

P1114 Clinical characteristics and outcomes of respiratory viral infections in adults hospitalised with influenza-like illness in France during 2017/2018 season

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Background:

The aim of the study was to analyze characteristics and outcomes of respiratory virus infections in adults hospitalized with influenza-like illness (ILI).

Materials/methods:

Adults hospitalised with ILI were included in a prospective, multicentre study, carried out in six French hospitals during 2017/2018 influenza season. Influenza, Respiratory Syncytial Virus (RSV), Human Metapneumovirus (HMPV) and other Respiratory viruses were detected by multiplex PCR in nasopharyngeal swabs and/or bronchoalveolar lavage fluid or tracheal aspirates. Follow-up was conducted by telephone visits 1 and 3 months after discharge.

Results:

A total of 701 patients hospitalized with ILI were included. Median age reported was 72 years and 88.2% of

individuals had underlying chronic illnesses, mainly of respiratory and cardiac diseases.

Throughout season 2017/18, Influenza was detected in 32% of cases (Influenza A in 51% and B in 49%), RSV in 7.7%, HMPV in 2.9%, Picornavirus in 7.1% and other respiratory viruses in 5%. The median age of patients with Flu, RSV and HMPV infections was 70, 75 and 77 years, respectively. 82% of patients with Influenza, 96% of those with RSV and 95% of those with HMPV infections had underlying chronic illnesses.

Influenza vaccine coverage was 44% in the total population, 38% in the patients with Influenza, (Influenza A in 28% and B in 48%). 157 (22.4%) patients were admitted in ICU: 43 with Influenza, 12 with RSV and 4 with HMPV. The overall mortality rate was 9.7%: 30 patients died during hospitalization, 25 died during the follow-up of 1 month and additional 13 deaths occurred during the follow-up of 3 months.

Conclusions:

Most adult patients hospitalized for respiratory viral infections in France are elderly individuals with underlying conditions, leading to a high risk of complications, ICU admission and mortality. Mortality occurred during hospitalization but also after discharge.

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