### INTRODUCTION
- Febrile, systemic respiratory viral illnesses peak in mid to late winter
- Vaccine composition of strains may change from year to year predicted by experts worldwide

### INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE
- Diagnosis is based on clinical symptoms during the late fall-winter and can be confirmed by rapid nasal swab PCR testing
- Assess for dehydration, secondary bacterial infections such as pneumonias
- Youngest and oldest ages susceptible to more severe disease, hospitalizations and complications, therefore oseltamivir treatment should be considered for those at high risk (e.g., <2 years, 65 and older, pregnant women, and certain medical conditions) and those who are very sick (e.g. hospitalization)

### WHEN TO REFER
- Questions about who should receive influenza antivirals for treatment or seasonal prophylaxis
- Concern for severe infection or bacterial superinfection, especially in immunocompromised patients

### HOW TO REFER
- 794-KIDS – Request Pediatric Infectious Diseases appointments
- For more urgent access, please call the Pedi ID doctor on call

### WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT
- Current patient information and pertinent medical records from the primary care office will be requested prior to the visit for review
- Due to the nature of some patients’ symptoms, other referrals or possible inpatient admission for additional evaluation and treatment may be recommended

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