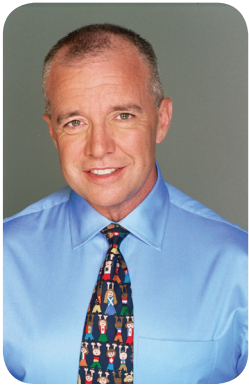


What do I need to know about

H1N1?

with Kenneth Haller, M.D.



It appears that H1N1 influenza is about as severe as seasonal flu, but it will affect more young people than older people.

When the H1N1 vaccine becomes available, the CDC recommends that the first group to receive the vaccine will include:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Health care and emergency medical services personnel with direct patient contact
- Children 6 months to 4 years of age
- Children 5 to 18 years of age who have chronic medical conditions
- Adults from ages 25-64 years at higher risk with compromised immune systems including HIV

The infectious period for H1N1 is currently unknown and is thought to be similar to that for seasonal flu. Those infected are assumed to be shedding the virus from one day prior to illness onset until resolution of symptoms or seven days following illness onset. Children, especially younger children, might be infectious for up to ten days.

The signs and symptoms of H1N1 are similar to that of seasonal flu. They include:

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue
- Diarrhea and vomiting

If patients, parents or staff do get sick, it is important they stay home. Have parents call your office for advice rather than bring their child in immediately. Parents should also determine how they will deal with work if their child gets sick.

Treatment for H1N1 flu is primarily symptomatic. Patients

should push fluids and get plenty of rest. Remember, no aspirin for fever. Antibacterials should be used only if there is evidence of bacterial superinfection. Antivirals including oseltamivir (Tamiflu) or zanamivir (Relenza) may be effective if given early. However, since children are at higher risk for side effects with antivirals, be sure to discuss pros and cons with parents.

To keep yourself healthy, avoid being face-to-face with ill patients. If holding a small child, rest the child's chin on your shoulder so if they cough, they do not do so in your face.

Chemoprophylaxis is NOT recommended unless:

- Close contacts of cases are at high-risk for complications of influenza.
- Health care personnel, public health workers or first responders have an unprotected close contact exposure during an influenza patient's infectious period.

Continuing Resources:

The Centers for Disease Control and Prevention

www.cdc.gov

The American Academy of Pediatrics

www.aap.org

Missouri Department of Health and Senior Services

www.dhss.mo.gov

Cardinal Glennon Children's Medical Center

www.cardinalglennon.com

Try to use this as a "teachable moment" for patients and parents about flu and respiratory illnesses in general. With the high interest in H1N1 vaccinations, also discuss EBM around all vaccines. And be sure to mention that the flu vaccine cannot give you or your child the flu.

I wish you good luck this flu season!

Click [here](#) to view Dr. Haller's H1N1 presentation at:

www.pediatricsondemand.com.

username: ds\r010-online, password: webcme.