included skin manifestations inherent to giardiasis: paleness, chелиtis, hyperkeratosis follicularis punctata and prolonged skin itching. As a result of reflex and toxicallergic actions of Giardia, a syndrome of chronic endointoxication 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**

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**Background** Onkiriiza (2011) demonstrated that dermatological manifestations were the most common IRIS events in children receiving ART. We aimed to find the incidence of dermatological-IRIS in children receiving ART for at least 12 weeks.


**Results** Total of 110 charts; median age 5.9 years (IQR 9.1months–11.9years), 70 females (63.6%). 85children (77.2%) baseline WHO stage III/IV. All children received septin. Median time on ART was 24weeks (IQR 13.2–40.8). Baseline CD4+% was < 15% for 70(70%), ≥ 15% for 3children. Viral load >399,000 copies were 76 children (69.1%) and < = 399,000 for 34 children. PPE had the highest incidence (47cases) after ART initiation. 10cases of verrucae planae, 9 Kaposi Sarcoma, Herpes Zoster and Tinea corporis each, 8molluscum contagiosum, 4tinea capitis, 3HSV and 1varicella zoster. Median time to develop PPE was 3weeks (IQR 10.3–50.1days).

Increasing age associated with IRIS; highest between 5–12 years (age correlated with degree of immunosuppression).

**Conclusion** Prevalence of unmasking dermatological-IRIS was high. PPE accounted for highest mucocutaneous IRIS manifestations. Caregivers should be counseled about possible worsening of PPE with ART initiation.

860  **EPIDEMIOLOGICAL FACTORS AND FOOD: WHICH IS THE ROLE IN HELICOBACTER PYLORI RE-INFECTION IN PEDIATRIC AGE?**

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**Background** Helicobacter pylori (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 Hp and H 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.

**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 PROPYPHALAXIS (2005–2011)**

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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=4.47, 95% CI 1.96–10.13, p<0.0005).

**Conclusions** NMI infants comprise a very high risk cohort for R and RSV-related hospitalization and should be considered for palivizumab prophylaxis to reduce incurred morbidities as recommended by the American Academy of Pediatrics and other international advisory bodies.
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 was 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 R1 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.

Background  WHO defined cerebral malaria (CM) in 1990 as a clinical syndrome of Plasmodium falciparum infection with unrousable coma not attributable to another cause. This has been broadened by adding altered consciousness, severe anaemia, and respiratory distress without laboratory confirmation in order to curtail mortality in children. This has resulted in over-diagnosis and overlooking other serious alternatives plus over-burdening the scarce resources.

Aims  To analyze the situation in Sudan by studying children admitted with clinical CM and do all the possible diagnostic work up in order to reach definitive diagnosis.

Patients and methods  Patients belonged to the main hospitals in the capital Khartoum admitting to well organized emergency departments. Clinical and laboratory data were collected from children over 1 month of age admitted with clinical CM between April and November 2011. Patients were investigated for CM, acute bacterial meningitis (ABM) and Herpes encephalitis (HE).

Results  One hundred and four children fulfilled the study criteria. CM was clinically diagnosed in 38 patients but only 5 were pure CM. Sixty three were suspected for ABM but 15 were confirmed cases. HE was definitively diagnosed in only one case. There were 5 cases of mixed infection and the rest were unknown and presumed encephalitis due to viruses other than Herpes simplex.

Conclusion  CM was clinically over-diagnosed in our study. It is advisable to do all the necessary investigations, particularly a thorough blood film examination, before diagnosing CM. It is recommended to study cases that resemble CM for more detailed viruses disease.