Conclusion: Incidence and complications of ILI was low among HCW. Seasonal flu vaccination seems to give low protection 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 63%. Complicated cases of probable and/or confirmed influenza A/H1N1 were admitted to the intensive care unit 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 133 cases 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.