the Epi Info/Win and Excel software. Laboratory confirmation tests were processed at Adolfo Lutz Institute in São Paulo, using real-time reverse transcriptase-polimerase chain reaction in nasal or oropharyngeal specimens.

Results: There were 25,082 reported cases still Septembar 2009, from these, 53% had ARS criteria, 29% influenza like illness. Among the 13,651 cases with ARS, 28% were positive for Influenza A(H1N1) and 4% for seasonal flu. The majority of reported and confirmed cases were notified in July and August, declining in September. Infants ≤ 24 months and young adults 20-29 years of age were the groups more affected. Case fatality rates were greater in children ≤ 2 years and adults (20-59 y).

Cases tested positive for A(H1N1) varied from 20-35% within this period. High risk groups included children ≤ 24 months and young adults, chronic pulmonary disease, smokers, metabolic disease and pregnant women.

Conclusion: The characteristics and evolution of the cases were similar to those occurring in the northern hemisphere, predominant circulation of the pandemic influenza virus.

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HOSPITALIZED PATIENTS WITH H1N1 INFLUENZA VIRUS INFECTION DURING PREGNANCY IN TWO PUBLIC HOSPITAL IN PORTO ALEGRE, BRAZIL

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Background and aims: The influenza virus H1N1 has been identified as the cause of a new pandemic of influenza in 2009. Pregnant women are at especially high risk for the development of complications of H1N1 influenza A. As the epidemics that preceded the current one, it affects more severely the pregnant women. We described clinical and epidemiologic characteristics of pregnant and postpartum patients who were hospitalized with H1N1 influenza as well

as underlying conditions besides pregnancy that could place them at increased risk for intensive care unit (ICU) admission.

Methods: Retrospective cohort study with 58 patients hospitalized with influenza H1N1 in any gestational age (GA) or in postpartum period. We accessed maternal and fetal outcomes. We used Fisher´s exact test and logistic regression.

Results: Antiviral drug was used in all patients. ICU admission was required in 13.8%. There was no maternal death. ICU admission was not increased in patients with advanced GA and presence of comorbidities (P=0.66 and 0.39, respectively). We used logistic regression using ICU admission as the end point, and comorbidity and advanced GA as the study factor and we found no greater risk related with advanced GA or comorbidities (P>0.10).

Conclusions: Our research confirmed a relationship between precocious introduction of oseltamivir and lower mortality rate as we had no maternal death when 100% were treated. Not even with comorbidities and advanced GA pregnant women had increased ICU admission. It probably happened because we studied a young group of patients with less severe comorbidities.

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BACTERAEMIA AND ANTIBIOTIC USE IN SEVERE RESPIRATORY SYNCYTIAL VIRUS INFECTIONS

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Aims: To determine the frequency of and the risk factors for bacteraemia in infants hospitalized in the pediatric intensive care unit (PICU) with respiratory syncytial virus (RSV) infection and to precise the current use of antibiotics in these patients.

Methods: Retrospective study of infants, aged 0-24 months, admitted to a pediatric intensive care unit with proven RSV infection over a nine year period (2000-2008). Infants with concurrent bacteraemia and RSV infection were identified, and risk factors for bacteraemia were identified in univariate then in multivariate analysis (logistic regression model). The use of antibiotics in these infants was also precised.