

INFLUENZA - STILL AN UNDERESTIMATED PROBLEM IN CHILDREN BELOW 2 YEARS OF AGE*

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Background: Children under 2 years are advised antiviral therapy when flu is suspected. Signs of influenza are frequently unclear and testing is indicated.

The study aimed to assess the usefulness of clinical signs and Rapid Influenza Diagnostic Tests (RIDTs) in diagnosing flu, and their influence on appropriate, early treatment.

Material & methods: During the 2015-2016 influenza season 88/154 patients (57% of all patients diagnosed with flu) under 2 years were hospitalized and analyzed according to the symptoms. 76%(67/88) had fever (above 38°C-30%), 55%(50/88)-cough, 8%(9/88)-no above signs. 73/88(83%) RIDTs and 68 Real Time-Polymerase Chain Reaction Tests (RT-PCR) (only Monday to Friday) were performed.

Results: RIDTs were positive in 34.2%(25/73) of cases (0-67% positive results in different groups, lowest in fever-/cough+ group). RIDTs shortened the time to diagnosis by 12.27 hour/patient. The mean delay for RT-PCR-based diagnoses was 24.6 hour/patient, and 16.42 hour/patient for false negative RIDT results. In 11 patients without RIDTs (assumed 34% of positive results), positive results could have advanced the diagnosis by 22.25 hour/patient.

Conclusions: RIDT helps diagnosing influenza, but in younger patients RT-PCR diagnosis is strongly recommended. Therefore, we propose constant access to rapid RT-PCR results as optimal. Financial costs should be considered.