

7/30/2009

Suspected Influenza Deaths in Thurston and Mason County July 2009

Most Up to date information for public 360-709-3080 www.co.thurston.wa.us/health

Three deaths: Two in Thurston County and one in a Mason county resident have been reported recently. All had been admitted to local hospitals with suspicion of influenza, only one is confirmed as pandemic H1N1.

- Please use clinical judgment in evaluation and treatment of all cases of suspected pandemic influenza.
- Rapid influenza tests are not reliable in ruling out influenza.
- Patients who are severely ill and present with influenza symptoms should be considered infectious and precautions taken to prevent further exposure in the hospital setting. (confirmed hospitalized cases frequency of presenting symptoms - Fever 95%, Cough 95%, Shortness of breath 70%, sore throat 51%, Vomiting 39%, diarrhea 26%)
- Consider treatment of severely ill with antiviral medication as soon as possible after onset of symptoms, especially if pre-existing conditions such as chronic heart and lung disease, diabetes or on immunosuppressant medications..
- PCR testing conducted at the Washington State laboratory is accurate but depends on where and how samples are collected www.doh.wa.gov/EHSPHL/Epidemiology/CD/swineflu/speccollecttrans.pdf
- It may not be possible to confirm all cases of pandemic H1N1

Case 1 was a 30 yo woman from Mason County with underlying medical conditions requiring chronic steroid therapy. She presented with influenza symptoms, developed ARDS and was put on ventilator support. Cultures were positive for both influenza A:PanH1N1 as well as Adenovirus. She passed away in July, 2009.

Case 2 was a 39 yo Thurston County resident with illness onset in mid June. He had untreated hypertension, was obese and a smoker but in otherwise good health prior to illness. Initial presentation to the local hospital was for respiratory difficulties with symptoms consistent with influenza. His condition deteriorated and by day 5 days he was transferred to intensive care and was placed on bipap, assisted ventilation. All naso-pharyngeal swabs were negative on rapid influenza tests as well as H1N1 PCR tests at the Washington State laboratory. Bronchial lavage sampling was not done. Serology for acute and convalescent viral testing is pending. After about 30 days in the ICU, patient was transferred to the medical floor and was improving but needed physical rehabilitation. He remained on nasal cannula oxygen. He was transferred to a regional hospital for rehabilitation, developed a pneumothorax and was subsequently intubated. Cause of death is suspected to be a massive pulmonary embolus.

Case 3 was a 53 yo Thurston County resident who did not routinely have medical care. She presented in respiratory distress to the emergency room after a few days of influenza symptoms and worsening respiratory distress. She was intubated and admitted directly into the ICU. Initial rapid influenza tests were negative but bronchial lavage specimens were positive for influenza A and presumed to be H1N1. She died from ARDS, and congestive heart failure 10 days after admission. At the time of death, confirmatory tests for H1N1 was still pending.

There are a number of other critically ill patients still in area hospitals with pandemic H1N1. As the pandemic continues through the fall and winter months, the need to evaluate, treat, and care for patients with influenza will challenge our health care resources.

- Please continue to monitor our website www.co.thurston.wa.us/health for most up to date information.
- Please refer patients to our phone line 360-709-3080. It contains a recorded message about pandemic influenza and is updated as often as needed and a few times a day during an outbreak.
- Please consider receiving seasonal influenza vaccine and encourage your staff and patients to do so.

Cover your Cough. Wash your Hands. Stay Home when you are sick.