Background and Aims 314 internationally adopted children were seen between 01/01/2008 and 31/03/2012 at the Institute of Tropical Medicine in Antwerp (Belgium). We describe the prevalence of pathogenic intestinal parasites in this population.

Methods Retrospective analysis of patient records. Feces samples were obtained in 307/314 children. In addition, serology for *Strongyloides* and *Schistosoma* was performed.

Results Pathogenic parasites were found in 55.7% (53% in children 0–5 years, 72.1% > 5 years). When counting any parasites, 65.9% of children were found positive (61.4% for 0–5 years, 93% for >5 years).

37.5% of children with positive samples had ≥ 3 parasites. Analysis by age in children from the 4 most represented countries (n=285) is shown in table.

Abstract 931 Table 1 Percentage of children with parasites

	Ethiopia		China		Kazakhstan		India	
	0–5yr (n=180)	>5yr (n=36)	0–5yr (n=28)	>5yr (n=3)	0–5yr (n=21)	>5yr (n=1)	0–5yr (n=13)	>5yr (n=3)
<i>Giardia lamblia</i>	43.9%	52.8%	3.6%	33.3%	4.8%	0%	61.5%	0%
<i>Dientamoeba fragilis</i>	1.7%	2.8%	0%	0%	14.2%	100%	7.7%	0%
<i>Hymenolepis nana</i>	13.9%	25%	0%	0%	0%	0%	38.5%	66.7%
<i>Ankylostoma</i>	5.6%	16.7%	0%	0%	0%	0%	0%	0%
<i>Strongyloides</i>	21.1%	16.7%	3.6%	0%	9.5%	0%	23.1%	66.7%
<i>Schistosoma</i>	2.8%	11.1%	0%	0%	0%	0%	0%	0%
<i>Ascaris</i>	2.2%	0%	0%	0%	4.8%	0%	0%	0%
<i>Trichuris trichuria</i>	6.1%	19.4%	0%	0%	0%	0%	0%	0%

Conclusion There is a high prevalence of pathogenic intestinal parasites in IAC: 53% in children 0–5 years and 72.1% in children >5 years.

932 COMPARISON OF C- REACTIVE PROTEIN WITH LEUKOCYTES AND ESR FOR DIFFERENTIATION BETWEEN BACTERIAL AND VIRAL INFECTIONS

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Background There are several studies that show the usefulness of inflammatory markers for distinguishing between viral and bacterial infection at children.

Aim of the study To evaluate the usefulness of leukocytes, C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) as markers for differentiation of bacterial infection versus viral infections in children.

Methods Prospective study which evaluated 1482 patients divided into two groups: 1) group A with 777 patients having viral infections and 2) group B with bacterial infections comprised of 705 patients.

Results Mean values for leucocytes were significantly different ($p<0.05$) for viral infection $10633\pm4896/\text{mm}^3$ versus $11475\pm5562/\text{mm}^3$ for bacterial one.

Mean erythrocyte sedimentation rate (ESR) for viral infection was $17, 5\pm15.13 \text{ mm/hr}$ versus $26, 72\pm24, 03 \text{ mm/hr}$ for bacterial infections ($p<0.05$). Mean CRP for viral infection was $8, 73\pm13.34 \text{ mg/dl}$ versus $15.46\pm28.05 \text{ mg/dl}$ ($p<0.05$) for bacterial one. We analyzed the degree in which inflammatory tests may distinguish between the two groups at 24 hours. Mean values for leucocytes was for viral infection $9506\pm3548/\text{mm}^3$ versus $10794\pm8637/\text{mm}^3$ ($p<0.05$) for bacterial one. Mean ESR for viral infection was $12, 97\pm11, 8 \text{ mm/hr}$ versus $28, 44\pm21 \text{ mm/hr}$ for bacterial infections ($p<0.05$).

Conclusion This study suggests that CRP, ESR and leucocytes are good markers for differentiation between bacterial versus viral infections.

933 CLINICAL FINDINGS AND LONG-TERM OUTCOME IN INFANTS BORN TO MOTHERS WITH PREEXISTING IMMUNITY TO CYTOMEGALOVIRUS

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Background and Aims Cytomegalovirus (CMV) is the most common viral cause of congenital infection. Preexisting maternal immunity strongly reduce CMV transmission. To characterize newborn findings and long-term outcome in infants born to mothers with non-primary CMV infection.

Methods Prospective study of infants with congenital CMV infection born between 2005 and 2010. Clinical and neuroimaging findings at birth were recorded. Infants were enrolled in a long-term follow-up program including clinical, ophthalmological, audiological and neurodevelopmental examinations.

Results Of the 37 infants with congenital CMV infection identified during the study period, 31/37(84%) were born to mothers with primary CMV infections and 6/37(16%) were born to mothers with confirmed non-primary CMV infections in pregnancy. Three of 6 infants born to mothers with preexisting immunity had symptoms/signs at birth: microcephaly (3), petechiae (2), thrombocytopenia (2), hepatosplenomegaly (2), jaundice (1), chorioretinitis (1). These infants showed abnormal auditory brainstem evoked response at first evaluation and abnormal neuroimaging findings. At follow-up 2/3 infants developed severe neurological sequelae (cerebral palsy and epilepsy in 1 case), and 1/3 showed delayed psychomotor development requiring rehabilitation; 3/3 infants had bilateral sensorineural hearing loss. Symptomatic infants were treated with antiviral drugs. The remaining 3/6 infants were asymptomatic at birth and showed a good long-term neurologic outcome.

Conclusions Clinical findings and long-term outcome in infants born to mothers with preexisting CMV immunity are widely variable and may be severe. The presence of symptoms/signs consistent with CMV congenital infection should be closely evaluated even in infants born to mothers with CMV-IgG positivity prior to conception.

934 PREVALENCE AND RISK FACTORS OF PAEDIATRIC ROTAVIRUS GASTROENTERITIS IN TUNISIA

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Background and Aims Group A rotaviruses are a major cause of severe acute gastroenteritis (AGE) in children under 5 years of age worldwide. The purpose of this study was to estimate the proportion of rotavirus gastroenteritis and identify its determinants among children admitted to Tunisian hospitals.

Methods We set up active rotavirus hospitalization surveillance in 10 Tunisian cities. From May 2009 through October 2010, we enrolled 550 children < 5 years of age who were hospitalized with a