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adultos y desarrollen enfermedades crónicas y sufran complicaciones. El sector privado ha demostrado interés y tal vez la estrategia sea incluirlos en una restricción total en la publicidad de bebidas con alto contenido en carbohidratos y alimentos nocivos, y en la inclusión de bebidas y alimentos sanos dentro de las cooperativas de escuelas y demás espacios para la población en general pues, finalmente, el costo de las enfermedades lo paga la sociedad y no el sector privado, a pesar de ser éste parte fundamental del problema. Existen estrategias y programas para la prevención y tratamiento de la obesidad que son efectivos para lograr un cambio en este problema de salud pública. Debe ser obligatorio difundir medidas que eviten los malos hábitos alimenticios, así como mejorar el estilo de vida de la población al promover mayor actividad física y mejoras en la autoestima y la autoimagen y, de ser necesario, emplear terapias psicológicas adecuadas del tipo cognitivo-conductual,[6] ya que promueven la adopción de nuevas respuestas y el reforzamiento de conductas positivas.

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Pediatric hospitalizations for the novel influenza A H1N1/2009

Dear editor: The clinical characteristics of infection by the novel influenza virus A H1N1/2009 in adults have been spread since the beginning of the pandemic. Nevertheless, this has not occurred thus far in paediatric patients, even though this is an important age group due to medical complications and high rates of hospitalization, as well as its role in transmission, especially by school-age children.

We reviewed the medical files at the paediatric department of the Infectious Diseases Hospital, "National Medical Center La Raza, IMSS," for patients admitted from April to May 2009 with a hospitalization diagnosis of influenza or probable influenza.

During the process, we found 46 medical files with the diagnosis of influenza. In 34 cases, PCR was performed to detect RNA specific for the novel influenza virus A H1N1/2009.[1] We found 16 laboratory-confirmed influenza cases (47.05%). The median age was 30.5 months (range 6-180 months) and only two patients were under 1 year of age; 75% of the cases were under 60 months. Symptoms more frequently reported were cough (87.50%), fever (81.20%), rhinorrhea (75%) and respiratory distress (43.75%); the laboratory variants more frequently reported were leucopenia and thrombocytopenia (both 25%), and 18.75% reported an increase in AST and DHL. Duration of hospitalization was 2 to 12 days (median, 5). Of the 16 laboratory-confirmed influenza cases, nine patients were previously healthy, two patients had hemato-oncology disease and five patients had diseases not considered a risk factor for influenza.

Though obesity is considered a risk factor for adults, only one hospitalized child was overweight and none were obese, while 10 children were eutrophic and five were malnourished. Four subjects had pneumonitis, one of those had lobar pneumonia and another had multifocal pneumonia. One patient with leukemia developed neutropenic colon and no co-infective microorganism was isolated. None of the patients needed ventilatory assistance using endotracheal intubation, and there were no deaths. All the patients were treated with oseltamivir, dosage according weight, with no adverse reactions by day 5.

After a significant search in PubMed, Scielo, Embase, Latinindex and Medigraphic, no case series were found of pediatric patients with influenza A H1N1/2009; ours is the first reported in Mexico. We observed that the operational definition of the influenza A H1N1/2009 profile was not specific whatsoever. The clinical characteristics considered are the same as those for other respiratory viruses: fever, cough and rhinorrhea. For adults, the operational definition for the clinical diagnosis of influenza or ILI (fever and cough) was not present in four laboratory-confirmed cases. The clinical diagnosis was a challenge, with the majority of cases requiring laboratory confirmation.

The differences between our series and others reported are:[2-5]

- Moderate severity and good resolution of clinical disease;
- Concentration of clinical cases in children under 5 years of age without risk factors.

In their epidemiological surveillance, the IMSS[6] and the Health Department identified the 10 to 19 years age-group as having a higher incidence of influenza A H1N1/2009. Regarding hospitalization rates, children less than 1 year of age had a higher incidence. Our series has some differences as compared to the national trend, possibly because the hospital is a referral medical center.

The clinical features observed are not much different than those reported in the international literature; nevertheless, determining the risk factors for hospitalization and complications due to influenza A H1N1 is a research question that needs to be resolved so that the general physician (first contact) can make the best decision for the patient in terms of shorter follow-up, hospitalization for serious cases, and identifying which patients should be managed with oseltamivir.

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Disposición a la donación de órganos en Chile

Señor Editor: Motivado por la tasa de donación de órganos chilena de 2008 de 7 donantes por cada millón de personas (dmp),[1] distante del óptimo internacional de 18 dmp., a contar de 2009, se busca superar dicha tasa mediante acciones de procuramiento,[2] coordinación y motivación de donantes. Por ello, se estudió la disposición de las personas a la donación al aplicar un cuestionario que incluyó escalas[3] nominales, ordinales y Thurstone.[4] Este estudio fue piloteado con 10% de la muestra de individuos de entre 15 y 64 años, seleccionada aleatoriamente en 10 ciudades de Chile (n=204,95% de confianza, 18.8% de varianza, 2.58% de error y Alfa de Cronbach de 0.777).[5]

Un 27.9% (n=57) está inscrito como donante. De éstos, 89.5% se manifiesta totalmente de acuerdo con donar órganos e igual porcentaje expresa estar decididamente dispuesto a donar. De los no inscritos (n=147), 69.4% está disponible para la donación y 55.8% está totalmente de acuerdo y de acuerdo con la opción "decididamente dispuesto a ser donante". Un 63.2% expresa su intención de inscribirse como donante, por lo que queda 30.2% que "definitivamente no/probablemente no" e indiferentes a inscribirse. La prueba *t* de Student (53,761) ratifica la opción "quiere decididamente ser donante de órganos", y con 95% de confianza no muestra dependencia entre querer decididamente ser donante y el sexo del entrevistado (cuadro I).

Cuadro I
Disposición a donar órganos. Chile, 2008

		Estoy inscrito como donante de órganos			
		Sí	*No*	*Total*	*%*
Me gustaría ser donante de órganos	Td/D*	1	32	33	16,2
	Indiferente	5	13	18	8,8
	Ta/A‡	51	102	153	75,0
Total		57	147	204	
%		27,9	72,1		
		Estoy inscrito como donante de órganos			
		Sí	*No*	*Total*	*%*
Quiero decididamente ser donante de órganos	Td/D	1	43	44	21,6
	Indiferente	5	22	27	13,2
	Ta/A	51	82	133	65,2
Total		57	147	204	
%		27,9	72,1		
		No estoy inscrito como donante de órganos			
		Sí	*No*	*Total*	*%*
Me inscribiría como donante de órganos	Dn/ Pn§		42	42	28,6
	Indiferente		12	12	8,2
	Ds/Ps#		93	93	63,2
Total			147	147	
%			50	50	

Fuente: Elaboración propia sobre la base de datos, proveniente de la aplicación del instrumento de medición
* Totalmente en desacuerdo/Desacuerdo
‡ Totalmente de acuerdo/De acuerdo
§ Definitivamente no/Probablemente no
# Definitivamente sí/Probablemente sí