hearing loss. Infected infants received one-year therapy (pyrimethamine/sulfadiazine); 1/13 infant developed neutropenia as adverse therapy effect.

At a median age of 2 years all infected infants had a normal psychomotor development (range 1–10 years).

Conclusions It is advisable to perform IgM/IgG-WB on infant serum and the compared analysis for mother-infant pairs within the first month of life when high risk factors for Toxoplasmosis transmission are present.

**Materials and Methods**

Resistance mechanisms of 62 ampicillin-resistant H.i strains isolated from children with underlying medical disorders and documented HRVs infections.

Methods This is a retrospective study that include 48 children who were hospitalized for acute respiratory illnesses in KFSHRC between October 2007 and June 2010. HRVs in nasopharyngeal aspirates, swabs or Bronchoalveolar lavage were detected by nucleic acid detection tests in addition to 13 common respiratory viruses.

Results HRV was the most frequently detected virus 27% (48/181) in hospitalized children with acute respiratory disease. 65% of patients had chronic medical conditions and 37% of patients had immunocompromising conditions. The median age was 22 months, 58% were male. HRV showed broad seasonal activity. The peak incidence was in November, December and June. The most common symptoms were cough (58%), fever (56%), dyspnea 40% and running nose (25%). Crepitation and wheezes, were present in 23.9%, 20.8%, respectively. Twenty-two of 48 patients (46%) had chest radiographic abnormalities, most commonly atelectasis or lobar infiltrate. Seventeen (35%) patients needed intensive care unit (ICU) admission and thirteen (27%) required assisted ventilation at least one day. Ten (21%) patients needed mechanical ventilation. All patients had at least one HRV strain detected. Ten (21%) patients needed mechanical ventilation. The peak incidence was in November, December and June. The most common symptoms were cough (58%), fever (56%), dyspnea 40% and running nose (25%). Crepitation and wheezes, were present in 23.9%, 20.8%, respectively. Twenty-two of 48 patients (46%) had chest radiographic abnormalities, most commonly atelectasis or lobar infiltrate. Seventeen (35%) patients needed intensive care unit (ICU) admission and thirteen (27%) required assisted ventilation at least one day. Ten (21%) patients needed mechanical ventilation. All patients had at least one HRV strain detected.

Conclusion HRVs were associated with severe lower respiratory tract infection and hospitalization in children with chronic or immunocompromising conditions.

**Abstracts**

**A265**

**Antibiotic Resistance and Pneumococcal Conjugated Vaccines Coverage of Streptococcus Pneumonia From Middle Ear Fluid of Children <5 Years**

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**Aims** A prospective study was initiated in Brasov, Romania in 2009 to assess the antibiotic resistance pattern of Streptococcus pneumoniae (Pnc) isolated from middle ear fluid in children with acute otitis media (AOM) <5 years old.

**Methods** Patients diagnosed with AOM who underwent tympanocentesis or presented with purulent otitis media of < 24 hours duration were enrolled.

**Results** 206 patients were enrolled, 132 (64%) episodes occurred in children < 2 years old; 105 (51%) were culture-positive. 108 isolates were recovered: Pnc - 75 (67%), H. influenzae - 26 (24%) and others - 7 (9%). Nonsusceptibility to penicillin was found in 25/27 (93%) [MIC >1.5µg/mL]. Pnc resistance to TMP/SMX, erythromycin and clindamycin and MDR (multidrug resistance) were 22/27 (82%), 16/27 (59%), 13/27 (48%) and 15/27 (56%), respectively. Of the 39 (54%) Pnc serotyped the most common were: 19F (26%), 6B (18%), 14 (15%), 23F (15%) and 19A (8%). Penicillin highly resistant was found in 84.6% (11/13): 2-6β, 6-19F, 2-14 all included in the PCV 7-valent (PCV7), except for 2 isolates: 9A, 22F. Out of the 13 highly resistant serotypes 7 (53.84%) were multiresistant drug resistant and all of them were 6B or 19F. 35/39 (90%) of all SP isolates are included in the PCV-13.

**Conclusions** The proportion of penicillin resistance Pnc isolated from MEF was extremely high as well as resistance to other common antibiotics. Coverage of PCV7 and PCV10 vaccines was equal.

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928 **Neutrophil CD64 Index (CD64IN) in Cerebrospinal Fluid in Diagnosing Bacterial Ventriculitis in Children with External Ventricular Drainage**

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**Background** Human rhinoviruses (HRVs) are recognized as major cause of cold and flu-like illness.

**Objectives** To analyze the clinical features and disease burden for children with underlying medical disorders and documented HRV infections.

**Methods** This is a retrospective study that include 48 children who were hospitalized for acute respiratory illnesses in KFSHRC between October 2007 and June 2010. HRVs in nasopharyngeal aspirates, swabs or Bronchoalveolar lavage were detected by nucleic acid detection tests in addition to 13 common respiratory viruses.

**Results** HRV was the most frequently detected virus 27% (48/181) in hospitalized children with acute respiratory disease. 65% of patients had chronic medical conditions and 37% of patients had immunocompromising conditions. The median age was 22 months, 58% were male. HRV showed broad seasonal activity. The peak incidence was in November, December and June. The most common symptoms were cough (58%), fever (56%), dyspnea 40% and running nose (25%). Crepitation and wheezes, were present in 23.9%, 20.8%, respectively. Twenty-two of 48 patients (46%) had chest radiographic abnormalities, most commonly atelectasis or lobar infiltrate. Seventeen (35%) patients needed intensive care unit (ICU) admission and thirteen (27%) required assisted ventilation at least one day. Ten (21%) patients needed mechanical ventilation. All patients had at least one HRV strain detected.

**Conclusion** HRVs were associated with severe lower respiratory tract infection and hospitalization in children with chronic or immunocompromising conditions.