**Study of profile of swine-flu cases admitted in tertiary care hospital. Lessons learned!**

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**Abstract**

**Introduction:** Swine flu is caused by a novel strain of H1N1 Influenza A virus that evolved by genetic assortment. It resulted in a global pandemic which started, in India in May 2009 and spread to various parts of the country. Sporadic cases continue to occur and cause significant morbidity and mortality.

**Aim:** To study the clinical profile, laboratory parameters and outcome of the confirmed cases of swine flu admitted in a tertiary care hospital in Jamshedpur.

**Methods and Materials:** This was a retrospective study involving confirmed cases of swine flu admitted with category B2 and C symptoms from February to September 2019 in Tata Main Hospital. Their case records were analyzed for demographic characteristics, clinical features, treatment and outcomes which included length of stay, complications and mortality. RT-PCR on the samples was used to confirm the infection.

**Observation:** Of the 12 confirmed cases, 4(33.7%) were males and 8(66.7%) were females. Most of the cases (66.7%) were in the age group 41 to 60 years. Case fatality ratio was 25%. The mean duration of diagnosis of infection was 5.8 ± 2.3 days after the onset of illness. Average duration of symptoms was 3.5 ± 2.4 days. Fever and breathlessness (100%) were the most common symptoms followed by cough and weakness (83.3%). Co-morbid conditions like diabetes, hypertension and chronic kidney disease were seen in 3 (25%) patients. Pneumonia was the commonest complication observed. Bilateral mid and lower zones involvement was the most common radiological pattern seen. Other complications encountered were ARDS, acute kidney injury, and multi-organ failure (MODS). Average length of hospital stay (LOS) was 17.8 days. 3 (25%) patients needed supplemental oxygen, 3(25%) required non-invasive ventilation while 6 (50%) required mechanical ventilation. Male gender, older age, severity of hypoxemia, need for mechanical ventilation and involvement of more than 3 radiological zones were some of the predictors of mortality (p<0.0001).

**Conclusion:** The spectrum of H1N1 influenza varies frommild cases to severe life-threatening one. Most common cause of death is pneumonia leading to ARDS. Mortality is higher in elderly, males and in those requiring invasive ventilation.

**Keywords:** fever, breathlessness, pigs, influenza A virus, polymerase chain reaction

**Biography of presenting author** (should not exceed 100 words)

Dr. Sangita D Kamath graduated as MBBS in 1995 from Siddhartha Medical College, Vijayawada, India. I, then completed her post-graduation (MD) in General Medicine from Osmania Medical College, Hyderabad, Telangana, India in 1999. After one year of private practice as a consultant, I joined Tata Main Hospital in 2001 in Intensive Care Unit (ICU) and continued there for 5 years. In 2006, I moved to the Department of General medicine and presently working as a Senior Consultant. I have published in many indexed national and international journals. My special interests include infectious diseases, hematology and cardiology.

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