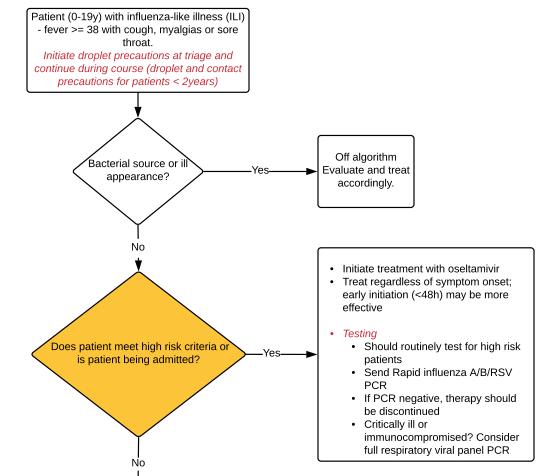
PEDIATRIC EMERGENCY MEDICINE EVIDENCE-BASED PATHWAY INFLUENZA-LIKE ILLNESS

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High Risk Conditions Patient satisfies any of the following:

- Comorbid condition: Chronic pulmonary (asthma on controller included), cardiovascular, renal, hepatic, hematologic, neuro/neurodevelopmental or metabolic disorder (including diabetes)
- Immunocompromised (chemotherapy, DMARD, HIV, or congenital immunodeficiency)
- Pregnant or post-partum
- Morbidly obese (BMI>40)
- · Resident of chronic care facility
- American Indian/Alaska Natives
- Persons < 19 years receiving long-term aspirin therapy
- Note: Age <2 years and < 5 years: The AAP recommendation (2018) is to offer treatment to otherwise healthy chidlren < 5 years of age and especially to children < 2 years of age with suspected or confirmed influenza. Shared-decision making and other patient-specific factors may impact decision to treat.



- Supportive care recommended
- Use of antivirals **not** recommended
 - · Can consider if
 - symptom onset <48 hours
 - close household contacts < 6 months old or with high risk medical conditions
- If testing performed, use Rapid influenza A/B/RSV PCR*

Treatment

Age	Oseltamivir Dosage	
Preterm infant	Consult Pediatric Infectious Disease	
Term infant 0-8 months	3mg/kg PO BID x 5 days	
Infants 9-11 months	3.5mg/kg PO BID x 5 days	
Children > 12 months		
<=15kg	30mg PO BID x 5 days	
>15-23kg	45mg PO BID x 5 days	
>23-40kg	60mg PO BID x 5 days	
>40kg	75mg PO BID x 5 days	

*Dosing ranges obtained from UCSF IDMP Guidelines. Patients with renal impairment require dose adjustment. Please refer to UCSF BCH IDMP for guidance on chemoprophylaxis dosing and duration. www.idmp.ucsf.edu

Testing

Test	Sensitivity	Specificity
Rapid influenza A/B/RSV PCR	>95%	>95%
Respiratory Viral Panel PCR (only to be use in immunocompromised or critically ill)	>95%	>95%
POCT Influenza Virus (not available at Benioff Children's Hospital)	50-70%	90-95%