Introduction:
One of the great epidemics of our time has been Influenza A (Influenza H1N1), with a great repercussion due to the associated morbidity and mortality. One of the most common forms of presentation is moderate-severe ARDS that requires prolonged admission to the ICU.

Methods:
Retrospective analysis of patients admitted to the ICU with H1N1 influenza disease from 2009 to 2019. The collected variables were sex, age, APACHE II, SOFA, comorbidity, need for NIMV, time of MV, complications, length of stay and mortality.

Results:
The sample includes 78 patients, 53.8% of them were women. The mean age was 47 years +/- 16.77. Regarding the previous pathology, the following stand out: 41% COPD, 33.3% BPH, 32.1% Obesity, 21.3% Heart disease and Dyslipidemia. APACHE II upon admission was 14 +/- 7.23 and Average SOFA at admission: 5.5 +/- 3.83. The 66.7% of the patients received previous NIMV, and 74.4% required MV; been mean duration 15 days +/- 14.68. Most of them required pulmonary recruitment maneuvers; prone position was started in 35.9%. 50% of the patients presented associated renal failure, requiring RRT in 21.8% of the cases. 39.7% required a tracheostomy due to weaning.

Analizing risk factors, the following stand out: Alcoholism (OR 9.025 p 0.042 IC 1.079 - 75.51) Malignancy (OR 41.45 p 0.001 IC 4.47 - 384.437), Autoimmune Disease (OR 7.3 p 0.042 IC 1.075 - 49.65).
The medium/average stay was 13 days +/- 18.47. ICU mortality was 29.5% and hospital mortality was 33.33%.

When the sample was divided into two groups, survivors and non-survivors, it was observed that the deceased patients were older (Median 46 years vs. 53 years), and presented greater renal failure (38.18% vs. 78.26%) with a greater need for RRT (28.57% vs. 61.11%) as well as greater severity in the Berlin Criteria (severe ARDS 38.18% vs. 78.26%).

Conclusion:
ARDS due to H1N1 influenza continues to be a relevant pathology in ICUs, with respiratory failure being the main reason for admission, with associated high morbidity and mortality.