

## ASSOCIATION AND MANAGEMENT OF INFLUENZA WITH SEVERE PNEUMONIA/EMPYEMA IN THE COMMUNITY, HOSPITAL, AND HEALTHCARE-ASSOCIATED SETTING IN JAPAN

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We will present three cases of influenza-related severe pneumonia/empyema that occurred in one season.

**Case 1.** A 76-year-old diabetic man, developed empyema as a result of severe community-acquired pneumonia (CAP) secondary to *Haemophilus influenzae*, as confirmed on sputum culture.

**Case 2.** A 55-year-old man with suspected cerebral infarction and diabetes mellitus (DM) developed severe pneumonia/empyema as result of hospital-acquired pneumonia (HAP).

**Case 3.** A 76-year-old woman with heart failure and DM was followed-up on an outpatient basis and was under nursing home

care for four months. Subsequently, she developed pneumonia and was admitted to our hospital; influenza antigen was isolated from nasal swab. Healthcare-associated pneumonia (HCAP)/empyema were diagnosed. All three cases had DM, and treated by intravenous anti-influenza drug: peramivir. In Japan, we have five anti-influenza agents and can choose each agent dependent on influenza and pneumonia severity. Among them, peramivir can be administered by drip infusion, and used not only for the most severe patients, but also for the ambulatory outpatients who have some medical issues. The insurance system supports early administration of them with antibiotics, and as a result, we might be able to have very low influenza-related mortality. Today, our management style for influenza, including vaccination and infection control team activity, will be introduced.

### Biography

Masafumi Seki has been graduated from Department of Medicine, Nagasaki University, as Medical Doctor, with the specialties including Internal Medicine, Infectious Diseases, and Infection Control. Later on he obtained his post-graduation, started working at Osaka University. Presently he has been working at the Tohoku Medical and Pharmaceutical University, Sendai City, Japan.

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