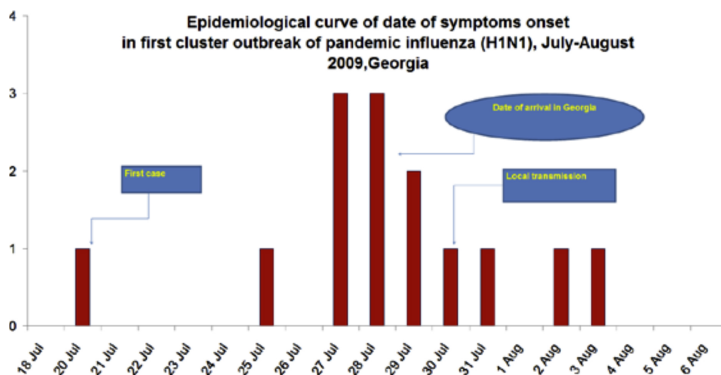


symptoms on 20 July, 2009 during the tour. All the subsequent cases have developed symptoms within the possible period of a transmission of infection from previous cases. Age distribution of cases was 10 to 18 years old; none of 30 adults (4 group members and 26 in-country contacts) was affected. Common symptoms of case-patients were: fever over 38°C (70%), cough (35%), sore throat (35%), runny nose (35%) and, headache (29%). 93% of all cases revealed limited hand-washing during the tour and all of them had been in close contact with each other for 5 days while traveling by ferry and bus. No group members or contacts were ever vaccinated against seasonal influenza. No one received antiviral treatment. No complications or deaths have occurred.



Epidemiological curve of date of symptoms onset in cluster outbreak of pandemic influenza (H1N1), July-August 2009, Georgia

Conclusion: First cluster outbreak in Georgia coincided with summer pick of pandemic influenza A(H1N1) virus in the Western Europe. Investigations showed that more susceptible were under 18 years' old group members and no transmission was identified in adults. Poor hygiene and close contact were the most likely risk factors of transmission among the group. Discontinuation of these conditions after arrival and moderate severity of the disease may explain limited in-country transmission, as evidenced by the differences between the attack rates among group members and in-country contacts. These findings suggest that social distancing and appropriate hand hygiene could have an important role in reducing transmission of A(H1N1) virus.

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2009 Influenza A (H1N1) first outbreak in a Spanish military training center

E. Ballester¹, E. Mayo-Montero^{1,*}, P. Santa Olalla², M.J. Sierra-Moros², A. Fe Marques³

¹ Defense Institute for Preventive Medicine "Capitán Médico Ramón y Cajal", Madrid, Spain

² Coordination Centre of Sanitarian Alerts and Emergencies National Health Ministry, Madrid, Spain

³ Infectious Diseases Department; Defense Central Hospital "Gómez Ulla", Madrid, Spain

Background: The Defense Institute for Preventive Medicine and the Coordination Centre of Sanitarian Alerts and Emergencies (CCAES) were notified the 19th May 2009

of an outbreak of influenza like symptoms (ILS) in a military training center. The Spanish Army Academy in Madrid (Spain) received cadets during the whole year and approximation of 200 recruits monthly for military service distributed in instruction cycles. The objective of this study is to describe the first outbreak of 2009 influenza A (H1N1) in Spain in a military training center and to analyze the adopted measures to control the virus transmission.

Methods: Epidemiological and clinical data were collected with an epidemiological interview to the patients with ILS. During the interview samples of sera and nasopharyngeal swabs were obtained and later processed

in the Microbiology National Center by real-time reverse transcriptase-polymerase chain reaction (RT-PCR).

Results: Among the 1464 staff and students, 106 suspected cases with ILS were studied. *Influenza virus A/California/7/2009* was isolated in 31 of the 52 analyzed samples. Clinical and epidemiological characteristics compatible with 2009 influenza A (H1N1) were present in 76% (81) of the subjects. Mean age of cases was 22.7 years (range 18-31 years). Cough (81.5%), fever (72.8%) and rhinorrhea (76.5%) were the most frequent reported symptoms. Total attack rate (AR) was 12.5%. The students of the third cycle suffered 52% of the cases (AR of 21%). All symptomatic patients were isolated in a separated building (7 days) and oseltamivir prescribed. The persons in contact with people of the cycle affected remained under quarantine without receiving antiviral chemoprophylaxis. The illness was mild in all cases and the symptomatic evolution minor. The outbreak was declared over the 1st June 2009. Neither history of trip out of Spain nor contact with cases out of the military center was found in our cases.

Conclusion: The Spanish Epidemiological Surveillance was realized of the probable virus circulation without of history of trips or closed contacts with influenza A confirmed ills. Early detection of cases benefits the early intervention and adoption of preventive measures in order to contain outbreaks of diseases like the 2009 influenza A (H1N1).

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