

GRAND ROUNDS

Nov. 11

Votteler Lecture – Tissue Engineering, Stem Cells and Regenerative Medicine: New Solutions for Reparative and Reconstructive Surgery

Joseph P. Vacanti, M.D., John Homans Professor of Surgery, Harvard Medical School and Massachusetts General Hospital; Surgeon in Chief, MassGeneral Hospital for Children, Boston.

Nov. 18

Tumor Metabolism in the 21st Century: New Opportunities for Imaging and Therapy in Cancer

Ralph DeBerardinis, M.D., assistant professor of Pediatrics, Genetics and Metabolism, UT Southwestern Medical Center, Dallas.

CONTINUING MEDICAL EDUCATION

Nov. 19

Maternal Fetal Medicine Journal Lecture Series: Fetal Echo

Michael Day, M.D., director of Cardiology Outreach at Children's Medical Center. 6 p.m., Ambulatory Care Pavilion conference center at Children's at Legacy campus in Plano. RSVP to 469-303-3593 or email leah.lawrence@childrens.com.

Dec. 8

Ethics in Pediatric Pain Management

Alan Farrow-Gillespie, M.D., medical director of Pediatric Pain Management Services and director of The Pediatric Pain Management Center at Children's. Register at childrens.com/cmeatlegacy or call 469-303-6334.

For consultations, to admit a patient, schedule an ambulatory appointment, or to arrange a transfer to any location, call

888-730-DOCS(3627).

www.childrens.com

H1N1 UPDATE: Anticipate more waves of illness

Note: H1N1 data changes daily. To stay informed in real-time, check the CDC Web site and the update for healthcare professionals link on www.childrens.com.

While the second wave of 2009 pandemic influenza A (H1N1) appears to have crested, Dr. Jane Siegel, the medical director of Infection Control at Children's Medical Center and professor of Pediatrics at UT Southwestern, anticipates there will be a third wave of H1N1 influenza during the 2009-2010 flu season that may coincide with the onset of seasonal influenza.

"It's possible that H1N1 could acquire a virulence factor, so we don't know if the rest of the 2009-10 flu season will consist of disease that will be relatively mild or something far more serious with greatly increased hospitalization and fatality rates," Dr. Siegel says. She notes that H1N1 already has a higher transmissibility rate than the seasonal flu, but this may be explained by increased susceptibility of the population younger than age 60.

Advice for physicians managing the influx of patients:

- Schedule wellness exams and other non-flu-related visits at different times than those for children with ILI (influenza-like illness), whenever possible.
- Let your families know that they should minimize the number of people who come to the office with a sick child.
- Triage patients with ILI immediately upon arrival into your office.
- Place surgical masks on symptomatic patients and accompanying family members.
- Place symptomatic patients in separate areas of the waiting room.
- Wear surgical masks when you are within six feet of a child or family member who has ILI. Experience shows that surgical masks are protec-

tive and that N95 respirators are not necessary for routine contact within six feet.

- Teach families about the benefits of respiratory hygiene and cough etiquette.
- Don't test the entire family if only one family member has ILI, but do diagnose and treat based on clinical judgment.
- Use clinical judgment in treating patients with H1N1 with antiviral agents. There has been an increased number of strains of H1N1 that are resistant to oseltamivir, mainly in patients who have received this drug previously for chemoprophylaxis.
- The H1N1 vaccine is not necessary for those who have had confirmed H1N1 infection or those who had an ILI after being in contact with someone with confirmed H1N1. They are considered to be immune.
- Use your judgment in giving H1N1 vaccine. For example, healthy teens are not on the list of priorities, but because mortality is seen in this group when they develop H1N1 infections, they should be prioritized to receive the vaccine. Similarly, close contacts of highly vulnerable patients should also receive the vaccine.

Superinfections

Based on data accrued at Children's Medical Center and by CDC, Dr. Siegel says it is important to watch the 5- to 17-year-old age group for signs of bacterial superinfections, especially if the child becomes ill with H1N1, improves, but then develops high fever again.

During the past several years, physicians at Children's have seen group A streptococcus together with MSSA or MRSA in this age group of patients who had initially improved from their influenza illness.