DISTRIBUTION OF INTESTINAL PARASYTES IN A PEDIATRICS CLINIC IN 3 YEARS’ PERIOD

Aim Intestinal parasitic infections are frequently seen in developing countries. Clinical findings such as abdominal pain, anal itching, salivation during sleep, and nasal itching are related with the prevalence of parasitic infection. The reported ranges from different cities in Turkey vary between 4.4% and 44.6%. We aimed to look for the prevalence of intestinal parasites in children who were brought to our clinic in a 3-years’ period.

Material and method The laboratory and clinical data of the children who were admitted to the Department of Pediatrics between January 2010 and December 2012 were retrospectively evaluated.

Age, major complaint of the children were noted.

Results A total of 1790 stool samples were studied and 116 samples (6.48%) had intestinal parasites. There were 1712 children aged between 5 month and 17 years. The complaints were abdominal pain, failure to thrive and anal itching. Intestinal parasites were Giardia intestinalis (3.18%), Blastocystis hominis (2.9%), Enterobius vermicularis (0.72%), Entamoeba coli (0.95%), Mayas was found in 95 stool samples (5.3%). Multiple parasites were seen in 1 (0.05%) sample (Blastocystis hominis, Entamoeba coli).

Conclusion Intestinal parasites are frequently seen in developing countries. The mean vales are reported as 12%, 10% and 19% from different cities in Turkey, ranging between 4.4% and 44.6%. We found 6.5% intestinal parasites among children. The most common parasite was B. hominis and G. intestinalis. The prevalence and type of the parasites are similar when compared with the studies made in our country.

DISTRIBUTION OF INTESTINAL PARASYTES IN A PEDIATRICS CLINIC IN 3 YEARS’ PERIOD

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ABDOMINAL TUBERCULOSIS DUE TO MYCOBACTERIUM BOVIS

Background Currently, disease related to Mycobacterium bovis (MB) is rare in Spain (less than 1% of tuberculosis cases). However, it’s more frequent in undeveloped countries where the way to become infected is usually by raw milk consumption.

Methods We describe the epidemiologic, clinical and therapeutic characteristics of 5 patients with abdominal tuberculosis due to MB.

Results Five children (3 male) emanating from Morocco with ages between 2 and 6 years, all of them had fever, abdominal pain and constitutional syndrome. Three of them used to drink raw goat’s or cow’s milk. In 2 cases tuberculin skin test was over than 12 mm. There was open surgery (3) or laparoscopy (2) for realization of lymph node biopsy or drainage of abscess. The diagnosis was through culture and PCR in drained material and/or lymph node. Associated complications were: intra-abdominal bacterial infection (4), enterococcus fistula (2), intestinal occlusion (3). All patients were immunocompetent, except one case with histocompatibility complex II molecules deficiency. Empirical treatment consisted in isoniazid and rifampicin for 6 months, amikacin (3) or ethambutol (2) during 1 or 2 months respectively. One patient developed a Dress syndrome related to rifampicin. All patients received antitubercular drugs during 6 months, except two patients who needed extended therapy.

Conclusion Treatment for abdominal tuberculosis must be medical, and surgery should be used only in serious complications or biopsy. Although the clinical presentation is often very similar from the produced by M. tuberculosis, empirical therapy avoiding pyrazinamide should be started if MB is suspected.

ABDOMINAL TUBERCULOSIS DUE TO MYCOBACTERIUM BOVIS

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VIEWS OF HEALTH CARE STAFF ABOUT PANDEMIC INFLUENZA VACCINE PRIOR TO PANDEMICS

Pandemic influenza vaccine, is important in many aspects for health care staff. Our questionnaire was conducted in 3 different centers to evaluate view of health care staff for pandemic influenza vaccine prior to epidemics. Our questionnaire was conducted with health care workers having possibility of direct exposure to patients including 182 doctors, 158 nurses and 54 management staff with a total of 394 people. The center of the staff, position, period of Office, whether she/he had seasonal influenza vaccine, whether he/she plans to get pandemic influenza vaccine and reason for this was questioned and noted. Of the 394 healthcare staff included in our study 221 were working in Hacettepe University Hospital, 102 were in Ankara University Hospital, 71 were in Ankara Hematology and Oncology Hospital. Of the people enrolled in our study 259 were planning to get pandemic influenza vaccine while 135 were not. Of the staff planning to get pandemic influenza vaccine 77.6% were planning because they thought they were in risk group, 22.4% were planning because there was pandemics. Of the staff not planning to get pandemic influenza vaccine 25% were not taking vaccine because they did not want be guinea pig, 30.9% were concerned with side effects of vaccine, 46% had concerns as vaccine was too new. In case of group vaccination declaration of the specialists and determination of health care authorities is very important, so declarations about vaccine should adhere to this aspect. Other wise even in risk groups acceptance of the vaccine would be in lower rates.

VIEWS OF HEALTH CARE STAFF ABOUT PANDEMIC INFLUENZA VACCINE PRIOR TO PANDEMICS

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VIEW OF PREGNANT WOMEN ABOUT PANDEMIC INFLUENZA VACCINE PRIOR TO PANDEMIA

Afterwards pregnant women were detected to have serious complications with pandemic A (H1N1) virus in 2009, priority of their vaccination was accepted. Thus our study was planned to estimate the view of pregnant women about pandemic influenza vaccine to prevent disease admitting to a reference hospital having patients all