tection against pandemic strain. Prophylactic oseltamivir was associated with decreased risk of H1N1 infection.

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28.005

Demographic and epidemiological characteristics of influenza in HIMA, San Pablo Caguas Hospital, Puerto Rico

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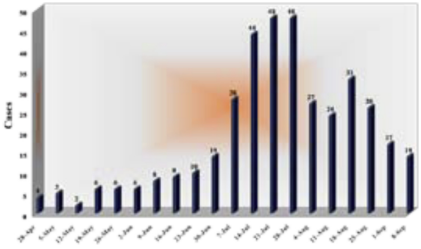
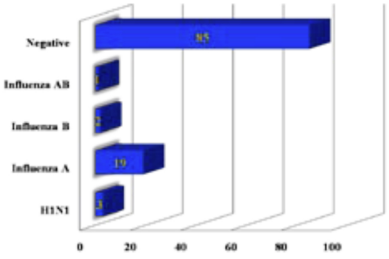
Background: On 24 April 2009, the World Health Organization (WHO) informed of an epidemic caused by a novel influenza A/H1N1 originating from Mexico. On 25 May 2009, Puerto Rico confirms its first case. About a month later, 11 July 2009, WHO declares a worldwide pandemic (phase 6), but not before Puerto Rico reports its first death on 15 June 2009. Nevertheless, after results of submitted specimens were reported from CDC, HIMA•San Pablo *Caguas* Hospital received its first positive confirmation for influenza H1N1 from a specimen collected on May 23, 2009. The purpose of this presentation is to assess the emergence and characteristics of influenza A/H1N1; specifically focused in HIMA•San Pablo *Caguas* Hospital. The correlation between severity of illness and clinical outcome will be analyzed in cases admitted to ICU. We will also determine the distribution among demographical characteristics, such as age, gender, and locality.



Epidemic curve of collected specimens (n = 379) of influenza A/H1N1 by date of symptom onset, 26 April 2009 to 14 September 2009.

Methods: Clinical specimens, oral pharyngeal and/or blood, were collected and tested using rRT-PCR, rapid antigen testing, or influenza titers from April 26 2009 to September 14, 2009.

Results: Influenza A, B, and both A and B viruses were identified in 47, 6 and 3 of the Oseltamivir-treated population (n = 375), correspondingly. Less often associated with laboratory-confirmed cases of influenza A/H1N1, were the incidence of mortality in obstetrical cases. Of the 379 confirmed and probable cases of influenza A/H1N1, 2.6% and 8.7% were reported as deceased and pregnant, respectively. Among the 379 clinically suspected cases for influenza H1N1, only 3 were confirmed by RT-PCR sent to the Centers for Disease Control and Prevention in Atlanta. The median age for the 79 confirmed cases for influenza A and/or B was 18 years (range, 6 month to 65 years) with a female prevalence of which 5 patients (6%) died.



Reported cases of Influenza-like illness tested with RT-PCR (n = 119)

Conclusion: This was an observational study demonstrating demographic and epidemiological information of influenza in HIMA•San Pablo Caguas Hospital.

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28.006

Influenza disease burden study on 2 sentinel sites of Mongolia, 2008/09 season

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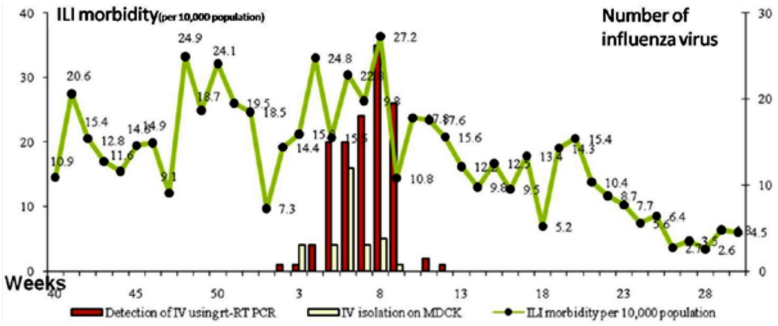
Background: Influenza may pose a large public health issue besides of ongoing pandemic (H1N1) 2009 in Mongolia. However detailed burden of seasonal influenza remains unknown. Here we conducted an active surveillance during 2008/09 influenza season in Mongolia.

Methods: Active data and sample collection was performed in both Baganuur District, Ulaanbaatar City and Selenge Province during October 2008 to April 2009. Cases of influenza-like illness (ILI) who visited Family Group Practitioners as well as territorial hospital outpatient departments were enrolled in this study. In addition, contact person to cases of ILI and hospitalized cases of severe acute respiratory infection (sARI) were also enrolled. Laboratory screening for influenza viruses using rt-RT-PCR has been performed in NIC/NCCD and statistical analysis was performed in NIC/NCCD and Tohoku University, Japan.

Results: 1,102 and 686 cases of ILI were registered from Baganuur and Selenge with 82 (7.4%) and 55 (8.0%) laboratory confirmed influenza cases respectively. Almost half of the cases of ILI were in the age group of 0-4 while only 2% were in 60 year old age group. Total of 133cases were registered as contact cases, but none of them had positive for influenza by rt-RT-PCR. Majority of them were either parents or siblings. There were 286 sARI cases from both sentinel sites, but no death was reported. Duration time of onset to hospitalization was approximately 5.2 days and average length of hospitalization was 9.1 days. Temporal distribution was analyzed together with laboratory confirmation done.



The weekly ILI morbidity and influenza positive samples in selected sites

Conclusion: This active surveillance showed a certain existence of ILI morbidity and hospitalization especially among 0-4 age children, but there was no death observed during this period. In addition there were some cases of ILI seen while no influenza was detected. A multiple year study is necessary to figure out the disease burden of influenza and at the same time further study including etiological study is also necessary. At the moment, this community based information is useful to respond current pandemic (H1N1) 2009.

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28.007

Clinical profile and outcome in 100 patients admitted with pandemic influenza in four intensive care units in Uruguay during the winter of 2009

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Background: Pandemic Influenza Virus (AH1N1) has been identified as the cause of respiratory infection worldwide, has been linked to severe respiratory failure requiring frequently ICU admissions

Methods: We describe the clinical and epidemiologic characteristics of 100 patients(p) hospitalized at these intensive care units with laboratory confirmed (RT-PCR) or acute febrile respiratory illness epidemiologically linked.

Results: 60p were confirmed and 40 were epidemiogically suspected cases. Mean Age: 45 yrs (± 16,8); 84%< 60yrs

Clinical profile: cough (96%), dyspnea (93%), fever(90%), bronchospasm (51%), headache (41%), myalgias(42%), obtundness (35%)

Risk Factors: 31p had a body mass index >30; in 13% obesity was the only risk factor. COPD (33%), cardiovascular disease(19%), diabetes(16%), asthma(14%), pregnancy(10%). White count cell in 70p was less than 10.000. 76p had less than 1000 lynphocites, CPK wes elevated in 60p All tested patients had elevated LDH; in 37/80 p>1000 IU, Most p (82) showed bilateral interstitial alveolar images.

Acute Respiratoty Distress Sindrome was present in 60 p. Invasive Mechanical Ventilation was instituted in 54 p. Alveolar recruitment maneuvers were necessary in 36 p; in 20 of which oxemia improved. When recruitment failed prone position was instituted: 7/12p also improved *St pneumoniae* was identified in 22 p (18 in tracheal aspirates and 4 in blood cultures). In 84 p Oseltamivir was indicated; average dose 150 mg per day for 7 days. Pts who did not respond to treatment or in obese the dose was increased to 450 mg. Corticosteroid were indicated most due to bronchospasm(61p) The most important complications were trombosis (7p) and Septic shock (35p).The most common cause of death (24/28) was respiratory failure

Conclusion: The vast majority of our patients were younger than 60. High frequency of bronchospasm, myalgia and obtundness. Obesity and pregnancy, are special risk factors. Lymphopenia, elevated LDH and CPK represent laboratory findings. Both lungs are usually compromised.

These patients have high mortality linked to respiratory refractory failure.

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28.008

Intravenous peramivir for treatment of influenza A and B infection in high-risk patients

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Background: The ongoing pandemic of 2009/H1N1 influenza has increased the awareness of the impact and unpredictable nature of influenza. This in turn has raised the interest in the development of additional drugs to treat the disease when vaccinations fall short. The patient population of most concern are those classified as ''high-risk'' where influenza causes substantial morbidity and mortality. This high-risk group comprises individuals with underlying chronic disease. In this study, efficacy and safety of intravenous administration of peramivir were evaluated in