Results 12 children (13.3%) were hospitalized during the first days, in the first 3 days — 32 children (35.5%). In 90 children (100%) was identified the antigen of rotavirus. Most frequency of RI in the children was identified in age 1–3 years. The syndrome of gastroenteritis developed in 1–3 day per acute period of disease frequency of stool was 2–15 times per days. In the 20 children (22.2%) RI was associated with pathogenic flora: St. aureus (7.7%), Proteus (10%), Pseudomonas (4.4%). In the our contingent there were a decline of levels of copper of blood serum, zinc and iodine, at the insignificant increase of level of iron. Research of minerala in children gave the reference level of all investigated oligoelements and phosphorus. In the patients with RI was identified the disbalance of minerals of blood serum with association of their unchanged elimination.

Conclusions This dates presents the necessity of mineral correction in the patients with RI.

918 GENETIC AND PHYLOGENETIC CHARACTERIZATION OF STAPHYLOCoccus aUREUS STRAINS ISOLATED FROM ATOPIC DERMATITIS PEDIATRIC PATIENTS AND THEIR COHABITANTS
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Atopic dermatitis (AD) is characterized by dysfunctional skin susceptible to Staphylococcus aureus colonization, which can exacerbate the symptoms. Recent studies indicate that the S. aureus's great versatility is direct consequence of its genome’s plasticity and adaptability.

The present study evaluated the prevalence of S. aureus in 175 pediatric AD patients and their 195 cohabitants in relation with the severity of the disease. Moreover, isolated strains were characterized for pathogenic and virulence factors (PCR analysis), for genome structure (PFGE analysis) and for phylogenetic relations (MLST analysis) to investigate the possible correlation between genetic characteristics and the different stages of disease and the effects of atopic environment on the genome structure of these strains.

Our data showed that both patients and their cohabitants had high prevalence of S. aureus, that was proportional to the severity of the disease. PFGE analysis showed the existence of clonal identity among isolates from different sites of the same patient and between isolates from patients and their cohabitants. MLST data showed that there was a significant phylogenetic distance among strains with identical PFGE profile.

Our results demonstrate that the family is a source of infection/reinfection for patients and a source of risk for cohabitants. Moreover, our data suggests that although bacterial strains from atopic skin show conserved genomic structures (identical PFGE profiles), they came from very different genetic backgrounds (different MLST profiles). We assume that the peculiar atopic tissue environment may induce the evolution of these strains, with changes in genomic structure and regulation of virulence factors.

919 HUMAN BOCAVIRUS IN HIGH-RISK CHILDREN
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From 1 October 2009 to 1 December 2010, we conducted a prospective hospital-based study at KFSHRC to evaluate the role of Bocavirus (HBoV) infections in hospitalized children with chronic medical or immunocompromising conditions. Clinical and epidemiological data were recorded and respiratory samples including nasopharyngeal aspirate or nasopharyngeal swabs were obtained from all children less than 14 years old with acute respiratory tract infections. HBoV was screened in all respiratory samples by real time PCR, in addition to 13 common respiratory viruses. During the study, HBoV was detected in respiratory samples from 25 (2%) of 1016 symptomatic patient. HBoV co-existence with other respiratory pathogens occurred in 72% (18/25) of respiratory samples from symptomatic patients. HBoV infections were detected in every month except June and July with peaks in the month of September, October, November, and December. The main diagnosis in 13 patients (52%) with HBoV was radiologically confirmed pneumonia. For the other 12 patients with HBoV infections the main diagnosis were gastroenteritis(4 cases), chest exacerbation (3 cases), upper respiratory tract infections (2 cases), persistent fever (1 case), seizure (1 case), otitis media (1 case). The main clinical signs and symptoms of HBoV positive patients included fever, cough, tachypnea, dyspnea, crackles, wheezing, abdominal pain, vomiting and diarrhea. The present study suggest that HBoV may be a fairly common cause of pneumonia in high-risk children hospitalized with acute respiratory infections and associated with morbidity. However, further study is needed to clarify if HBoV plays a pathogenic role in community acquired pneumonia in high-risk children.