

Aggressive response helped Chilean hospital improve H1N1 influenza outcomes

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A Chilean hospital's early use of antiviral treatment in influenza patients and other aggressive measures helped reduce the number of severe H1N1 cases and related deaths. Those are the findings of a new study, now available online, published in the March 15, 2010 issue of *Clinical Infectious Diseases*.

From May to July 2009, the number of patients visiting the emergency department at the Santiago hospital increased significantly, by 88.5 percent, compared with the same period in previous years. More than 10,000 patients were clinically diagnosed with [H1N1](#), representing 78 percent of the excess emergency department visits.

There were no deaths associated with influenza during this period, and only 2 percent of H1N1 patients were hospitalized. Twelve pregnant women who required hospitalization ultimately recovered, contrary to reports of increased fatalities in this group in other countries. Virtually all of the H1N1 patients, 99.7 percent, were given antiviral treatment, most within 48 hours of having symptoms. In addition to early treatment, the authors credited aggressive management of the hospital's [intensive care unit](#) and experience with extracorporeal membrane oxygenation (ECMO), an extreme type of life support, in the improved patient outcomes.

"The main implications of our study are that early antiviral treatment for children and adults with influenza-like-illness would reduce mortality and the spread of the virus in the community," said study author Juan

Pablo Torres, MD, PhD, of the Clínica Las Condes and Universidad de Chile in Santiago, who also highlighted the importance of vaccinating children. "As most of the pediatric deaths due to the novel H1N1 influenza virus reported in the United States occurred in school-aged children, vaccination would be very beneficial."

In an accompanying editorial, W. Paul Glezen, MD, of Baylor College of Medicine in Houston, agreed with the recommendations. "The strategy of early treatment for all who present to urgent care facilities deserves consideration as a means of reducing serious complications of [influenza](#)," wrote Dr. Glezen, who also suggested the use of vaccination clinics in schools. "School-based vaccine clinics could facilitate rapid distribution of vaccine to a high proportion of children and not only reduce mortality but also dampen the spread of virus in the community to allow more time to vaccinate all other segments of the population."

More information:

<http://www.journals.uchicago.edu/doi/abs/10.1086/650750>

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