



## **POSITION STATEMENT ON INFLUENZA INFECTION IN CHILDREN IN HONG KONG 2016**

A Professional Forum on “Influenza Update in Hong Kong 2016” jointly organized by the Hong Kong Paediatric Society and the Hong Kong Paediatric Foundation and supported by the Hong Kong College of Paediatric Nursing was hosted at the Lecture Theatre of Queen Elizabeth Hospital on 1 Jun 2016. The Forum served as a platform to collect professional opinions and being in response to the recent severe and fatal influenza infections of local children.

The meeting was chaired by Dr. CHAN Chok Wan, Board Chairman of the Hong Kong Paediatric Foundation and Prof. Godfrey CHAN, President of the Hong Kong Paediatric Society. Three invited speakers including Prof. Paul CHAN, Chairman of Department of Microbiology, The Chinese University of Hong Kong; Dr. KWONG Ngai Shan, Chief of Services of Department of Paediatrics & Adolescent Medicine, Tuen Mun Hospital and Pok Oi Hospital; and Dr. Susan CHIU, Clinical Associate Professor of Department of Paediatrics and Adolescent Medicine, The University of Hong Kong presented the current evidence based information on laboratory diagnosis, management approaches and preventive measures for seasonal flu in children. The Open Forum was well attended by paediatricians in both public and private settings, paediatric nurses and allied health professionals. After the presentations and discussion, we arrived at the following consensus:

1. Predictive Value of influenza testing results can be affected by the prevalence in community, the shedding profile of affected individuals, the types of specimen, the sampling technique and the test method.
2. Nasopharyngeal aspirate is still the gold standard of sample collection while the yield of nasopharyngeal swab is variable depending on the technique of collection.
3. RNA detection by PCR is the most sensitive test currently available with a reasonable turnaround time.
4. Clinical assessment of the patient’s condition remains the most important consideration in patient management. Treatment, if indicated, should not be delayed due to lack of laboratory results. Laboratory test can be used to confirm the clinical diagnosis and help reassessment in severe cases, and also guide cohort isolation in hospital setting.
5. Most of the influenza infections in children run a benign course and usually recover by themselves except those with underlying high risk medical conditions.

6. The current updated guidelines from Hospital Authority (HA), Centre for Diseases Control and Prevention (CDC), American Academy of Pediatrics (AAP) and World Health Organization (WHO) all agree that
  - a. Antiviral treatment can be considered for severe cases or high risk patients such as children below 2 years of age, those with chronic illnesses or immunocompromised conditions. Treatment can be empirical based on clinical assessment. Laboratory confirmation of infection prior to initiation of antiviral treatment is not necessary.
  - b. Antiviral treatment would be most effective if given within 48 hours after symptomatic onset but should also be considered at any time in severe cases irrespective of the individual's immunization status or timing of disease onset.
  - c. Data are limited about the effectiveness of antiviral treatment in preventing serious influenza-related complications.
  - d. Prophylactic treatment may have benefits for those patients with close household contact of influenza infection.
  - e. The neuropsychiatric side effects of antiviral agents are not common and should not be the reason to prevent administration of antiviral treatment if indicated.
7. There is good evidence that proper wearing of face mask can help to prevent the spread of influenza virus to others, but there is not very good evidence that it confers protection from being infected. Wearing a face mask together with good hand hygiene may offer protection.
8. Seasonal vaccine is the most effective preventive measures with a very efficient NNV (Number Need to Treat) of 2.8. It is more effective for those aged 6 years or above and less effective in those below 2 years of age.
9. Universal testing for influenza is not indicated for healthy children presented with flu-like symptoms in flu season.
10. Antiviral treatment is not indicated in every child suffering from influenza infection. Clinical judgment based on underlying conditions, disease severity and timing of symptom onset are most important factors in treatment decisions.
11. Anti-viral treatment should be given to severe cases. Those severe cases should be better admitted to hospital for close monitoring and supportive care.

Statement endorsed by  
Council of the Hong Kong Paediatric Society AND  
Board and Executive Committee of the Hong Kong Paediatric Foundation  
on 6<sup>th</sup> June 2016, Hong Kong