohio. If we or the Urgent Care sees them, your child will then need to be sent to the Emergency Department (and you may be responsible for two co-pays if you are seen in two places the same day).

Who should be seen at the office? If someone has a sore throat, we can certainly see them as our schedule allows to rule-out Strep throat. [Note: We anticipate having a very busy cold and flu season in 2009-2010, and there may be days when we cannot see everyone we would like to during walk-in or scheduled appointments. We can either see those children the next regularly scheduled day here in the office or you may take them to an urgent care to be seen.] However, with high fever and a cough, it is much less likely to be Strep and more likely to be a viral infection. If the fever lasts for 3-6 days, goes away for at least 24 hours and then reappears, we want to make sure there is no new bacterial infection, such as pneumonia, ear infection, or Strep throat. In an older child, if the cough is improving – less frequent and less moist or phlegmy – and a one day fever happens after one fever-free day, it is unlikely to be pneumonia. We would be more concerned with more than 1 day of being fever-free and then a worsening cough and a fever.

Who should get the vaccine to be protected from the H1N1 influenza virus? The vaccine for the H1N1 influenza virus is expected to be available sometime in October 2009. We will recommend any of our patients at least 6 months of age and not allergic to eggs to receive the vaccine. Children less than 9 years of age will need two doses 4 weeks apart to provide the best protection. Side effects are expected to be similar to the seasonal flu vaccine. For children unable to receive the vaccine, having household members vaccinated will help protect these children. We plan to continue to offer the vaccine as long as it is available this Fall into the-Winter. We will be giving vaccines at well and sick visits, as well as at walk-in flu vaccine days. The FluMist nose spray for the seasonal flu and the H1N1 influenza vaccine nasal spray can NOT be given on the same day. However, the shot form of one of them can be given with the nose spray of the other. Ideally with live vaccines (such as the nasal spray forms of the flu vaccine), they are given at least 4 weeks apart. Otherwise, the second vaccine does not work as well as expected.

Where can I find more information? In Columbus, Ohio and Franklin County, call 211 for information on the flu vaccine. The State of Ohio influenza information number is 1-866-800-1404. On the Internet, the Center for Disease Control’s website, www.cdc.gov. -- Dr. Tim Teller, M.D., Hilliard Pediatrics, Inc., 10-09