

Medical and Research View

What Should Parents of a Child with PWS do about the H1N1 influenza (Swine flu)?

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Individuals with PWS should receive the immunization when it is available. They appear to have a normally responsive immune system and should respond appropriately to vaccinations and/or medication to combat illnesses. Most hospitals are requiring both the H1N1 swine flu and regular influenza vaccinations for all employees. It is thought to be fairly safe. Since we do not know how problematic the swine flu will be this year, we recommend that those with PWS should be vaccinated especially if there are other health issues.

While the H1N1 virus is a novel influenza virus and has garnered much media attention, we cannot risk ignoring the historical morbidity and mortality of the seasonal flu for which we already have a vaccine that is effective. To date, surveillance data on the novel H1N1 virus has shown it to be milder than the seasonal flu viruses, yet what sets it apart is that it seems to have targeted the younger population (5- 24 year olds). Time will tell if this continues to be true.

We would advise parents to focus on having the child and family vaccinated against the seasonal flu viruses. An important note is that children less than 9 years of age who are receiving the flu vaccine for the first time, or who received only one dose last year for the first time, need a booster dose four weeks after the first dose. It appears that vaccine for the novel H1N1 virus will be ready for distribution mid to late October. The current H1N1 guidelines list all children 6 months and older as a target group to receive the vaccine. What we do not know at this time is whether everyone, given it is a novel influenza virus, will need 2 doses.

Effectiveness data on this H1N1 vaccine is unknown at this time.

The symptoms of both the novel H1N1 and seasonal influenza viruses are fever, cough, sore throat, headache, chills and fatigue, and sometimes, diarrhea and vomiting. Because in PWS we cannot always use fever as an indicator of severity of illness and must also consider the possibility of central adrenal insufficiency (CAI), a parent should have their child with PWS evaluated by their primary care provider if there are concerns about their breathing, hydration, or appearance. Parents can inquire with the child's physician about the ability to perform a rapid influenza diagnostic test (RIDT). Per the Center for Disease Control, patients with illnesses compatible with novel influenza A (H1N1) virus infection but with negative RIDT results should be treated empirically based on the level of clinical suspicion, underlying medical conditions, severity of illness, and risk for complications (MMWR August 7, 2009 / 58(30);826-829). http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm

The decision to use antiviral medications (neuraminidase inhibitors tamiflu and relenza) will be determined by the physician based on results of rapid diagnostic tests and the clinical presentation and severity. Tamiflu is indicated for use in individuals over 1 years of age; however, the CDC has provided dosing guidelines for tamiflu for infants less than 1 year of age. Relenza is approved for individuals 7 years and older and comes as a dry powder inhaler.