

2nd International Conference on

Influenza

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Currently, little information exists about the impact of kidney injury and resource utilization in the form of renal replacement therapy in critically ill patients with H1N1 infections. 40 patients who were living in or visitors to Makkah region, admitted to the hospital and revealed con rmatory H1N1 infection, pneumonia and acute renal injury, were submitted to rRT-PCR. Severity of illness was assessed by using APACHE II, SOFA score, MOD score XR Chest score, PaO2/FIO2 and co-morbidities were recorded. Acute renal injury is an adding impact of increasing the mortality rate of H1N1 pneumonia patients and may be related directly to the infection by this virus or complication to it which may be explained by severe hypoxia secondary to severe lung injury, multiorgan dysfunction. A high mortality in middle and old-aged patients with underlying medical co-morbidities was associated with higher symptoms severity, APACHE II, SOFA, MODS and XRC scores. Early recognition of the disease as well as prompt medical attention to provide opportunities aim to limit the progression of the illness and to reduce the mortality. Prospective and controlled clinical trials are needed for clarifying the e ectiveness of the early treatment and protection by using H1N1 vaccine.

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Essam Saad Abdel Rahim Badawy has completed his MD from Minia University, Egypt and thesis studies from Cairo University School of Medicine. He is the Director of Emergency Department, Hera General Hospital, JCI-Accredited Governmental Hospital, MOH, KSA. He is a Senior Consultant of Internal Medicine & Professor of Internal Medicine & Immunology, Faculty of Medicine, Minia University. He has published more than 24 papers in reputed journals and has been serving as an Editorial Board Member of repute.

ebadawy@phcc.gov.qa

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