

Pediatric Clinical Information for Novel H1N1

Definition:

Novel H1N1 is a viral infection of the nose, throat, windpipe and bronchi. The main symptoms are a cough, sore throat, runny nose and fever. Usually there's more muscle pain, headache, fever and chills than seen with the common cold.

Cause:

Flu is caused by the H1N1 virus. It started in March 2009 and by June had spread to most of the world (a pandemic). After exposure (close contact), people come down with symptoms in 1 to 7 days.

Diagnosis:

If novel H1N1 is widespread in the community and the child has flu symptoms with a fever, then he or she probably has novel H1N1. No special tests are needed. No need to call or see the child's doctor, unless the child is **high risk** (see 7) or develops a possible complication of the flu (see the "Call the child's doctor" section).

How to Treat Novel H1N1:

The treatment of novel H1N1 depends on the child's main symptoms. It's no different from treating symptoms of the common cold. So far the rate of complications is no higher than with regular Seasonal Flu. Bed rest is not necessary. Antibiotics are not helpful.

1. Fever or aches

Give acetaminophen (Tylenol®) or ibuprofen (Advil®) for fever over 102°F (39°C) or for any pain. Children and adolescents who have influenza should never take aspirin.

2. Cough

For children over age 6, give cough drops. If the child is over 1 year of age, give honey (1/2 to 1 teaspoon as needed). Never give honey to babies. If honey is not available, you can use corn syrup. Drugstore cough medicines are not as helpful as honey. Also, they are not approved for children under 4 years old (FDA).

3. Sore throat

Tylenol® or ibuprofen is very helpful for throat pain. Children over 6 years old can suck on hard candy. Children over 1 year old can sip warm chicken broth or other warm liquids.

4. Stuffy or blocked nose

Saline (or warm-water) nose drops followed by suction (or nose blowing) will open most blocked noses. Use these "nasal washes" whenever the child can't breathe through the nose. You can buy saline spray without a prescription. Saline nose drops can also be made by adding 1/2 teaspoon (2 ml) of table salt to 1 cup (8 oz or 240 ml) of warm water. Use 2 or 3 drops at a time.

5. Fluids

Encourage the child to drink adequate fluids to prevent dehydration.

6. Antiviral Medicine (such as Tamiflu)

The CDC recommends antiviral medicines be prescribed for all **high risk** children (see 7) who come down with novel H1N1 symptoms. Most **low risk** children with H1N1 Flu do not need antiviral medicine unless they develop serious symptoms (such as pneumonia). Antiviral medicines must be started

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within 48 hours of the start of flu symptoms to have an effect. They usually reduce the time the child is sick by 1 or 2 days. They improve the symptoms but do not eliminate them. If parents have other questions about antiviral medicine, refer them to their healthcare provider.

7. High Risk Children for Complications

The following children are at higher risk for complications from novel H1N1: Lung disease (such as asthma), heart disease (such as a congenital heart disease), weak immune system (such as cancer), diabetes, sickle cell disease, kidney disease, diseases requiring long-term aspirin therapy, other chronic diseases, pregnant teens or young children less than 5 years old.

8. Expected Course

The fever lasts 2 to 3 days, the runny or stuffy nose 1 to 2 weeks and the cough 2 to 3 weeks. Complications are uncommon.

Prevention of Novel H1N1

- ◆ Novel H1N1 shots: When the novel H1N1 vaccine becomes available, get it according to CDC guidelines. The highest priorities are pregnant women, caregivers for babies less than 6 months old, children ages 6 months to 4 years and children ages 5-18 years with chronic medical conditions including asthma.
- ◆ Preventing spread to others: The virus is spread by sneezing, coughing and hand contact. Cover the nose and mouth with a tissue when coughing or sneezing. Wash hands frequently. Stay home when sick. The child may return to child care or school after the fever is gone for at least 24 hours. (CDC)

Instruct Parents to Call the Child's Doctor Now (Night or Day) if:

- ◆ The child looks or acts very sick
- ◆ Breathing becomes difficult or fast or causes retractions (sucking in between the ribs)
- ◆ Dehydration occurs (no urine in 12 hours, dry mouth, no tears)

Instruct Parents to Call the Child's Doctor During the Day if:

- ◆ They think the child needs to be seen
- ◆ The child is in the **high risk** group and has flu symptoms
- ◆ Earache or sinus pain occurs
- ◆ Fever lasts more than 3 days
- ◆ Cough lasts more than 3 weeks
- ◆ The child becomes worse

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