Introduction Measles is a preventable disease through vaccination. In spite of the vaccine introduced in 1979 [1], an important outbreak is ongoing in Romania since 2017[2].

We performed a retrospective study, which included 330 patients with measles, aiming to obtain data for vaccination status and possible correlations with clinical complications. The identified viral genotype was B3, strain MVs/Dublin.IRL/8.16, which is not the usual one circulating in Romania [1], [2].

Methods Retrospective statistical data analysis was performed (SPSS), based on information obtained from medical documents (clinical forms, complications, immunization status).

Inclusion criteria - patients presenting with clinical symptoms (fever; cough; coryza; maculopapular exanthema) admitted into ‘Dr V. Babes’ Clinical Hospital, in a 2 year period (2016–2017). Cases were stratified (severe/mild) based on the presence of complication (pneumonia, diarrhea, dehydration). Cases without laboratory confirmation, using the ELISA method for specific serum IgM antibodies or viral RNA detection by RT-PCR, were excluded from the study.

Results The most affected age categories were between 1–4 years with 40.9% (N=135), similar to reported ECDC data [1].

In the studied group, 50.9% (N=168) of the patients had not been vaccinated, while 14.2% (N=47) were infected in spite of being immunized with one or two MMR vaccine doses. For 115 patients (34.8%) the immunization status was unknown.

The non-immunised patients were more likely to develop a severe form of the disease (92.9%, N=156), in comparison with the vaccinated individuals who associated a complication in 85.1% (N=40) of cases.

A mild form of Measles was reported in 7.1% (N=12) of unvaccinated patients and in 14.9% (N=7) of previously immunised individuals.

It was a statistically significant correlation between the vaccination status and the clinical form of the disease (χ²= 334.203, df-4, P<0.001).

Discussions In Romania, the vaccination coverage for the first dose of MMR was in 2017 - 86% and for the second dose 75% [4].

In order to respond to the outbreak, Romania has lowered the age of administering the first vaccine dose from 12 to 9 months[3].

Since 2017 the number of reported cases has increased with 53.6% (N=15,971), and to date, 60 deaths have been reported, the majority of which occurred in persons who were not vaccinated [6], [7].

Conclusions Drop in vaccination rate is the main reason for the measles outbreak in Romania.

Vaccination statistically represented a protection factor against complications.

Better public information may improve the general acceptance of the vaccination scheme.
unrelated-donor transplants were done. The cumulative incidence of acute GVHD of grade I-II and grade III-IV were 60% and 5%, respectively. The myeloid donor chimerisms were all at least 94% except one 86.1%. Conservative treatment and HSCT decreased separately the frequency of infections to 5.1% and nearly 0 per 100 patient-months in patients.

**Conclusions** Severe infections were the main cause of death and the overall mortality was still high in China. HSCT is a potentially curative therapy for CGD leading resolution of infections and complications. CGD children who had undergone HSCT have better quality of life and fewer infections compared with those treated conservatively.

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**Abstract GP194**

**PERIODIC FEVER-THE IRISH PFAPA STORY SO FAR**

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**Introduction** Periodic fever, aphthous stomatitis, pharyngitis and cervical adenitis (PFAPA) syndrome is the most common autoinflammatory disorder in childhood, with multifactorial, polygenic causes postulated.

**Objective** To appraise the clinical features, inflammatory characteristics and management of children with PFAPA attending a tertiary Autoinflammatory Clinic.

**Methods** A retrospective observational chart review of all children with confirmed clinical or suspected PFAPA attending the autoinflammatory clinic at Our Lady’s Children’s Hospital, Dublin from January 2016.

Data were collected on basic demographics, route of referral, symptoms and signs and inflammatory markers during disease episodes (febrile) and non-episodes. Molecular gene analysis if performed, were included. Documentation of all therapeutic agents to date was collated.

**Results** Thirteen children were identified as having PFAPA.

The median age of disease onset was 16 months, (4 months to 4 years). The route of referral was via Immunology (4 patients), Rheumatology (6 patients) and Infectious disease (3 patients).

All children presented with episodic, recurrent febrile episodes with associated features. (table 1). Median range of duration of episodes was 3–4 days.

**Abstract GP194 Table 1**

<table>
<thead>
<tr>
<th>Associated Symptoms</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomatitis</td>
<td>8</td>
</tr>
<tr>
<td>Tonsillitis/Pharyngitis</td>
<td>8</td>
</tr>
<tr>
<td>Cervical Adenitis</td>
<td>7</td>
</tr>
<tr>
<td>Lethargy</td>
<td>6</td>
</tr>
<tr>
<td>Rash</td>
<td>4</td>
</tr>
<tr>
<td>Anorexia</td>
<td>4</td>
</tr>
<tr>
<td>G upset</td>
<td>12</td>
</tr>
</tbody>
</table>

69% of patients had documented raised inflammatory markers during a flare, with 84% having high serum amyloid A (SAA) levels, the highest documented being 122 0 mg/l (<10 normal). Genetic testing in 6 children was negative for other causes of hereditary autoinflammatory disorders.

11 patients had a significant response to an initial trial of corticosteroids, 2 reported rebound flares. Colchicine was the treatment of choice (11), 9 who had a good response. Tonsillectomy was performed in 5 patients, 3 of whom reported benefit. Biologic agents, Anakinra (2) and Adalimumab (1) were instituted in those refractory to colchicine with variable response.

**Conclusion** This study gives an over view of the burden of disease imposed by PFAPA on an Irish population. All the children presented with fevers, not all had the triad of aphthous stomatitis, pharyngitis and cervical adenitis.

The majority of patients had relief of symptoms with an initiation trial of corticosteroid. Colchicine was the most frequently used therapeutic agent to prevent disease flares.

Tonsillectomy and biological agents are potential alternative options in some resistant/severe cases.