

predictive value (NPV) of DFA (D3 Ultra 8 DFA Respiratory & Identification Kit à de Diagnostic Hybrid) and RAT (Quick-VeuÖ of Biomerieux). Results were compared by age group and over three different periods of the outbreak: increasing, peak and decreasing.

Results: 510 patients had RT-PCR for FLU AH1N1 with simultaneous DFA, 385 with RAT and 48 with both tests. Average age with DFA was 25,8 years (1 month-108 years, 53% females) and with RAT 32,9 years (2 months-108 years, 51% females), ($p < 0,0001$). Comparing periods of the outbreak, DFA sensitivity was 58%, 77% and 81% in ascending, peak and descending period, respectively ($p < 0,001$) and specificity was 90%, 83% and 91% respectively ($p > 0,05$). Evaluating RAT, sensitivity was 41%, 61% and 67% ($p < 0,001$) and specificity was 87%, 96% y 92% ($p > 0,05$) in different periods.

DFA and RAT for diagnosis of FLU AH1N1

	DFA	RAT	DFA+RAT
Sensitivity	75*	59	60
Specificity	87*	94	94
PPV	80	88	82
NPV	84	74*	84

Sensitivity and Specificity of DFA and RAT in different age groups

	< 1 year	1-4 years	5-14 years	15-54 years	≥ 55 years
DFA sensitivity	77	72	87*	71	35*
DFA specificity	94	87	74*	87	92
RAT sensitivity	66	54	60	62	45*
RAT specificity	83	95	94	92	96

* Significantly different, $p < 0.001$

Conclusion: DFA had better sensitivity than RAT for diagnosis of FLU A H1N1. Sensitivity varies with age and periods of the outbreak; it is worse in ≥ 55 years old patients and at the beginning of the outbreak. Using both tests simultaneously doesn't improve sensitivity. It's important to consider the age of patients and the relative period of the wave to decide the exam to perform.

doi:10.1016/j.ijid.2010.02.1709

28.040

Influenza A (H1N1) pandemic in Argentina. Experience in two private general hospitals during the outbreak (June 2009)

G. Vidiella^{1,*}, P. Titanti², V. Cruzat³, E. Parino⁴, H. Quinteros⁴, G. Diaz Colodrero⁴, M. Curone⁴, I. Moine⁵, G. Kohan¹, J.C. Gallo⁴, A. Moreno⁴, P. Gallego²

¹ *Maternidad Suizo Argentina y Sanatorio Agote, Buenos Aires, Argentina*

² *FUNCEI, Buenos Aires, Argentina*

³ *Sanatorio Fleni, Buenos Aires, Argentina*

⁴ *Maternidad Suizo Argentina, Buenos Aires, Argentina*

⁵ *Sanatorio Agote, Buenos Aires, Argentina*

Background: On June 14th 2009 the first confirmed case of Influenza AH1N1 was hospitalized in our institution, four

ings between the 2 groups of adult patients tested positive or negative for H1N1 RT-PCR assay (nasal swab).

Results: A total of 73 adults were hospitalized with presumptive diagnosis of Influenza AH1N1, from June 14th to October 18th 2009. Tests were positive for 21 patients and negative for 52. The mean age was 43 years (range 16-85), male/female ratio: 13/8 in the positive results group and 56 years (range 17- 92) male/female ratio: 29/23 in the negative. There were no significant differences in age ($p: 0.14$) and sex ($p: 0.29$). Among the 21 positive cases 15 (71%) had preexisting medical conditions, obesity being the most frequent 6 (28%). Among the 52 negative adults 38 (73%) had preexisting medical conditions, HTA being the most frequent 9 (17%). The following symptoms were present at admission in both groups (positive/negative): fever 95%/ 83%, myalgia 76%/ 35%, coughing 67%/ 65% and shortness of breath 38%/ 31%.

Among the 21 positive cases, both CT scan and chest X ray were obtained in 15, 5 patients only had chest X rays. There was only 1 patient showing normal images. Of the 52 negative cases, 42 had both CT scan and chest X-ray, 4 had only chest X-ray and 6 had no diagnostic images. Only 3 patients showed normal images.

Table 1. Radiological findings

Radiological Pattern	n positive A H1N1(%)	n negative A H1N1(%)	P-value
Interstitial	7/20 (35)	11/43 (25)	($p: 0.21$)
Bilateral	16/20 (80)	26/43 (61)	($p: 0.27$)
Pleural Effusion	5/20 (25)	11/43 (24)	($p: 0.61$)
Lymphadenopathy	11/14 (79)	34/40 (85)	($p: 0.42$)
Peripheral localization	4/20 (20)	12/43 (28)	($p: 0.36$)

Conclusion: No significant differences were found in age and clinical presentation at admission, although mean age was inferior and myalgia was more frequent in the confirmed A H1N1 group. There were no significant differences in radiological findings, which could be attributed to the small size of our study population.

doi:10.1016/j.ijid.2010.02.1710

28.041

Epidemiologic and clinical finding of A H1N1 2009 pandemic influenza in the Dominican Republic

M. Thormann^{1,*}, R. Pimentel², C. Then², C. Perez³

¹ *Salvador B. Gautier Hospital, Santo Domingo, D.N., Dominican Republic*

² *Direccion General de Epidemiologia, Santo Domingo, Dominican Republic*

³ *Salvador B. Gautier Hospital, Santo Domingo, Dominican Republic*

Background: The influenza virus belongs to *Orthomyxoviridae* family and is classified into three types of virus A, B and C. These viruses have two major surface glycoprotein: hemagglutinin (H) and neuraminidase (A) which helps the ranking of multiple subtypes. One of the most important characteristics is their ability to mutation and antigenic variation. Influenza A has been linked to catastrophic pan-