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Poster Session VI
Controling infections in long-term care facilities

INFLUENZA IN AN ACUTE GERIATRIC CARE WARD DURING THE 2012/2013 OUTBREAK : MORTALITY AND SECONDARY COMPLICATIONS

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Objectives:
Although a prevention policy against flu in France, 2 to 8 millions of individuals got the flu each year. Elderly population represent less than 15% of all cases but support the highest burden in term of mortality rates and number of hospitalisations. The majority of studies of mortality are based on death certificates and not on clinical based observations. Because vaccine is less effective they are also at higher risk of nosocomial flu. The main objective of our study was to determinate the case fatality rate of PCR positive flu in elderly population (>75 years old) and rate and type of complications in the geriatric wards of university hospital of Grenoble (France) during the flu outbreak period 2012-2013 in the Rhône-Alpes area between week 52, 2012 and week 11, 2013.

Methods :
It was an observational study of the population (>75 y) who where hospitalized during the flu 2012/2013 outbreak period and for whom type A or B influenza PCR was positive on swab sample. The Collection of data was retrospective. All nosocomial (>7days after admission) and community-acquired flu were included. Death rates and complications) were the two end points of the study. Demographic, virologic and geriatric data (age, gender, length of stay, activity of daily living -ADL) 15 days before admission (ADL-D15), and at discharge (ADL-d), comorbidities measured by the Cumulative Illness Rating Score - Geriatric (CIRS-G) were collected.

Results :
Through the epidemic period, 56 patients out of 220 have a flu PCR. Mean age was 88,5 years; mean ADL 15 was 4,3/6 and IADL à 1,5/8. 29 out of 56 patients (46,7%) were positive: 19 (65.5%) for type A and 10 for type B, (34,5%). The first case was a community-acquired influenza but 20 (were nosocomial influenza,. In hospital-mortality rates were 31,1% (9 out of 29) and 10.5% (20 out of 191) for patients with flu and for other hospitalized patients respectively. Death occurs 25.2 mean days after positive PCR; complications were functional decline (loss of 1.1 point ADL), bacterial infections (n=13), acute renal insufficiency (9), acute cardiac insufficiency (8), Digestives haemorrhages (2) Septic shock (2), Multi-organ failure (2),

Conclusions :
Community and nosocomial acquired Influenza type A and B leads to high rates of death and numerous complications in elderly patients. The complications are numerous highly variable and unexpected; finally the functional decline at discharge impact on quality of life and add to the economic burden of flu. All kind of prevention are warranted to prevent this devastating disease.