

O1211 Burden of proven influenza in hospitalised older populations during the 2016-2017 flu season in France

Gaetan Gavazzi¹, Marc Paccalin², Benoit De Wazieres³, Claire Roubaud-Baudron⁴, Louis Bernard⁵, Fraise Thibaut⁶, Laurence Legout⁷, Jean Pierre Aquino⁸, Olivier Guerin⁹, Emmanuel Forestier¹⁰

¹ University hospital of Grenoble, Grenoble, France, ² University hospital of Poitiers, Poitiers, France, ³ University hospital of Nîmes, Nîmes, France, ⁴ University hospital of Bordeaux, Bordeaux, France, ⁵ University hospital of Tours, tours, France, ⁶ Hospital of Ales, Ales, France, ⁷ hospital, Annemasse, France, ⁸ Societe français de Gériatrie et gerontologie, ⁹ university hospital of Nice , Nlce, ¹⁰ Hospital of Chambéry, France

Background: Flu is one of the most prevalent winter-season infection, leading to a poor prognosis in older populations. However as viral diagnosis was difficult until the last several years , available data on the burden of flu in older are based on mathematical models. We aim to study the real impact of flu on Older populations admitted to Hospital or living in Nursing home.

Materials/methods: National retrospective study in Infectious diseases and Geriatric wards in France. The unique inclusion criteria was to get a positive influenza PCR or TROD positive nasopharyngeal samples within the outbreak wave (15 12 2016 to 30 march 2017). Data regarding place of flu acquisition (community or nosocomial), use of oseltamivir, Hygiene measures in each ward, use of antibiotic, and outcome (medical complications, death, length of stay) have been collected.

Results: 42 hospital and 49 wards (35 geriatric and 14 infectious diseases wards) participated to the study within the winter season; 8814 patients have been admitted, 1268 NP samples performed and 515 patients with positive PCR. 24, 5% were nosocomial; only 30.8 % were vaccinated ; mean Age was 86.7 years, mean ADL was 4,06. 15% came from nursing home and mean Charlson index was 2.9 but 12% have no comorbidity. Oseltamivir was used for 61% of cases during 5.08 days and antibiotic in 58.7% over 9.1 days. More than 50% presented a medical complication, 5.25% was admitted in intensive care and Death rate was 12.23%. Mean length of stay was 16.1 days

Conclusions: There is a high number of nosocomial flu, high use of antibiotic in proven Influenza; the real burden of flu is higher than previous reports despite it seems there are different older populations. There is an urgent need to collect data on the burden of flu at national and European level in different older populations to adopt preventive and therapeutic recommendations and improve medical care.

