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Abstract (poster session)

Should lower respiratory tract secretions from intensive care patients be systematically screened for influenza virus during the influenza season?

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Objective: To assess the burden of influenza in adult intensive care units (ICUs) and the rate of overlooked and nosocomial cases during the influenza season. **Methods:** Prospective study of adult patients admitted to 3 ICUs of our hospital from December 2010 to February 2011. All tracheal aspirates (TA) sent for suspicion of lower respiratory tract (LRT) infection were systematically tested for influenza. We defined influenza as unsuspected if testing was not requested and patient was not on empirical antiviral therapy after sample collection. Influenza was classified as nosocomial if symptoms started after the first 72 hours of hospital admission. **Results:** We received TA from 100 patients with suspected LRT infection. Bacteria, viruses, and *Aspergillus* spp. were identified in 37, 30, and 3 patients, respectively. No significant microorganisms were found in the remaining 30 patients. Influenza was detected in 28 of the 30 patients with viral infection. Influenza was classified as unsuspected in 15 (53.6%) and as nosocomial in 11 (39.3%) patients. Compared to patients with suspected influenza, those with unsuspected influenza were more commonly admitted to the surgical ICU (40% vs 0%, $p=0.001$), were classified as having nosocomial influenza (33.3% vs 7.7%, $p=0.002$), and received antiviral treatment later after symptom onset (median 9 vs 2.5 days, $p=0.001$). Overall, in-hospital mortality of patients with influenza was 60.7%. We could not demonstrate higher mortality among patients with unsuspected or nosocomial influenza. **Conclusions:** During the influenza season, almost one-third of critical patients with suspected LRT infection had influenza; in 53.6% of them the influenza was unsuspected. Microbiology departments should consider including systematic influenza testing in LRT secretions from adult ICUs during influenza seasons.