

EPIDEMIOLOGICAL CHARACTERISTICS, CLINICAL PRESENTATION AND DIAGNOSIS AT POINT-OF-CARE DURING THE FIRST WAVE OF THE H1N1 INFLUENZA PANDEMIC IN CAMBODIA

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Abstract. We conducted clinic-based surveillance for influenza virus among cases with acute febrile illness at 9 medical clinics in south-central Cambodia during 2006-2009. Patients greater than or equal to 24 months old presenting with acute fever (>38°C) were enrolled. In late July 2009, the study identified its first case of pandemic H1N1 (pH1N1) influenza virus infection. The prevalence of pH1N1 infections increased rapidly during August and September and by October, pH1N1 infections had peaked replacing H3N2 as the dominant subtype. The incidence of pH1N1 subsequently decreased, with only one case identified in late December. From late July through December 2009, 42.4% of all influenza cases were caused by pH1N1. Except for headache, less frequently reported among pH1N1-infected patients, patients infected with the pH1N1 reported symptoms (*eg*, cough, diarrhea, vomiting and nausea) similar to seasonal H3N2 and B virus infections. Among children 6 to 12 years old, there was a higher number of hospitalizations compared to other age groups. Identification of influenza virus types A and B using the QuickVue[®] rapid diagnostic test was found to be equally sensitive for pH1N1 (50.4%), H3N2 (51.7%) and influenza B (53.9%) viruses, although the sensitivity was low among all subtypes. The pH1N1 virus rapidly became the dominant virus subtype in 2009 in Cambodia, but no symptoms consistently distinguished the pandemic strain from other influenza virus subtypes. The QuickVue[®] test was as sensitive for detecting pH1N1 viral as well as other circulating seasonal influenza viruses.

Keywords: epidemiology, clinical, influenza, pandemic, mortality, Cambodia

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