Emergency Department (ED). 50% (3/6) of patients had acute symptoms prior to the fatal episode. None of the patients were attending secondary/tertiary services at the time of death. 60% (3/5) had a written personalised action plan. 75% (3/4) patients had been reviewed by the GP in the previous six months for an acute exacerbation and all had been prescribed oral steroids.

Conclusion Data suggests that most patients present to ED late, in extremis and with little warning signs of severity of the attack. Identifying those at risk is difficult. Better education on recognition of symptoms and initiation of action plan is required.

REFERENCES

P545 EPIDEMIOLOGY AND CLINICAL MANIFESTATIONS OF ACUTE VIRAL RESPIRATORY INFECTIONS IN PEDIATRIC PATIENTS IN UKRAINE
1Oleksandr Volosovets, 1Sengii Krypoustov, 1Viktoria Khenomo*, 1Oksana Iemets, 2Tetiana Umanets.
1O.O. Bogomolets National Medical University, Kyiv, Ukraine; 2Institute of Pediatrics, Obstetrics and Gynecology named by academician O. Lukyanova of the National Academy of Medical Sciences of Ukraine, Kyiv, Ukraine

Background Acute respiratory tract infections (ARTI) in children are the leading cause of morbidity in Ukraine. The role of respiratory viruses in the clinical manifestations of ARTI in children in Ukraine has not been sufficiently studied.

The aim of study To investigate the etiology of ARTI and compare the clinical features of different virus infections in children during the period from September 2018 to January 2019.

The methods Nasopharyngeal swabs, collected from ARTI children aged 2 months - 16 years, who received outpatient treatment or were hospitalized to Eurolab clinic (Kyiv, Ukraine) were examined. They were screened for 7 respiratory viruses using Multiplex PCRs - Respiratory Syncytial virus (RSV), Parainfluenza virus (PIV), Adenovirus (AdV), human Metapneumovirus (hMPV), Rhinovirus (RV), human Bocavirus (hBoV)and Coronavirus (CoV). Although rapid influenza diagnostic test was used.

Results Respiratory pathogens detected in 125 of the 147 (85.0%) samples. HMPV was detected in 33 children. Clinical manifestation of hMPV infection were: tracheobronchitis - 13, pneumonia - 6, obstructive bronchitis - 7, bronchiolitis - 3, rhinopharyngitis -3, laryngitis -3. Influenza A (IVA) was detected in 28 children with ARTI: tracheobronchitis - 13, pneumonia - 6, obstructive bronchitis - 2. Half of children with IVA also have symptoms of rhinopharyngitis. RV was detected in 21 children, 12 of them have symptoms of rhinopharyngitis, 3 - croup and 3 - wheezing, 2 - bronchitis and 1 - laryngitis. Clinical characteristics of others viruses are follow:
RSV was detected in 10 children, it caused pneumonia (3 cases), obstructive bronchitis (5 cases). HBoV was detected in 7 children and caused rhinopharyngitis, laryngitis (6 cases), tracheobronchitis (2), two child had viral exanthema. AdV was detected in 5 children and caused rhinopharyngitis with lymphadenopathy in 3 cases, pneumonia in 2 cases. PIV during season caused rhinopharyngitis, laryngitis (2 cases), croup (1 case), obstructive bronchitis (1 case). The coinfection percentage was 13, 5%.

Conclusions During epidemic season in Ukraine the most prevalent viruses were hMPV -33 (26,3%), IVA -28 (22,4%), RV - 21 (16,8%). Using Multiplex PCR assay can be helpful in prognosing of probable clinical course of disease, for optimization therapy.