Introduction:
Pandemic H1N1 viral infection is an important issue in India as in the world over. Maharashtra in particular bears a significant brunt of illness. We present the experience of treating H1N1 cases over the period of two calendar years in a 34 bed multi-disciplinary ICU in a tertiary level health care facility in Pune, Maharashtra, India. Our objective was to learn about the clinical profile, outcome and quality of life and factors influencing these, in critically ill patients with H1N1 pneumonia.

Methods:
Retrospective analysis of case files and phone interview of 88 patients with confirmed H1N1 pneumonia.

Results:
Out of 88 patients, 51 were males. Mean age was 48.23 +/- 13.03. 39 (44.31%) were in the 31-50 years age group and 37 (42.04%) were in the 51-70 age group. Diabetes (n=16) and Hypertension(n=20) were the most common comorbidities. Majority of the patients presented with cough (n=87), breathlessness (n=85) and fever (n=84). 43 patients had severe ARDS on admission. Mean APACHE II score was 9.6 +/- 5.4 Mean SOFA scores 4.99 +/- 2.6. Mean Murray score was 2.37 +/- 0.76. 52% (n=46) in patients who survived. Factors associated with mortality were APACHE score (p=0.00), SOFA score (p=0.00) Murray score, severe ARDS(p=0.00), requirement of vasopressor support (p=0.00) or renal replacement therapy(p=0.00) and incidence of VAP(p=0.039). Diabetes had a protective effect (p=0.04), as had non-invasive ventilation(p=0.00). Murray score(p=0.000, SOFA score (p=0.036), initiation of mechanical ventilation (p=0.003) and incidence of VAP(p=0.00) was associated with increased length of stay among the survivors.

Conclusion:
Higher lung specific severity scores, severe ARDS, secondary organ failure and VAP were associated with increased mortality. Among survivors, higher Murray and SOFA scores, mechanical ventilation and vasopressor use entailed a longer ICU stay.