Methods Stool samples were prospectively collected from 332 children <5 years of age presenting with acute diarrhoea to Komfo Anokye Teaching Hospital, Ghana, from 9/2011 to 2/2012. Testing for RV in stools was performed using enzyme-linked immunosorbent assay. RV viremia was assessed on paired blood of children with RV by reverse transcriptase polymerase chain reaction (RT–PCR). RV capsid protein typing VP7 (G) and VP4 (P)) was determined by RT–PCR.

Results RV was detected in 129 (39%) children. Of 106 (82%) paired blood samples tested, RV viremia, was detected in 28 samples (26%). From stool samples, 7 G types and 3 P types were detected, with G1 (40%), G2 (20%), G12 (8%) and P[8] (56%) and P[6] (30%) most commonly detected. In contrast, fewer G and P types were associated with RV viremia; G2 (39%), G1 (32%), G9 (18%) and P[6] (29%), P[9] (7%) and P [8] (7%). The predominant RV combination strains in stool were G1P[8] (26%), G2P[8] (12%), and G1P[6] (9%) compared to G2P[6] (18%) in serum.

Conclusions This study confirms the hypothesis that viremia occurs among some children with rotavirus diarrhoea. There exists a wide diversity of genotype strain in stools and blood of children. Different genotype strains may be present in the blood and stool of one person possibly due to mutations and multi strains with different affinity of infecting sites.

G426 EVALUATING MMR VACCINATION COVERAGE OF LOOKED AFTER CHILDREN (LAC), ARE WE COMPARING APPLES WITH ORANGES IF WE CONSIDER THIS POPULATION AS ONE GROUP?

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Aims There are 800 LAC in the area looked at. These children have either been placed with alternate carers to their parents whilst living in this country (local LAC); or are children who arrived to the UK alone as unaccompanied minors (UM). In national statistical analysis these groups are summarily referred to as LAC and reported as one. This study is a retrospective analysis of data comparing MMR vaccination coverage in these two groups.

Methods MMR vaccination coverage was analysed using electronic data records, and then compared to national guidelines.

Children were eligible for inclusion as per the following criteria: 1) matched record on the electronic system 2) aged over 5 and under 18 years 3) 'LAC' for minimum 12 months.

Results 422 LAC aged 5–18 years were eligible for inclusion, of which 178 (42.2%) were UM.

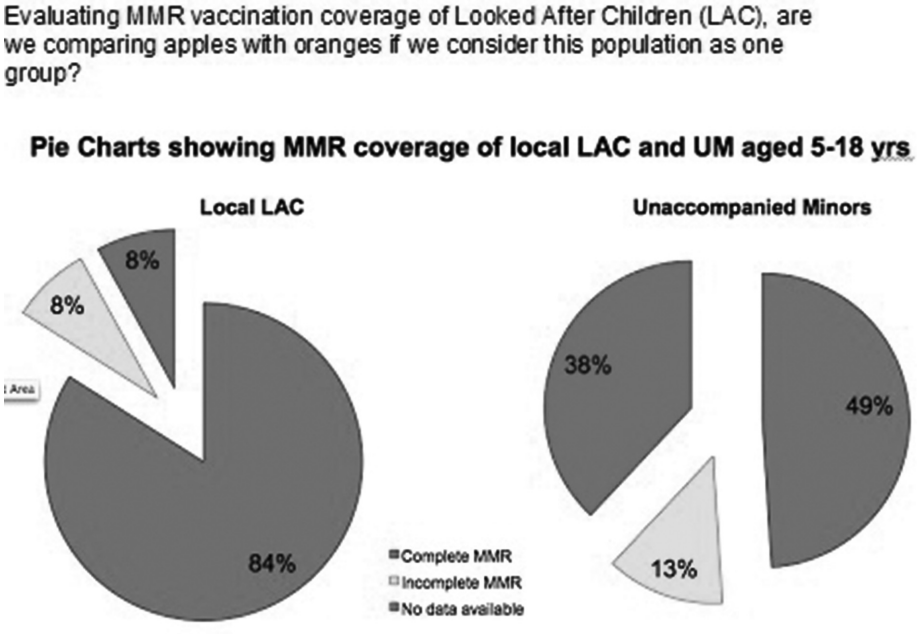
Of the local LAC group, 125 (51.4%) were up to date (UTD) with MMR immunisation. 79 (32.5%) had caught up, receiving two MMR vaccinations late. 20 (8.2%) had received one MMR vaccination. There was no data on 19 children (7.8%).

Of the UM, 1 (0.6%) was UTD with MMR, suggesting they were actually local LAC. 86 (48.3%) had caught up, receiving two MMR immunisations after 5 years of age. 23 (12.9%) had only received one MMR vaccination. There was no information on 68 UM (38.2%). See Figure 1.

Conclusions Children aged 5–18 years having received 2 MMR immunisations (combination of UTD and caught up) can be considered fully immunised against MMR. Therefore 84% local LAC and 48.9% UM were fully immunised. Combining these results, 69.2% of Looked After Children (local LAC and UM) were fully immunised.

Comparing our data to non–looked after children having received 2 MMR vaccinations in borough (74.2%) and in London (80.8%), local LAC MMR immunisation coverage is above expected. However, not only is the MMR coverage low in UM, but also there is a lack of data. This highlights the need for targeted measures, both in approach to delivering immunisations and in data reporting.

Evaluating MMR vaccination coverage of Looked After Children (LAC), are we comparing apples with oranges if we consider this population as one group?



Abstract G426 Figure 1