2. Furthermore, to study the confound factors which increase the sensitivity of this test in order to reduce unnecessary culture of urinanalysis. A total of eighty patients admitted to Pediatrics wards at Al-Adan Hospital over a period of four months were found to have a positive nitrite test in routine urinanalysis. only 38 (47%) were significantly positive (pure bacterial growth of >= 100000 CFU/ml). Other studied confound factors such as fever, urinary symptoms, rigors, family history and past history of UTI, history of nocturnal enuresis or constipation were only significant if taken in combination (of those with positive urine cultures 97% had more than one factor). Urinary leukocyte count was significantly elevated (> 10/ hpf) in 90% of the patients with a positive urine cultures. Our data indicates that ordering urine culture in patients with a positive nitrite in urinanalysis should be restricted only to those who also have elevated urinary leukocyte esterase and those who have one or more risk factor for UTI.

836 DISTRIBUTION OF INTESTINAL PARASYTES IN A PEDIATRICS CLINIC IN 3 YEARS’ PERIOD
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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 33 (1.84%), Blastocystis hominis 52 (2.9%), Entero- bius vermicularis 13 (0.72%), Entamoeba coli 33 (1.84%), Entero- bius vermicularis 13 (0.72%), 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. 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.

837 VIEWS OF HEALTH CARE STAFF ABOUT PANDEMIC INFLUENZA VACCINE PRIOR TO PANDEMICS
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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, 50.9% 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.

838 ABDOMINAL TUBERCULOSIS DUE TO MYCOBACTERIUM BOVIS
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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: intraabdominal bacterial infection (4), enterococcal 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 antituber- culous 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.
over the country, Hacettepe University Medical Faculty Obstetrics and Gynecology Department, Obstetrics Unit, in October 2009, just before pandemic influenza vaccine is implemented clinically to evaluate the perception of vaccine. Our study was conducted as applying questionnaire to 86 pregnant women admitting to Hacettepe University Medical Faculty Obstetrics and Gynecology Department, Obstetrics Unit. Age, trimestr and gravida of pregnancy, seasonal influenza vaccine status, whether she finds pandemic influenza vaccine necessary was noted after questionnaire. Pregnant women contributing to our questionnaire were between 18–39 years of age, 13 of them were in first trimester, 31 were in second trimester, 42 were in third trimester. Out of 86 pregnant women 66 expresses that they did not find it necessary to have pandemic influenza vaccine. In our study it was found that pregnant women find pandemic influenza vaccine necessary with a percentage of 23.3% and although the study population is small, finding it necessary was not effected by mother’s age, trimester of pregnancy, gravidia of pregnancy. The only factor demonstrated to effect the acceptance of pandemic influenza vaccine was having seasonal influenza vaccine. It is very important to inform this group having the major risk, to remind and advise the vaccine in routine controls.

**NEUROBRUCELLOSIS IN CHILDHOOD: FOUR NEW CASES AND A REVIEW OF THE LITERATURE**

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**Background and Aims** Neurobrucellosis accounts for < 1% of cases of brucellosis in children and has a broad range of clinical manifestations. In this report we describe our experience regarding the epidemiological, clinical, laboratory and therapeutic findings in four children with neurobrucellosis.

**Methods** During the past nine years we treated four children with neurobrucellosis in the pediatric department, of Islamic Hospital Amman, Jordan.

The diagnosis was based on epidemiological evidence of brucellosis, as well as Serum & cerebrospinal fluid(CSF) serology, quantitative changes in C.S.F and favorable response to treatment. Therapy consisted of combinations of two or three of the following drugs for three months: rifampin, gentamycin, streptomycin and trimethoprim-sulfamethoxazole.

**Results** The main presenting clinical features included fever, neck stiffness. Neurologic signs appeared during the active phase in two patients and later in their two patients. The interval from onset of symptoms to diagnosis was from 3 days to 5 months. The mean age of children was 7.2 years, and the male: female ratio 3:1.

Brucella anti bodies were detected in all sera with levels ≥ 320 in two cases and ≥1280 in the other two cases.

Cultures in the blood or C.S.F for brucella were unrevealing in all patients.

Cerebrospinal fluid showed: lymphocytosis (500–2160)µl in all cases, elevated proteins in three cases, decreased glucose in two and of ≥ 1:80 in 2 cases.

Treatment was successful in all patients after 12 months.

**Conclusion** We suggest that neurobrucellosis should be considered when neurological manifestations ensues with unknown etiology in endemic areas.

**SALMONELLA TYPHI SEPTICEMIA WITH ACUTE RENAL FAILURE IN A 11 YEAR OLD BOY SECONDARY TO PROLIFERATIVE GLOMERONEPHRITIS: A CASE REPORT**

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An 11 year-old boy was admitted to our hospital because of high fever, gross hematuria and pain in abdomen. He also had hypertension, nephrotic range proteinuria with renal failure, for which hemodialysis was required. Salmonella Typhi was isolated from blood culture and was diagnosed to have typhoid fever. In view of low C3 levels, renal biopsy was done, showed evidence of proliferative glomerulonephritis. On discharge, he had mildly deranged renal function with persistence of gross hematuria and proteinuria which gradually resolved over a period of one year. Renal involvement with enteric fever is noticed only in 2–3% cases. The common complications of typhoid related to the urinary tract include cystitis, pyelitis, pyelonephritis, and mild proteinuria. Few cases have been reported of acute nephritic syndrome in typhoid fever requiring renal replacement therapy. Here, we report a case of Salmonella typhi septicemia associated with acute renal failure secondary to proliferative glomerulonephritis requiring renal replacement therapy.