## INTRODUCTION
- Febrile, systemic respiratory viral illnesses peak in mid to late winter
- Promote yearly influenza vaccination for patients, families, and health care workers in your offices: https://www.cdc.gov/flu/about/season/current.htm
  http://pediatrics.aappublications.org/content/early/2018/08/30/peds.2018-2367

## 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
- Oseltamivir (Tamiflu®) is approved for treatment of influenza in children 2 weeks of age or older.
- Antiviral drugs work best if started within 48 hrs of onset of symptoms
- Consider treatment for youngest and oldest ages who are susceptible to more severe disease, hospitalizations and complications, all children <2 years, and complex medical conditions
- Consider treatment for any child in a home with a sibling <6 months of age, or a family member with underlying medical conditions that predispose to flu complications https://www.cdc.gov/flu/professionals/antivirals/summaryclinicians.htm

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

## HOW TO REFER
- 794-KIDS – Request Pediatric Infectious Diseases appointments
- For 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 should be provided
- Other referrals or possible inpatient admission may be recommended

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