

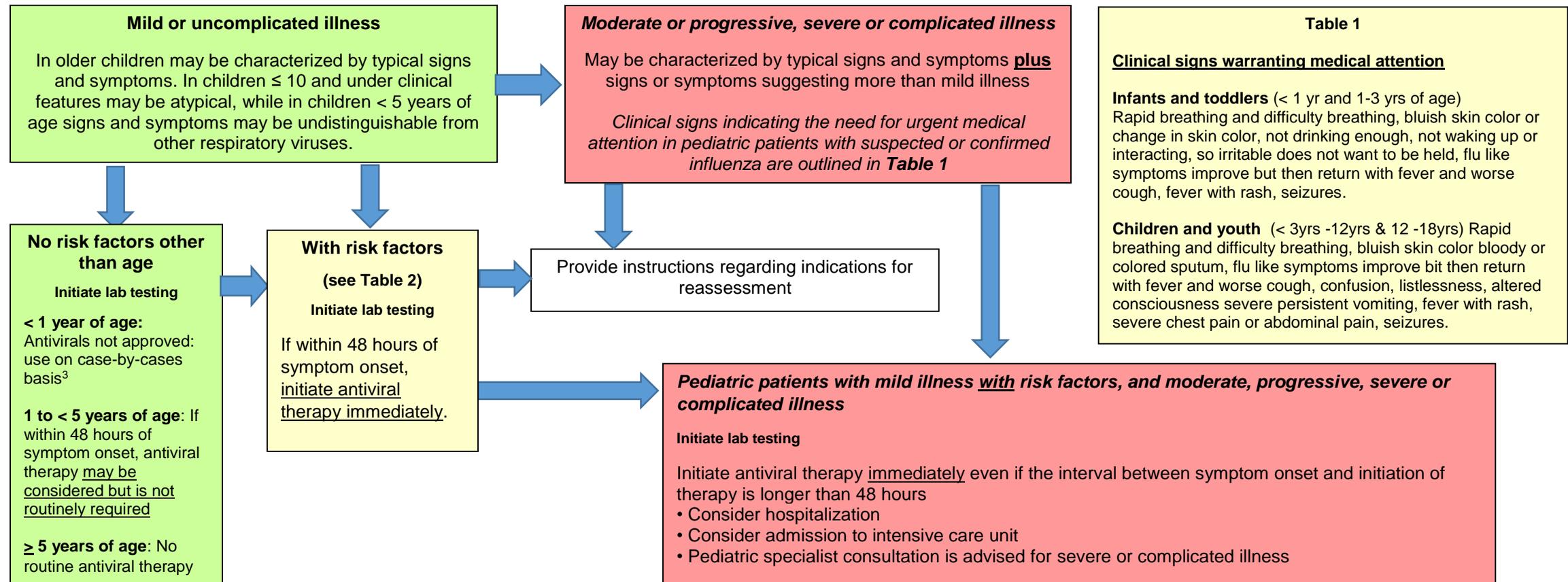
PEDIATRIC (Infant, child or youth < 18yrs old)
YUKON RAPID GUIDE TO ASSESSMENT AND MANAGEMENT OF SEASONAL INFLUENZA or INFLUENZA LIKE ILLNESS (ILI)

Clinical evidence of seasonal ILI: Does the patient have signs and symptoms consistent with ILI?

ILI is characterized by: acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia, myalgia or prostration that could be due to influenza virus. *In children under 5, gastrointestinal symptoms may also be present and fever may not be prominent.*¹

*Illness associated with novel influenza viruses may present with other symptoms. **Always** ask a travel history in patients presenting with a febrile illness*

Considerations in selecting treatment include: severity of illness, the presence of risk factors or co-morbidities, the interval between onset of illness and diagnosis, and local influenza epidemiology



PLEASE NOTE: THIS ALGORITHM DOES NOT REPLACE CLINICAL JUDGEMENT

PEDIATRIC (Infant, child or youth < 18yrs old)
YUKON RAPID GUIDE TO ASSESSMENT AND MANAGEMENT OF SEASONAL INFLUENZA or INFLUENZA LIKE ILLNESS (ILI)

Table 2

Physiological at-risk groups for severe influenza²

- Asthma and other chronic pulmonary disease including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis and emphysema
- Cardiovascular disease (excluding hypertension, including congenital and acquired heart disease such as congestive heart failure and symptomatic coronary artery disease.
- Malignancy
- Chronic renal insufficiency
- Diabetes mellitus and other metabolic diseases
- Hemoglobinopathies such as sickle cell anemia
- Immunosuppression or immunodeficiency due to disease, or iatrogenic due to medication
- Neurological disease and neurodevelopmental disorders that compromise handling of respiratory secretions (e.g. cognitive dysfunction, spinal cord injuries, cerebral palsy as well as neuromuscular, seizure and metabolic disorders
- Children younger than 5 years of age*
- Residents of chronic care facilities (also see [Prevention and Control of Respiratory Outbreaks In Residential and Acute Care Settings](#))
- Pregnant adolescents and adolescents up to 4 weeks post-partum regardless of how the pregnancy ended
- Chronic aspirin therapy
- Obesity with a BMI > or BMI > 3 z-scores above the mean for age and gender

* Children who are two through four years of age also have a higher rate of complications compared to older children: however the risk for these children is lower than the risk for children younger than two years of age.

Pediatric Antiviral Treatment Dosing²

Children ≥ 12 months with mild or uncomplicated illness³					
Drug	Weight	Dosage	Frequency	Route	Duration of Therapy
Oseltamivir (Tamiflu®)	>40 kg	75 mg	Twice Daily	Oral	5 days
Oseltamivir (Tamiflu®)	>23 - 40 kg	60 mg	Twice Daily	Oral	5 days
Oseltamivir (Tamiflu®)	>15 - 23 kg	45 mg	Twice Daily	Oral	5 days
Oseltamivir (Tamiflu®)	≤ 15 kg	30 mg	Twice Daily	Oral	5 days

Children ≥ 7 years or older with <i>moderate, progressive severe or complicated illness</i>				
Drug	Dosage	Frequency	Route	Duration of Therapy
Zanamivir (Relenza®)	10mg (two 5 mg inhalations)	Twice daily	Inhalation	5 days

Note: Zanamivir should be considered for those not responding to Oseltamivir or those with influenza despite Oseltamivir prophylaxis or where influenza B is confirmed or strongly suspected. It is not recommended for treatment or prophylaxis of influenza in individuals with underlying airways disease (such as asthma or chronic obstructive pulmonary disease).

- ¹ Public Health Association of Canada, *Case definitions for Communicable Diseases under National Surveillance-2009*, Laboratory –Confirmed Influenza
- ² Association of Medical Microbiology and Infectious Disease Canada, *The Use of Antiviral Drugs for influenza: A Foundation Document for Practitioners*, Autumn 2013, Volume 24, Supplement SC <https://www.ammi.ca/guidelines/>
- ³ In Canada, antivirals are not authorized for infants < 1 year of age but should be considered on a case by case basis. Pediatric consultation is recommended. See *The Use of Antiviral Drugs for influenza: A foundation document for practitioners*, Autumn 2013, Volume 24, Supplement SC <https://www.ammi.ca/guidelines/> for further discussion.

For more direction on treatment of influenza including recommendation for those under 1 see: AMMI, *The Use of Antiviral Drugs for Influenza: A Foundation Document for Practitioners*: <https://www.ammi.ca/guidelines/>

Note: Oseltamivir and Zanamivir are schedule II drugs.

PLEASE NOTE: THIS ALGORITHM DOES NOT REPLACE CLINICAL JUDGEMENT