patients had low Haemophilus IgG, 79% of patients had low Pneumococcal IgG, and 1% of patients had low Tetanus IgG. 37/48 patients had low FAA; 29 of these patients were recommended to receive booster vaccines. 9/15 of parents reported reduction of RTI post booster vaccine. 10/12 of patients had their FAA documented to have returned to normal.

Conclusions 60% of patients with low FAA had reduced RTI post booster vaccine. FAA should not be done in children less than 13 months of age as the booster dose is due at 12–13 months and a low level may not necessarily change management. FAA is a useful tool for investigating children with recurrent RTI.

Methods A questionnaire was administered that addressed gender, age, number of household members, monthly family income, history of jaundice and immunization, number of rooms in the house, education level of the parents, day-care/school attendance, and type of water supply. The socioeconomic status score of each child was determined by summing the scores for monthly family income, education level of the parents, number of rooms in the house and number of people living in the house. Blood samples were collected and analyzed for anti-HAV IgG.

Results Significant associations between anti-HAV seropositivity and socioeconomic status, age under 6 years old and attending day-care, a history of jaundice and monthly family income were found (p<0.001, p=0.003, p<0.001, p=0.04, respectively). Only the association between the history of jaundice and anti-HAV seropositivity remained significant in the multivariate analysis, with an adjusted Odds ratio of 13.1 (range: 2.9–59.5; p=0.001).

Conclusions Our findings showed an inverse correlation between HAV seropositivity and socioeconomic status. A high in-house population and paternal education level were not a significant factor increasing the risk of anti-HAV positivity. However, as the maternal education level increased, less HAV positivity was recorded.

Abstracts

907 DlAGINOgING INFECTIOUS MONONUCLEOSIS IN PRIMARY CARE - CASE STUDIES FROM A PEDIATRIC OUTPATIENT CLINIC
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Background Although a common viral disease Infectious Mononucleosis may represent a diagnostic challenge for the primary care physician.

Objectives To describe the clinical and biological features of Infectious Mononucleosis by analyzing cases diagnosed, treated and followed up in an outpatient pediatric clinic.

Materials and Methods We conducted a retrospective study consulting the electronic medical records of all the children who were given the diagnosis “Infectious Mononucleosis” over a period of 3 years.

Results 40 children (aged 2 to 18 years) were given this diagnosis during the study period. Out of these 3 cases were confirmed not to be “Infectious mononucleosis” being given an alternative diagnostic, 6 cases were not followed up for various reasons and were excluded from the study and 3 cases could not be confirmed because the parents refused blood withdrawal. 26 cases were confirmed serologically (positive Ig M for Epstein Barr virus). Most prevalent symptom was enlarged lymph nodes (84%), followed by altered general status (80.7%), fever (53%), exudative tonsillitis (34.6%). Lymphocytosis and elevated glutamic pyruvic transaminase were general status (80.7%), fever (53%), exudative tonsillitis (34.6%).

Conclusions Infectious mononucleosis may have polymorphic manifestations. One should consider this diagnostic especially when investigating fever that lasts longer than 4 days, enlarged lymph nodes and exudative tonsillitis be aware of particular forms of this disease.

908 ENVIRONMENTAL RISK FACTORS FOR HEPATITIS A
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Background and Aims Hepatitis A virus (HAV) is an enteric viral infectious disease that is endemic in Turkey. Asymptomatic or sub-clinical infection often occurs in children, and symptomatic acute infections are more common in adolescents and young adults. In this study, we investigated the seropositivity for HAV and the associated socioeconomic factors in children aged between 2 and 18 years.

Conclusion Given the survey data, we conclude that there was poor adherence to native implementation of adequate prenatal care, underestimation of suspected cases with disabilities in serological screening, limited availability of laboratory diagnostic capabilities and imaging.