included skin manifestations inherent to giardiasis: paleness, chelitis, hyperkeratosis follicularis punctata and prolonged skin itching. As a result of reflex and toxic allergic actions of Giardia, a syndrome of chronic endotoxinnoculation has prompted emergence of dyskinesia of the gallbladder and sphincter apparatus in 75% of patients with subsequent inflammation of the gastrointestinal tract (in 48% of patients). That further increased an antigenic load on their immune systems. SCORAD index in 22 infected children showed moderate severity of atopic dermatitis, whereas 18 patients proved to have a severe form.

Conclusion The analysis has shown that 27% of patients with atopic dermatitis were infected with giardiasis. These data require a use of a complex approach to the therapy of atopic dermatitis, more thorough examination of children for any pathology of the gastrointestinal tract, particularly, the examination of helminths.

859 DERMATOLOGIC IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME (IRIS) IN CHILDREN RECEIVING ART FROM A COMMUNITY OUTREACH PROGRAM IN KAMPALA

doi:10.1136/archdischild-2012-302724.0859

1A Bagenda, 1J Mbabaazi, 3M Nalubega-Mboowa. 1International Health Sciences University, Entebbe; 2Department of Pediatrics and Child Health, Mulago Hospital (Hp) infection has been recognized as a cause of chronic gastritis, peptic ulcer, atrophic gastritis and gastric cancer. Its acquisition is related with poor socioeconomic conditions while the relationship of nutrition and Hp is still a question. Aim To analyzed if socioeconomic factors and dietary contribute to Hp re-infection in pediatric age.

Patients and methods 150 patients (92 males; age range 5–16 years) with Hp infection treated and eradicated in the past. 55 patients with Hp re-infection and 95 patients not re-infected.

We interviewed the children with questionnaire about socioeconomics factors, hygiene, living conditions and their dietary habits. Results A lower frequency of fermented dairy food, fruits and vegetable consumption was registered among children with Hp re-infection as compared to not been re-infected.

Among persons with Hp re-infection were noted low socio-economic markers such as crowded living conditions, a large number of siblings and unclean water.

Conclusions Might decrease the risk of Hp re-infection the use of probiotic, vitamin C, antioxidants contained in fruit and vegetables.

Risk factors for Hp re-infection are low socioeconomics factors, hygiene and living conditions.

861 RSV HOSPITALIZATION IN INFANTS WITH NEUROMUSCULAR DISEASE IN THE CANADIAN REGISTRY OF SYNAGIS® (CARESS) FOLLOWING PROPHYLAXIS (2005–2011)

doi:10.1136/archdischild-2012-302724.0861

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Background and Aims The Canadian Registry of Synagis® (CARESS) tracks palivizumab use and respiratory outcomes in high-risk infants, including those with neuromuscular impairments (NMI). We compared respiratory illness (RI) and respiratory syncytial virus positive hospitalization (RSVH) rates in NMI infants versus: 1) those with other underlying medical disorders (MD) and 2) those prophylaxed for standard indications (SD).

Methods A prospective, observational registry of infants from 30 Canadian sites who received ≥1 dose of palivizumab during the 2005–2011 RSV seasons. Utilization and RI events were collected monthly throughout each season.

Results 10452 infants were recruited (NMI: 118, 1.1%; MD: 1443, 13.8%; SD: 8891, 85.1%). There were statistically significant group differences (p<0.05) in: enrolment weight and age, gestational age, birth weight, proportions of: Caucasians, daycare attendance, smoking exposure, siblings, multiple birth, >5 individuals in the household, and history of atopy. NMI infants tended to have a less complex neonatal course. Compliance was similar across the three groups. The NMI group had higher RI hospitalization rates than MD or SD (17.8% versus 9.6% and 5.8%, p<0.0005), as well as RSVH (5.62% versus 1.98% and 1.49%, p<0.0005). A Cox proportional hazard analysis showed that having NMI increased the risk of first RSVH compared to infants in the SD group (hazard ratio =5.62% versus 1.98% and 1.49%, p<0.0005). That further increased an antigenic load on their immune systems. SCORAD index in 22 infected children showed moderate severity of atopic dermatitis, whereas 18 patients proved to have a severe form.

Conclusion The analysis has shown that 27% of patients with atopic dermatitis were infected with giardiasis. These data require a use of a complex approach to the therapy of atopic dermatitis, more thorough examination of children for any pathology of the gastrointestinal tract, particularly, the examination of helminths.

862 RSV HOSPITALIZATION IN ABORIGINAL INFANTS IN THE CANADIAN REGISTRY OF SYNAGIS® (CARESS) FOLLOWING PROPHYLAXIS (2005–2011)

doi:10.1136/archdischild-2012-302724.0862

Abstracts
Background and Aims Aboriginal infants are at substantially higher risk for respiratory illness (RI) and respiratory syncytial virus (RSV) infection and hospitalization compared to non-Aboriginal infants. The purpose of the present study is to compare the hospitalization rates for RI events and RSV infection in Aboriginal infants versus non-Aboriginal infants in the CARESS database.

Methods A prospective, observational registry of infants from 30 Canadian sites who received ≥1 dose of palivizumab during the 2005–2011 RSV seasons. Utilization and hospitalization outcomes were collected monthly throughout respective RSV seasons.

Results 10,452 infants were recruited (318 Aboriginal; 10,134 non-Aboriginal). A greater proportion of Aboriginal infants had factors that increased their risk of RSV infection (p<0.05): having siblings, being a multiple birth, exposure to smoking, and >5 individuals in the household. Aboriginal infants were less compliant with treatment (p<0.05) whether calculated by injection intervals or by expected number of injections during the season. Aboriginal infants had a significantly higher RI hospitalization rate (15.2% versus 6.2%, p<0.005), but only a trend towards a higher RSV-positive hospitalization rate (2.64% versus 1.57%, p=0.059). A Cox proportional hazards analysis restricted to Aboriginal infants found the risk of RSV-positive hospitalization was higher among non-compliant than compliant infants (hazard ratio=9.2, 95% CI 1.1–76.7, p=0.04).

Conclusions This study confirms that several demographic and environmental factors that are prominent in enhancing the risk of both RSV infection and overall RI hospitalizations are at play in Aboriginal infants. Ensuring compliance with prophylaxis will likely reduce RSV hospitalization rates in this vulnerable population.