

The outcomes of H1N1 09 screening at the 17th World Transplant Games

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Background: The 17th World Transplant Games occurred on the Gold Coast, Australia August 22 to 30, 2009, at the end of the winter season in the southern hemisphere. Due to concerns related to the virus and after 4 countries withdrew altogether, a mandatory screening process and influenza clinic was instituted to assist in the health and safety of the participants. This review outlines the procedure and outcomes of this process.

Methods: Screening consisted of a medical questionnaire and tympanic temperature scan, conducted by 4 nurses and 2 doctors. Positive symptoms and/or a temperature >37.5 C (99.5.F) were referred for physician assessment. The BinaxNOW test kit (Inverness Medical, Maine USA) was used for the rapid diagnosis of influenza A. Screening attendance was cross referenced with the registration database, and individual team managers helped reinforce screening compliance and isolation processes.

Results: A total of 2125 individuals presented for screening over a 2.5 day period, arriving from over 45 countries. Only 8 registered athletes and supporters failed to attend for screening however 29.4% of the volunteer group failed to attend screening and 7.5% of volunteers did not register for the Games altogether. Only 0.5% of attendees required further medical evaluation. Of these, 68 people were deemed to have had a mild viral illness of either respiratory or gastrointestinal origin. 31 people were swabbed nasally and all returned a negative result with the BinaxNOW Rapid Influenza test, 7 were clinically deemed non infectious, 14 were placed in home isolation for 48 hours, treated conservatively and medically reassessed, 9 were prescribed influenza prophylaxis and 7 convention centre staff were instructed to take a medical leave of absence until symptoms resolved. Separate to this process, just fewer than 10% of participants were prescribed influenza prophylaxis by their regular physicians. This practice varied by country and by registration status.

Conclusion: The screening process was limited by time constraints and volunteer compliance. No documented cases of H1N1 09 were identified during the Games; however 25 conservatively treated upper respiratory viral illnesses were managed in the clinic.

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Epidemiology of severe pediatric patients with novel influenza A (H1N1) in Korea

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Background: Since the first outbreak of novel influenza A (H1N1) in May 2009, the virus has been spread throughout local communities. More than 4,000 diagnosed cases are being reported daily as of November 2009. One of the major infection routes is the educational institutions, so children and teenagers have high risk of viral exposure. Korea Centers for Disease Control and Prevention (KCDC) is operating nationwide monitoring system for severe hospitalization cases. The objective of this study is to highlight demographics, infection risk factors and clinical courses.

Methods: Influenza A (H1N1) patients who were hospitalized in ICU or had pneumonia in needs of intubation were categorized as severe pediatric patients. Between June and October, total of 22 cases under the age of 18 were identified as severe patients. After the medical chart review, we had an interview with the doctor in charge. All the patients were laboratory-confirmed influenza A (H1N1) virus infection by means of real-time PCR. Based on the Advisory Committee on Immunization Practices, the patients with high-risk medical conditions were defined as having higher risk for influenza complications.

Results: Among the reported 22 severe cases, 15 were male and 7 were female. Ages ranged from 2 months to 18 years old (median 7, standard deviation 5.4). Fourteen patients (63%) had high-risk medical conditions such as 1) age less than 59 months (6 cases), 2) chronic respiratory disease (3 asthma cases), 3) neuro-developmental disorder (3 cases), 4) congenital heart disease (1 case) and 5) leukemia (1 case). Total of 7 patients have expired. Patients took anti-viral agent (Tamiflu[®]) average 2 days after onset. Thirteen patients received ventilator care, 7 did not and 2 were unsure. Viral pneumonia was the most common complication (17 cases, 77%) and 3 patients exacerbated into acute respiratory distress syndrome. Initial symptoms were fever and cough (18 cases, 81% each). There were 11 leukocytosis, 3 leucopenia and 3 thrombocytopenia cases on complete blood count.

Conclusion: Half of patients with high-risk medical conditions have expired. Considering current situations, we need to maintain high-risk medical conditions category and to have continuous tracking for severe pediatric patients with influenza A (H1N1).

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