2009 H1N1 Influenza and Experience in Three Critical Care Units

Turğut Teke1 fx, Ramazan Coskun2, Murat Sungur2, Muhammed Guven2, Taha T Bekci3, Emin Maden1, Emine Alp4, Mehmet Doganay4, İbrahim Erayman5, Kursat Uzun1

1. Selcuk University, Meram Medical Faculty, Pulmonary Diseases and Critical Care Department, 42080, Konya, Turkey 2. Erciyes University Department of Internal Medicine, Division of Critical Care Medicine, 38039, Kayseri, Turkey 3. Konya Education Research Hospital Pulmonary Diseases and Critical Care Unit, 42040, Konya, Turkey 4. Erciyes University Department of Infectious Diseases, 38039, Kayseri, Turkey 5. Selcuk University, Meram Medical Faculty, Department of Infectious Diseases, 42080, Konya, Turkey

Abstract:

Aim: We describe futures of ICU admission, demographic characteristics, treatment and outcome for critically ill patients with laboratory-confirmed and suspected infection with the H1N1 virus admitted to the three different critical care departments in Turkey.

Methods: Retrospective study of critically ill patients with 2009 influenza A(H1N1) at ICU. Demographic data, symptoms, comorbid conditions, and clinical outcomes were collected using a case report form.

Results: Critical illness occurred in 61 patients admitted to an ICU with confirmed (n=45) or probable and suspected 2009 influenza A(H1N1). Patients were young (mean, 41.5 years), were female (54%). Fifty-six patients, required mechanical ventilation (14 invasive, 27 non-invasive, 15 both) during the course of ICU. On admission, mean APACHE II score was 18.7±6.3 and median PaO2/FIO2 was 127.9±70.4. 31 patients (50.8%) was die. There were no significant differences in baseline PaO2/FIO2 and ventilation strategies between survivors and nonsurvivors. Patients who survived were more likely to have NIMV use at the time of ad-mission to the ICU.

Conclusion: Critical illness from 2009 influenza A(H1N1) in ICU predominantly affects young patients with little major comorbidity and had a high case-fatality rate. NIMV could be used in 2009 influenza A (H1N1) infection-related hypoxemic respiratory failure.

Key Word:
2009 influenza A(H1N1); ARDS; critical care units; mechanically ventilation; mortality