

Seasonal Flu Information for Health Care Professionals:

Pediatric Patients

All pediatric oncology and hematology patients are candidates for receiving H1N1 vaccination and the seasonal flu vaccination. Because fever is a possible side effect of the vaccination, it is preferable for pediatric oncology patients on treatment to have a neutrophil count of >0.5 at time of vaccination.

The following information is from the Vancouver Coastal Health Physician's Update, dated October 21, 2009 from the Office of the Chief Medical Health Officer

Dosage for pH1N1 and seasonal influenza vaccines:

Adults and children 10 years of age and older only need one dose of 0.5 mL of either the pH1N1 or seasonal influenza vaccine. For children under 10 years of age, please read the table below carefully, as both the number of doses and volume of vaccine per dose vary differently for each vaccine.

Age	pH1N1 vaccine	Seasonal influenza vaccine
6 months to under 3 years	0.25 mL, 2 doses*† adjuvanted or undadjuvanted	0.25 mL, 1 or 2 doses*†
3 to 8 years old	0.25 mL, 2 doses*† adjuvanted	0.5 mL, 1 or 2 doses*†
9 years	0.25 mL, 2 doses*† adjuvanted	0.5 mL, 1 dose

* the same formulation of vaccine should be used for both doses of pH1N1 vaccine

† Children under 10 years of age require 2 doses of pH1N1 vaccine, which should be separated by a minimum 3 week interval. Children under 9 years old receiving seasonal influenza vaccine for the first time require 2 doses, given at least 4 weeks apart. Children under 9 who have received seasonal influenza vaccine previously require only a single dose.

Reference:

Vancouver Coastal Physician's Update dated October 21, 2009

Office of the Chief Medical Health Officer

Flu Treatment Information

Immunosuppressed persons, such as people receiving chemotherapy or immunosuppressive medications, those with chronic anemia or hemoglobinopathies such as sickle cell anemia, are at increased risk of a more severe course of influenza. Treatment with Tamiflu is recommended.

Treatment should be started as soon as possible after development of symptoms and as such providing a prescription in advance may be considered.

Not all children have fever with influenza and therefore all viral respiratory symptoms can be considered as possibly being influenza.

NPW as confirmatory testing is recommended but delay in obtaining results should not be allowed to delay start of therapy. This is particularly true outside BCCH where access to rapid viral testing is not available.

N95 mask use is recommended when seeing a patient with suspected or confirmed H1N1 influenza.

Recommended dosing for Tamiflu is:

- 0<3 months: 12 mg twice daily for 5 days
- 3<6 months: 20 mg twice daily for 5 days
- 6<12 months: 25 mg twice daily for 5 days

For treatment for those aged 1 year and older; dosage varies by weight as follows:

- < or = to 15 kg: 30 mg twice a day for 5 days
- > 15-23 kg: 45 mg twice a day for 5 days
- > 23-40 kg: 60 mg twice a day for 5 days
- > 40 kg: 75 mg twice a day (the adult dose) for 5 days

Reference:

College of Physicians and Surgeons of BC, Community Physician Office Anti-Viral Treatment Guidelines September 25, 2009
BC Centre for Disease Control