Influenza Seasonal (Age 6-21)

Definition

- Your child has symptoms of influenza (flu)
- Flu is a viral infection
- The nose, throat, and upper parts of the airway are involved
- Family members or close friends have symptoms of flu

Health Information

Symptoms

- Main symptoms are fever with a runny nose, sore throat, and bad cough.
- More muscle pain, headache, fever, and chills than with usual colds.
- If there is NO fever, your child probably doesn't have flu. More likely he has a cold.

Diagnosis

- Influenza occurs every year in the fall and winter months. You will know if it is reported in your community. During this time, if flu symptoms occur, your child probably has the flu.
- Your child doesn't need any special tests.
- Call your doctor if your child is HIGH-RISK for complications of the flu. See the list. These are the children who may need a prescription anti-viral drug.
- For LOW-RISK children, usually you won't need to see your child's doctor. If your child develops a possible complication of the flu, then call your doctor.

Cause

- Influenza viruses that change yearly

HIGH-RISK Children for Complications From Influenza May Need Antiviral Drug:

Children are considered HIGH-RISK for complications if they have any of the following:

- Lung disease (such as asthma)
- Heart disease (such as a congenital heart disease)
- Cancer or weak immune system conditions
- Neuromuscular disease (such as muscular dystrophy)
- Diabetes, sickle cell disease, kidney disease OR liver disease
- Diseases needing long-term aspirin therapy
- Pregnancy
- Severe obesity (BMI over 40)
- Healthy children under 2 years old are also considered HIGH-RISK (CDC)
- Note: All other children are referred to as LOW-RISK

Prescription Antiviral Drugs for Influenza

- Antiviral drugs (such as Tamiflu) are sometimes used to treat influenza. They must be started within 48 hours when the flu symptoms start.
- The AAP recommends they be used for any patient with severe symptoms.
- The AAP recommends the drugs for most HIGH-RISK children with underlying health problems. See that list.
- The AAP doesn't recommend antiviral drugs for LOW-RISK children with flu symptoms.
- Most healthy patients have mild to moderate symptoms. Tamiflu treatment is not needed.
- Their benefits are limited. They usually reduce the time your child is sick by 1 to 1.5 days. They reduce the symptoms, but do not make them go away.
- Side effects: Vomiting in 10% of children.
- Also, it is not used to prevent flu. Reason: You would need to take the medicine every day for months.

Prevention - Flu Shot is Best

- Getting a flu shot is the best way to protect your family from flu.
- Influenza vaccines are strongly advised for all children over 6 months of age. (AAP)
- Adults should also get the shot.
- A new flu shot is needed every year. Reason: Flu viruses keep changing.
- After the flu shot, it takes 2 weeks to get full protection. But then, the protection lasts for the entire flu season. By contrast, an antiviral medicine only protects from flu while you are taking it.

Prevention: How to Protect Others (Stay Home When Sick)

- Cover the nose and mouth with a tissue when coughing or sneezing.
- Wash hands often with soap and water. After coughing or sneezing are important times.
- Stay home from school for at least 24 hours after the fever is gone. (CDC)

Care Advice

1. **Overview:**
   - Flu symptoms include cough, sore throat, runny nose, and fever. During influenza season, if your child has these symptoms, he probably has the flu.
   - For healthy people, the symptoms of influenza are like those of a common cold.
   - With flu, however, the onset is more abrupt. Also, the symptoms can be more severe.
   - The treatment of influenza depends on your child's main symptoms. It is no different from the treatment of the same symptoms with a cold.
   - If your doctor has prescribed an antiviral drug, take it as directed.
   - Here is some care advice that should help.
2. **For a Runny Nose With Lots of Discharge: Blow the Nose**
   - The nasal mucus and discharge is washing germs out of the nose and sinuses.
   - Blowing the nose is all that's needed.
3. **Nasal Saline To Open a Blocked Nose:**
   - Use saline (salt water) nose drops or spray to loosen up the dried mucus. If you don't have saline, you can use a few drops of bottled water or clean tap water.
   - STEP 1: Put 3 drops in each nostril.
   - STEP 2: Blow each nostril out while closing off the other nostril.
   - STEP 3: Repeat nose drops and blowing until the discharge is clear.
   - How often: Do nasal saline when your child can't breathe through the nose.
   - Saline nose drops or spray can be bought in any drugstore. No prescription is needed.
   - Saline nose drops can also be made at home. Use 1/2 teaspoon (2 ml) of table salt. Stir the salt into 1 cup (8 ounces or 240 ml) of water. You must use bottled or boiled water for this purpose.
   - Reason for nose drops: Blowing alone can't remove dried or sticky mucus.
   - Other option. Use a warm shower to loosen mucus. Breathe in moist air, then blow each nostril.
4. **Homemade Cough Medicines:**
   - Goal: Decrease the irritation or tickle in the throat that causes a dry cough.
   - Use HONEY 1 teaspoon (5 ml) as needed. It's the best homemade cough medicine. It can thin the secretions and loosen the cough. If you don't have any honey, you can use corn syrup.
   - Use COUGH DROPS or throat drops to decrease the tickle in the throat. If you don't have any, you can use hard candy.

5. **Sore Throat Pain Relief:**
   - Can sip warm fluids such as chicken broth or apple juice.
   - Some children prefer cold foods such as popsicles or ice cream.
   - Can suck on hard candy or lollipops. Butterscotch seems to help.
   - If over 8 years, can also gargle. Use warm water with a little table salt added. A liquid antacid can be added instead of salt. Use Mylanta or the store brand. No prescription is needed.
   - Medicated throat sprays or lozenges are generally not helpful.
   - Give pain medicine (such as Tylenol) as needed.

6. **Medicines for Flu Symptoms:**
   - **Cold Medicines.** They are not advised. Reason: They can't remove dried mucus from the nose. Nasal saline works best.
   - **Decongestants.** Decongestants by mouth (such as Sudafed) are not advised. Can have side effects.
   - **Antibiotics Not Needed**. Antibiotics are not helpful for flu or other viruses. Antibiotics may be used if your child gets an ear or sinus infection.

7. **Fluids:**
   - Try to get your child to drink lots of fluids.
   - Goal: Keep your child well hydrated.
   - It will thin out the mucus discharge from the nose. Also, it loosens up any phlegm in the lungs.

8. **Fever:**
   - For fevers above 102° F (39° C), give acetaminophen (such as Tylenol) or ibuprofen. Note: lower fevers are important for fighting infections.
   - AVOID ASPIRIN because of the strong link with Reye syndrome.
   - For ALL fevers: Keep your child well hydrated. Give lots of cold fluids.

9. **Pain Medicine:**
   - For muscle aches or headaches, give acetaminophen (Tylenol) OR ibuprofen. Use as needed.

10. **Avoid Tobacco Smoke:**
    - Tobacco smoke makes coughs much worse.

11. **What to Expect:**
    - Influenza causes a cough that lasts 2 to 3 weeks. Your child will cough up lots of phlegm (mucus). The mucus can be gray, yellow or green. This is normal.
    - Coughing up mucus is very important. It helps protect the lungs from pneumonia.
    - We want to help a productive cough, not turn it off.
    - The fever lasts 2 to 3 days.
    - The runny nose lasts 7 to 14 days.

12. **Return to School:**
    - Spread is rapid, and the virus is easily passed to others.
    - The time it takes to get the flu after contact is about 2 days.
    - Your child can return to school after the fever is gone for 24 hours.
    - Your child should feel well enough to join in normal activities.

Call Your Doctor If

- Trouble breathing occurs
- Retractions (pulling in between the ribs) occur
- Dehydration occurs
- Earache or sinus pain occurs
- Fever lasts more than 3 days
- Nasal discharge lasts more than 14 days
- Cough lasts more than 3 weeks
- You think your child needs to be seen
- Your child becomes worse

Pediatric Care Advice

Author: Barton Schmitt MD, FAAP