Correspondence

Pandemic H1N1 influenza

To the Editor

I read the recent publication on pandemic H1N1 influenza in Turkey with a great interest. Tutuncu et al1 concluded that "timely identification and management of patients with higher risk for fatality may improve outcomes." Indeed, it is accepted that swine flu is the present pandemic problem of the world.² From this single institute report, there are many interesting findings. Many findings are concordant with other reports, such as obesity as an important predictor for high fatality.³ However, there are some interest points that might be discordant with the previous reports. The observation on the low rate of patients with high fever is very interesting. Indeed, high fever seems to be the classical signs of this infection, and seems to be the starting point for further investigations.^{1,4} Nevertheless, there are some points to be considered. First, this report is on hospitalized cases, hence, the classical presentations cannot be generalized for the whole population. Second, it will be better if there can be further details provided on the use of selfprescribed antipyretic drug, antihistamine, and anticough regimen that might mimic, or suppress the chief complaints of the patients.

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Reply from the Author

As Professor Wiwanitkit points out, fever is one of the most important physical findings during the course of influenza infection. Typically, the duration of fever is 3 days, however, it may last for 4-8 days. Median time between symptom onset and hospital admission was 4 (1-12) days in our study. Relatively, lower incidence of fever in our study population may be explained by the delay in hospital admission. In addition, at least some of our patients may indeed have taken antipyretics before being admitted to the hospital, but unfortunately this data was not documented in the study.

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References

- 1. Tutuncu EE, Ozturk B, Gurbuz Y, Haykir A, Sencan I, Kuscu F, et al. Clinical characteristics of 74 pandemic H1N1 influenza patients from Turkey. Risk factors for fatality. Saudi Med J 2010; 31: 993-998.
- 2. Wiwanitkit V. Swine flu: the present pandemic infectious disease. Kulak Burun Bogaz Ihtis Derg 2009; 19: 57-61.
- 3. Wiwanitkit V. Obesity and swine flu: An observation. Obes Res Clin Prac 2010; 4: e245.
- 4. Makoni M, Mukundan D. Fever. Curr Opin Pediatr 2010; 22: 100-106.
- 5. Treanor JF. Influenza virus. In: Mandell GL, Bennett JE, Dolin R, editors. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 5th ed. Philadelphia (PA): Churchill Livingstone; 2000. p. 1823-1849.

Related topics

Shahbic HE, Said HA. Flu vaccine among health workers in Qatar. Saudi Med J 2010; 31: 1157-1160.

Alenzi FQ. H1N1 update review. Saudi Med J 2010; 31: 235-246.

Al-Khuwaitir TS, Al-Abdulkarim AS, Abba AA, Yousef AM, El-Din MA, Rahman KT, H1N1 influenza A. Preliminary evaluation in hospitalized patients in a secondary care facility in Saudi Arabia. Saudi Med J 2009; 30: 1532-1536.

Aljohani S. Swine influenza H1N1. Is your laboratory prepared? *Saudi Med J* 2009; 30: 872-875.