

SUMMARY

In March and April 2009, an outbreak of H1N1 influenza A virus infection was detected in Mexico, with subsequent cases observed in many other countries. On June 11, 2009, the World Health Organization raised its pandemic alert level to the highest level.

H1N1 virus that had not been recognized previously in pigs or humans. This strain represents a genetic reassortment of swine, human, and avian strains of influenza.

Influenza virus can be transmitted through sneezing and coughing via large-particle aerosols, as well as by contact with surfaces that have been contaminated with respiratory droplets.

Incubation period of influenza A(H1N1) infection ranges from one day to seven days.

patients with pandemic H1N1 influenza A virus infection are likely to be contagious from one day prior to the development of signs and symptoms until resolution of fever. Longer periods of shedding may occur in children (especially young infants), elderly adults, patients with chronic illness and immunocompromised hosts.

Clinical manifestations include fever, headache, cough, sore throat, myalgias, chills, and fatigue; vomiting and diarrhea have also been common, both of which are unusual features of seasonal influenza. During the 2009 pandemic, rapidly progressive pneumonia, respiratory failure, and acute

respiratory distress syndrome are the most common and serious complications.

To establish the diagnosis of pandemic H1N1 influenza A, an upper or lower respiratory sample should be collected. Appropriate swabs must be used and conditions observed for optimal specimen collection, then real-time reverse transcriptase polymerase chain reaction testing should be performed

Treatment should be initiated as soon as possible without waiting for the test results. H1N1 novel influenza virus is resistant to adamantanes, including amantadine and rimantadine. Neuraminidase inhibitors, including oseltamivir(Tamiflu) and zanamivir (Relenza), are active against H1N1 novel influenza virus.