

CLINICAL MANIFESTATIONS OF INFLUENZA CAUSED BY A H1N1V VIRUS AMONG CHILDREN AND TEENAGERS CONSULTED IN A GENERAL PRACTICE

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Introduction: In 2009 there was described an infection caused by a novel strain of influenza virus - A H1N1v. The disease was most typical for people 20-40 years and the course of the disease was generally mild. The mortality was estimated as 0,3%. In humans the symptoms of the 2009 A H1N1v influenza virus include fever, cough, sore throat, headache, chills and fatigue, diarrhea, vomitind. The real time PCR should be the method of choice for diagnosing influenza A H1N1v infections. This method allows a specific diagnosis of novel influenza (H1N1) as opposed to seasonal influenza. Near-patient rapid tests are also possible but their specificity and sensitivity depends on many factors including type of test, experience and correctness of taking biological material.

Aim: The aim of the study was to describe clinical manifestations of influenza caused by pandemic strain A H1N1v among children and teenagers younger than 18 years treated in a general practice.

Material and Methods: The observation was conducted in November 2009 among patients with symptoms of an acute respiratory tracts infection in one randomly chosen general practice in Warsaw. Inclusion criteria for the rapid influenza tests were: rapid onset of the disease, cough, fever $> 38,5^{\circ}\text{C}$. Generally we observed 433 patients were included into the observation, 48 (27 adults and 21 children and teenagers younger than 18 years old) of them had positive results of rapid influenza test (BD Influenza A&B Test). All positive results of rapid influenza test were confirmed by RT-PCR test.

Results: Influenza was suspected in 21 of children with symptoms of acute respiratory tract infection and positive results of rapid influenza test, the presumptive diagnosis was confirmed in 19 children (12 boys and 7 girls). The age of patients ranged from 13 months to 18 years (mean age 9,6 years). 4 children had chronic diseases: two of them were diagnosed with bronchial asthma, one nephritic syndrome and one congenital heart defect (VSD) and Down syndrome. The course of the disease was generally mild. Only 2 children received treatment with oseltamivir (one boy with congenital heart defect and Down's syndrome (age 5 years) and one boy with bronchial asthma, (age 7 years). The most common symptoms of influenza A H1N1v were: high fever (higher than 39°C) - in 96% of patients, dry cough (86% of patients), malaise (78% of patients) and headache (66% of patients). The duration of symptoms ranged from 1 to 13 days (mean duration 6,6 days). No children treated with oseltamivir revealed complications of influenza A H1N1v, while among children treated symptomatically - two of them developed complications required antibiotic therapy due to secondary bacterial infections (pneumonia or otitis media). No patients required hospitalization neither due to a primary influenza infection nor to secondary complications.

Conclusions: The course of influenza caused by A H1N1v virus among children aged 1-18 years was generally mild although 12% of patients without antiviral treatment developed secondary bacterial infections. Rapid influenza tests were very helpful in diagnosis of the disease.