

Swine Flu related advice for children / young people under Paediatric Rheumatology care who take immunosuppressive medicines

British Society for Paediatric and Adolescent Rheumatology, Clinical Affairs Committee. Updated 10th July 2009.

NB this is an area where advice is likely to change, please also access national advice via NHS direct as below and discuss with your GP / Paediatric Rheumatology team if needed.

Recently there has been a change in the UK from a strategy of preventing the spread of confirmed swine flu to treating those with probable flu (but not necessarily all) and no longer testing the majority of people with flu symptoms.

Information about what swine flu does is developing, but currently some groups of people are thought to be at higher risks of complications. This includes children with weaker immune systems (including those taking immunosuppressive medications). See below for a list of the most common immunosuppressive medications. Other groups are children under 5 years old, adults over 65 years old, pregnant women and others with other high risk chronic diseases (chronic lung, heart, kidney, liver or neurological disease).

What can I do to reduce the chances of catching / spreading swine flu?

Like many respiratory viruses swine flu is spread by droplets sent out into the air when an infective person coughs or sneezes. It can also live on hard surfaces e.g. door handles, computer keys etc for up to 24 hours. Good basic hygiene with handwashing with soap and water at appropriate times is advised. Where possible, avoiding close contact with people who probably have swine flu is obviously sensible.

People with symptoms should sneeze into tissues and throw these away soon, as well as maintaining good personal hygiene. They should also avoid contact with people especially avoiding large gatherings or people at greater risk of complications. **It is very important that children / adults with possible swine flu should not go to hospital clinics / day units at all and (outside extreme emergencies) should only attend A+E / GP surgeries after telephoning for advice. Most will be managed at home.**

Swine flu is thought to be infectious soon after developing symptoms and for upto 7 days in children (probably upto 5 days in adults).

The incubation period (time from catching the virus until it causes symptoms) is usually 2-5 days, but can be upto 7 days.

What are the features of swine flu?

Usually these include high temperature, cough, sore throat, runny nose, limb/joint pain, diarrhoea and vomiting. The NHS direct website has a useful tool to check if symptoms fit.

What should I do if my child / young person taking immunosuppressive medications develops the symptoms of flu?

- It is recommended that they should receive a course of antiviral medications to reduce the risk of complications. Currently this is also considered for anyone with possible flu at the discretion of health care professionals, but is more strongly recommended in children taking immunosuppressive medications. It does not cause problems with common medications, but the doctor / nurse arranging the medication will check what medications are already being taken. It is better to start this early after symptoms develop. Currently this is arranged by phoning NHS direct on 0845 4647 or your GP. Soon there will probably be a dedicated 'Flu line'.
- You should follow the advice given by your Paediatric Rheumatology team of what to do with your medications when the child / young person has a serious infection. This will usually be to stop them when unwell and restart when recovered. Please note that long-term steroids (e.g. prednisolone) should not be stopped suddenly as this can make children / young people very unwell. Please discuss with your Paediatric Rheumatology team or GP if you have any questions.
- Regular paracetamol, rest and drinking plenty may help relieve symptoms
- Reduce chances of spreading the virus as mentioned above.
- If you are concerned with the progress of your child, especially if breathing difficulties, please contact your GP / NHS direct 0845 4647. Obviously if your child is very sick then emergency attendance at hospital may be needed, but if possible try phoning first for advice. We think the majority of Paediatric Rheumatology patients on immunosuppressive medications who catch swine flu (especially if taking anti-viral medications) will not develop complications, but it is difficult to give more specific guidance about what to look out for in general advice such as this.

What should I do if my child / young person who is taking immunosuppressive medications is in contact with someone who has probable swine flu?

People with swine flu are only thought to be infectious (i.e. able to spread the virus) when they develop symptoms. If it is close contact (i.e. the contact lives in the same household or has been in the same room as your child for at least an hour, eg a child in the same class) then antiviral medications (before developing symptoms) are recommended to reduce the severity of likely infection. These should be obtained by contacting your child's GP or NHS direct on 0845 4647. It is important for the antiviral medication to be commenced as soon as possible. If it is started later than 48 hours after contact with the virus it may not be as effective.

Why can't my child / young person be vaccinated for swine flu now?

A vaccine is being developed, but is not yet available. Your child / young person who is taking immunosuppressive medications should be recommended the annual standard flu vaccine, but previous versions are unlikely to protect against swine flu.

For more information the following may be helpful:

www.nhsdirect.nhs.uk

Swine Flu Information Line on 0800 1 513 513 to hear the latest advice

Appendix

Common medicines used in paediatric rheumatology which are immunosuppressive

- Steroids by mouth eg prednisolone
- Intravenous (by an IV drip) steroids e.g. methylprednisolone
- Methotrexate
- Etanercept
- Sulfasalazine
- Cyclophosphamide
- Infliximab
- Adalimumab
- Anakinra
- Ciclosporin
- Tocilizumab
- Abatacept
- Intravenous immunoglobulin (IVIG)

NB

Medications given by an IV (intravenous) drip have an immunosuppressive action in between the drips.

Injections of insoluble steroids into joints are not usually regarded as significantly immunosuppressive to the whole body.