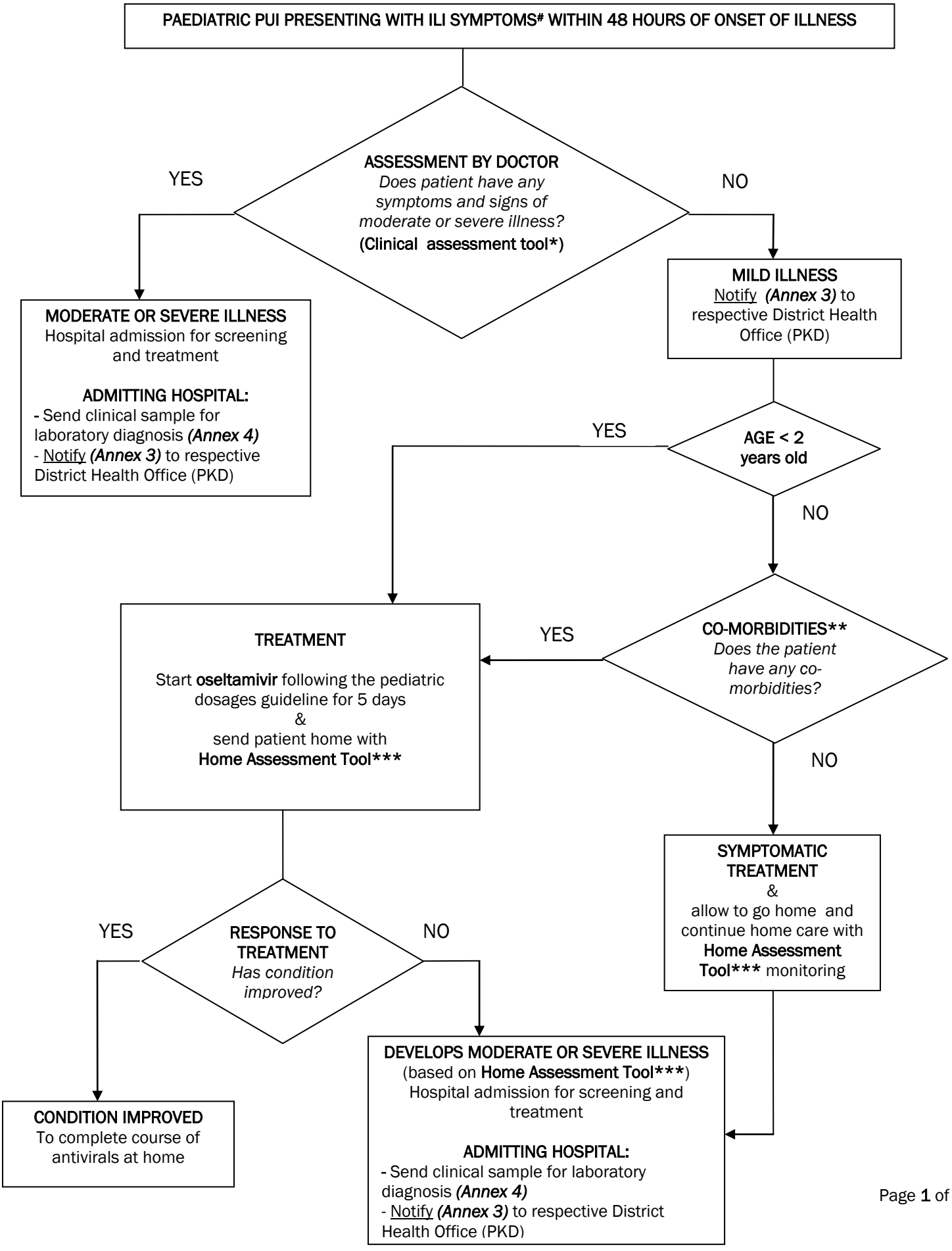
MANAGEMENT FOR PAEDIATRIC PATIENT UNDER INVESTIGATION (PUI) WITH INFLUENZA-LIKE ILLNESS (ILI) IN MOH OUTPATIENT SETTING



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DEFINITION OF INFLUENZA-LIKE ILLNESS (ILI)

Sudden onset of fever with temperature ≥ 38°C with cough and sore throat, in the absence of other diagnosis

TREATMENT WITH INFLUENZA ANTIVIRALS

1. Treatment with the antiviral drugs should be started as soon as possible after symptom onset. As the benefits are greatest when administered within 48 hours after symptom onset, clinicians should initiate treatment immediately and not wait for the results of laboratory tests.

2. While treatment within 48 hours of symptom onset brings the greatest benefits, later initiation of treatment may also be beneficial. This decision should be made on a case-by-case basis.

3. If the symptoms are improving beyond the first 48 hours, treatment may not be necessary.

4.Clinical benefits associated with oseltamivir treatment include a reduced risk of pneumonia (one of the most frequently reported causes of death in infected people) and a reduced need for hospitalization.

*CLINICAL ASSESSMENT TOOL FOR MODERATE TO SEVERE SYMPTOMS

1. Severe respiratory distress Lower chest wall indrawing, sternal recession, grunting, or noisy breathing when calm.
2. Increased respiratory rate Measured over at least 30 seconds. ≥50 breaths per minute if under 1 year, or ≥40 breaths per minute if ≥1 year.
3. Oxygen saturation ≤92% on pulse oximetry, breathing air *or* on oxygen Absence of cyanosis is a poor discriminator for severe illness.
4. Respiratory exhaustion or apnoeic episode Apnoea defined as a ≥20 second pause in breathing.
5. Evidence of severe clinical dehydration or clinical shock Sternal capillary refill time >2 seconds, reduced skin turgor, sunken eyes or fontanelle.
6. Altered conscious level Strikingly agitated or irritable, seizures, or floppy infant.

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**LIST OF CO-MORBIDITIES IN PAEDIATRIC PATIENTS

1. Cardiac disease
2. Chronic respiratory disease (e.g. asthma, bronchopulmonary dysplasia)
3. Other chronic diseases (e.g., diabetes mellitus, chronic metabolic diseases, chronic renal failure, haemoglobinopathies)
4.Chronic neurological disorders e.g. muscular dystrophies
5. Impaired immunity, including HIV infection, child with malignancy or immunosuppressive therapy
6. Children aged 6 months – 10 years on long-term aspirin therapy
7. Malnourished or obesity

*** HOME ASSESSMENT TOOL FOR PARENTS AND CAREGIVERS

Children should be brought to the nearest hospital for further assessment if they develope the following symptoms and signs:
1. Lethary or poor oral intake
2. Change in mental status or behavior eg. Drowsiness , irritability
3. Signs of dehydration: sunken eyes, dry tongue, absence of tears during crying or poor urine output.
4. Increasing respiratory rate: fast breathing, noisy breathing, presence of chest recession (chest in-drawing)
5. Fits.
6. Cyanosis.
7. Persistent fever.

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ANTIVIRAL MEDICATION DOSING RECOMMENDATIONS FOR TREATMENT OF INFLUENZA A INFECTION

Agent, group		Treatment
Oseltamivir		
Children ≥ 12 months	15 kg or less	30 mg twice daily
	16-23 kg	45 mg twice daily
	24-40 kg	60 mg twice daily
	>40 kg	75 mg twice daily
Zanamivir		
Children		Two 5-mg inhalations (10 mg total) twice per day (age 7 years or older)

Dosing recommendations for antiviral treatment of children younger than 1 year using oseltamivir.

3mg/kg/dose twice per day