

# ATYPICAL FORM OF PANDEMIC A (H1N1) INFLUENZA

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## Abstract

**Introduction:** The clinical picture of the pandemic influenza A (H1N1) ranges from a self-limiting non-febrile infection to a rapidly progressive pneumonia. The aim is to highlight the existence and the prevalence of atypical forms of pandemic influenza and its clinical presentation.

**Patients and Method:** This observational prospective study was conducted in the Infectious Diseases Hospital of the UHC "Mother Theresa", Tirana over the period May 2009 – March 2010. Laboratory confirmation of 2009 (H1N1) virus infection was performed within 2 days after admission. Atypical forms of pandemic influenza (AFPI) were regarded patients presented with no classic influenza syndrome.

**Results:** 52 out of 363 of cases with pandemic flu admitted at infectious diseases hospital were AFPI. The prevalence of AFPI was 14.3%, 95% CI 11.1–18.2. 24 (46.2%) were women and 28 (53.8%) were men. The mean age of patients was 46 years (SD± 13). No significant differences in gender and age resulted between patients with AFPI,  $p=0.09$ . Thirty three (63.5%) cases had a diagnosis of Pneumonia, 11 (21.2%) ARI with fever, 5 (9.6%) Septic syndrome and 3 (5.8%) Encephalopathy,  $\chi^2=43.6$ ,  $p<0.01$ . The level of oxygen saturation during the ARI resulted in 80-95% in 15 cases; 70-80% in the 6 and under 70% in 8 cases,  $\chi^2=4.6$   $p=0.09$ . There is a significant difference between patients with atypical and typical influenza in regard with regard to clinical and biochemical features of illness.

**Discussion:** Clinical suspicion of atypical presentations of influenza should involve pregnant women, patients with immune-suppression that were associated with laboratory findings.

**Key words:** hypoxemia, pandemic influenza, pneumonia, symptoms.

## Introduction

The clinical spectrum of presentation of pandemic influenza ranges from a self-limiting non-febrile upper respiratory tract infection to a rapidly progressive lower respiratory tract disease, resulting in intensive care unit admission in 25% of patients and in death in 7% (1). Although underlying co-morbidities are common, severe illness has been reported from the 2009 pandemic (H1N1) virus infection among young healthy people, including pregnant women (2) and children (3).

The vast majority of patients presented at infectious diseases hospital with clinical features of influenza which includes sudden onset of fever ( $>38^{\circ}\text{C}$ ), cough and sore throat, and rhinorrhea in the absence of other diagnosis (4). However, a proportion of admissions were observed in patients who presented with uncommon symptoms and were regarded as atypical form of pandemic influenza (AFPI). The atypical influenza pattern is not specific, being present in situations as pneumonia, acute respiratory infections, septic syndrome and encephalopathy (5, 6). Pneumonia is the most frequent pattern in AFPI.

There were atypical forms of influenza with a wide variety of clinical presentation, from upper respiratory illness without fever to fulminant pneumonia (7, 8, 9, 10).

The accuracy of diagnosis varies substantially, depending on whether the case occurs sporadically or during a recognized outbreak, when a typical presentation of influenza-like illness is likely to represent 2009 H1N1 virus infection. However, the wide clinical spectrum of 2009 H1N1 virus infection and its features that overlap those of