

Table 1. Excluded Subject Characteristics and Outcomes

Parameter	Immediate ICU Transfer, n = 83 (%)
Use of NIV	23
Intubation	51
Diagnosis	
COPD/asthma	10
Pulmonary edema	8
28 d mortality	22

NIV = noninvasive ventilation

Nonetheless, their characteristics are outlined in Table 1.

As mentioned in our study results, we used newer versions of CPAP or bi-level positive airway pressure machines in 44 subjects. The more advanced pressure controlled ventilation and average volume-assured pressure support modes were utilized in only 7 subjects. Newer generations of ventilators provide volume-controlled, pressure-controlled, and pressure support ventilation.¹ Most of these newer generation noninvasive ventilators are equipped with monitoring parameters such as exhaled tidal volume, minute volume, leak check, and breathing frequency.² This makes it easier for clinicians to monitor patient response, and in our opinion, ventilators are now much safer for use on the wards. In less resourceful areas where very old generation ventilators are still being used, our results may not apply.

Respiratory care units (RCUs) are a good option in hospitals that have this facility. However, to our knowledge, no one has looked at outcome differences between subjects managed on the ward in the context of an MET and managed in these RCUs. If a patient can be managed safely on the ward, it would be prudent to use these RCU beds for other patients requiring more aggressive care or observation.

The duration of the MET call in our study was 82–118 min (not hours), favoring the noninvasive ventilation group. This duration is much less than the time these sub-

jects would spend in the ICU or specialized RCUs. In our opinion, this short duration of close monitoring by an MET of select subjects on the wards can help reduce already strained health care resources.

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Management of H7N9 Bird Flu Case

To the Editor:

The report entitled “Management of the first confirmed case of avian influenza A H7N9” is very interesting. Qiao et al¹ reported that “when the viral infection was identified, strict procedures for disinfection and protection were carried out.” Basically, the standard influenza management guide-

line can be applied to the management of H7N9 bird flu, and the respiratory infection control process is very important.² In fact, there are many related publications on H7N9 bird flu management. Chen et al³ noted that “underlying disease, late diagnosis, and untimely antiviral treatment are possible high-risk factors for infections and death.” An important point is the control of infection that might be transmittable to medical personnel. As Qiao et al¹ mentioned, there is still no report of medical personnel infection due to contact with patients. In the previous situation of H1N1 swine flu, there were many cases of infection of medical personnel resulting from close contact with patients. In addition, the human-to-human transmission of H7N9 is still a controversial issue.⁴ A recent animal model study also showed a low possibility of air-borne transmission of H7N9 bird flu.⁵ Nevertheless, it is necessary for medical personnel to take precaution against infection by H7N9 bird flu after contact with infected patients.

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