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Research Article

RECENT EPIDEMIC OF SWINE FLU IN MGM HOSPITAL WARANGAL

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ABSTRACT

Swine flu usually affects the people with common symptoms like Fever, Cold, Cough and if undiagnosed or neglected leads to morbidity and mortality. Individuals like Children, Old age people, Pregnant woman and Immunocompromised are seriously affected by swine flu .Diagnosis of swine flu is largely based on Rapid diagnosis and treatment to control the epidemic effectively.
Objective: To study the epidemic form occurred in Warangal district for effective control of next epidemic.
Material and Methods: All suspected cases of respiratory tract infections having history of more than 5 days fever were admitted in fever ward over a period of 3 months were analysed. Diagnosis is based on Taqman one step RT-PCR for Human Inf A, SW-Inf A and SW-Inf H1 analysis.
Results: 26 Cases of swine flu cases were detected over a period of January 2015 to March 2015.Common symptoms were H/O of fever More than 5 days, cough, cold, Breathlessness. 26 Cases were found positive in 106 cases and two deaths occurred one in pediatric age group and other one in Immunocompromised host. All other cases were responded well to TAMIFLU and discharged successfully with treatment.
Conclusion: Swine flu was emerged as an important cause of respiratory infections and not ending with simple flu but early diagnosis and treatment saved many lives.
Keywords: H1N1 Antigen, RT-PCR, Swine flu.

INTRODUCTION

Swine flu emerged suddenly with winter climate and cool temperatures as they favour this virus to multiply and spread. In MGM Hospital Warangal the swine flu epidemic started in the 3rd week of January and almost ending in the last week of March 2015[1-4].

H1N1 Virus is the causative agent of swine flu and swine flu emerged as the sudden epidemic in telangana state and sporadically distributed all over India. In 2012 there is less Intense epidemics of swine flu occurred and positive cases were not reported in MGM Hospital. But in 2015 the resurgence was was quite intense and associated with morbidity and mortality[5-8].

Early Diagnosis and treatment saved many lives .Timely antimicrobial therapy help to prevent swine flu. In Immunocompromised patients like people suffering from diabetes found to be fatal and also in the infants group[9-12].

In this recent outbreak of swine flu in telangana state 24.52% positives were recorded during the winter months of January 2015 to march 2015.

MATERIALS AND METHODS

A total of 106 clinically suspected cases of were examined and investigated for swine flu over a period of 3 months. According to WHO guidelines swine flu patients suffering from category B1, B2 and C were admitted into swine flu fever ward and patients who were in critical condition were admitted into acute medical care.

Basic laboratory tests were done (complete blood picture, peripheral blood smear, urine analysis, blood glucose, chest X-ray tests were done in all patients. Throat swabs were collected in AL167 Hi Media's Hi Viral transport medium and sent for Taqman one step RT-PCR for Human Inf A, SW-Inf A, SW-Inf H.

RESULTS

Out of 106 cases tested 26 cases were positive (24.52%) in this epidemic of 3 months duration .The age of patients ranged from 18 months to 60 years. There were 50% positive in females 13/26 and 50% positive in males 13/26 including pediatric age group mean hospital stay is 8.56 days.

NO. OF PATIENTS SHOWING DIFFERENT SYMPTOMS IN ALL SUSPECTED CASES:

TABLE 1

SYMPTOMS	NUMBER	PERCENTAGE
Fever >5 days	106	100%
Cough & cold	106	100%
Breathlessness	16	15%
H/O Travel	70	66%
H/O Death of an animal	12	11.3%
H/O contact from other family members	16	15%

Table 2: CLINICAL CLASSIFICATION OF POSITIVE CASES

CATEGORY B1:	9	35%
CATEGORY B2:	12	46%
CATEGORY C :	5	19%

Lymphocytosis seen in all 26 cases. Complications like acute respiratory distress syndrome (6), shock (10), Thrombocytopenia (8), Hepatitis (2) patients.

Initially 2 deaths were reported one in infant age group and other one in Immunocompromised group. Three doctors, senior residents were affected with swine flu who served the diseased people in swine flu ward.

DISCUSSION

In our series of patients, Most of the patients presented with non specific symptoms and signs of ? Pneumonic patch in chest X-Ray findings History of travel, History of Animal/Bird death and History of contact from other family members is evident.

TAMI FLU is the drug of choice.

This study report emphasises the needs of increased awareness of swine flu in the society .social awareness of swine flu regarding the transmission of the disease controlled the epidemic in a considerable time. Following WHO guidelines regarding the test of RT-PCR for swine flu in admitted patients ,orientation towards target group also reduced the unnecessary testing of the normal group of people .

Among 26 cases, awareness of vaccine seen only in 4(16%) patients and 10(40%) were aware of personal protective equipment .

CONCLUSION

As Lymphocytosis is present in all C category patients, it is predictor of morbidity. Appropriate campaigning has to be done regarding the personal protective equipment, hand hygiene and supply of N-95 masks will control the infection in effective manner and abundant literature is not available on Swine flu.

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