

Abstracts

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Background and Aims The objective of this study was to determine whether use of a longer (1 in.) rather than a standard (5/8 in.) needle used for macrosomic neonates (birthweight over 4000 g) may affect antibody titers after immunization against hepatitis B virus (HBV).

Methods Fifty nine healthy infants were vaccinated at birth, 1, and 6 months of age with hepatitis B vaccine, with follow up to 7 months of age. Infants were randomized into two groups according to needle length of first vaccine at birth. First group vaccinated with standard needle length and other group received vaccine by longer needle length.

Results Macrosomic infants who were immunized with a longer needle achieved significantly higher antibody titers to hepatitis B surface antigen than standard needle length (median, 3890.2 vs 1311.7 mIU/mL, respectively; $p=0.001$).

Conclusions Macrosomic neonates benefit from longer needle length with higher levels of antibody titers after HBV vaccination.

1823

THE EVALUATION OF ANTIBODY RESPONSES IN STEROID SENSITIVE CHILDREN WITH NEPHROTIC SYNDROME

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Nephrotic syndrome is characterized by massive proteinuria, hypoalbuminemia, and edema. Immunoglobulin changes, T lymphocyte function disorders, and the reduction in complement levels in the nephrotic syndrome cause an increase in the risk of viral and bacterial infections.

For this purpose, children with nephrotic syndrome followed in the Pediatric Nephrology Department were screened for antibody levels and seroconversion of hepatitis A, hepatitis B, chicken pox, mumps, measles, rubella, and pneumococcus vaccines.

An evaluation of the seroconversion status of study and control groups revealed that all the children had negative anti CMV IgM, anti HCV, anti HIV, anti HAV IgM, HBsAg, antimumps IgM, anti-measles IgM and antirubella IgM. Only two children in the study group had anti-VZV IgM positive.

When the study and control groups were evaluated within the groups separately, a statistically significant difference was observed in the positivity of anti HAV IgG, anti HBs, anti pneumococ IgG, anti VZV IgG, antimumps IgG, anti-measles IgG and antirubella IgG before and after vaccination.

When the study and control groups were compared to each other in respect to antibody titers before and after vaccination, there was no significant difference in anti HAV IgG, anti HBs, antipneumococcus IgG, antimumps IgG, anti-measles IgG and antirubella IgG. But the study groups were statically different in respect to anti VZV IgG.

The evaluation of children with nephrotic syndrome for the seroconversion status and their vaccination against the necessary microorganisms would be a cost effective approach reducing the frequency of relapses and infection related morbidity and mortality.

1824

THE EVALUATION OF THE VACCINATION RATE AND THE PARENTS KNOWLEDGE ABOUT VACCINATION

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Objective Immunisation is one of the most important weapons for protecting individuals and the community from serious diseases.

Method The survey method is applied to the mothers of children 12 months and over who hospitalized in our clinic between February and May 2010. Mothers of children who agreed to participate in the study and whose vaccine records can be reached are included in the study.

Findings The average age of the children was 4.56 ± 2.5 years, of the mothers was 29.23 ± 4.74 and of the fathers was 32.93 ± 5.47 . The most common answer given to the question "Why vaccinate?" was "for being healthy" ($n=35$). The most memorable vaccine was tuberculous vaccine (55%). In our study, we didn't find any statistically significant difference between the immunization status of children and the mother's education, mother's profession, father's profession, occupational distribution.

There wasn't any difference between the vaccination status of children and the age average of mothers ($z=-0.430$; $p=0.668$) the age average of fathers ($z=0.756$; $p=0.450$).

Results Despite all studies and campaigns, the rate of being full vaccinated is beneath the levels of 90–95%. We need more campaigns to increase the vaccination rate of the society.

1825

INACTIVATED-TRIVALENT INFLUENZA VACCINATION IN ASTHMATIC UNDER-5 CHILDREN: A RANDOMIZED DOUBLE-BLIND PLACEBO TRIAL

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Background There are very little evidences that influenza vaccination reduced asthma exacerbation in under-5 children and the risk of vaccination is still being discussed.

This study aimed to detect the effect of influenza vaccination on symptomatic in asthmatic under-5.

Methods A balanced RCT with 140 asthmatic day-care children with stable situation (6 to 60 months yrs), which were vaccinated with either one-dose Inactivated-trivalent Influenza vaccine or placebo was performed. They participated for only one influenza season and were followed every two weeks. We recorded when symptom scores reached a predefined severity level.

Results Exacerbation rate among vaccinated and un-vaccinated were 13% and 53%, respectively ($RR=0.24$, $95\%CI=0.01-0.34$). 48.6% of vaccinated and 76.8% of placebo group reported cough ($RR=0.61$, $95\%CI=0.04-0.35$). The rate of wheezing report were 20% in vaccinated and 68.6% in unvaccinated group ($RR=0.25$, $95\%CI=0.02-2.01$). The RR for dispnea was 0.36 with $95\%CI$ that equal 0.1 to 3.65.

Conclusion In this trial we demonstrated that tolerability and efficacy of the trivalent inactivated product in under-5 children. Then this results support annual influenza vaccination in children with asthma.

1826

SURVIVAL RATE OF DISSEMINATED BCGITIS IN CHILDREN WITH PRIMARY IMMUNODEFICIENCY - SINGLE CENTER EXPERIENCE

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Background and Aims Overall prevalence of primary immunodeficiency (PID) is 1:2,000 live births. PID characterized by increased



1823 The Evaluation of Antibody Responses in Steroid Sensitive Children with Nephrotic Syndrome

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