Background and Aims 314 internationally adopted children were seen between 01/01/2000 and 31/03/2012 at the Institute of Tropical Medicine in Antwerp (Belgium). We describe the prevalence of pathogenic intestinal parasites in this population.

Methods Retrospective analysis of patient records. Feces samples were obtained in 307/314 children. In addition, serology for Strongyloides and Schistosoma was performed.

Results Pathogenic parasites were found in 55.7% (53% in children 0–5 years, 72.1% >5 years). When counting any parasites, 65.9% of children were found positive (61.4% for 0–5 years, 93% for >5 years).

37.5% of children with positive samples had ≥ 3 parasites. Analysis by age in children from the 4 most represented countries (n=285) is shown in table.

Abstract 931 Table 1 Percentage of children with parasites

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>China</th>
<th>Kazakhstan</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5yr: 160</td>
<td>0–5yr: 58</td>
<td>0–5yr: 3</td>
<td>0–5yr: 13</td>
</tr>
<tr>
<td>&gt;5yr: 36</td>
<td>&gt;5yr: 21</td>
<td>&gt;5yr: 1</td>
<td>&gt;5yr: 3</td>
</tr>
<tr>
<td>Giardia lamblia</td>
<td>49%</td>
<td>52%</td>
<td>0%</td>
</tr>
<tr>
<td>Dientamoeba fragilis</td>
<td>2.8%</td>
<td>2.8%</td>
<td>0%</td>
</tr>
<tr>
<td>Hymenolepis nana</td>
<td>17%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>Ankylostoma duodenale</td>
<td>17%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>Strongyloides stercoralis</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Ascaris lumbricoides</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Trichuris trichuria</td>
<td>6%</td>
<td>6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Conclusion There is a high prevalence of pathogenic intestinal parasites in IAC. 53% in children 0–5 years and 72.1% in children >5 years.

932 COMPARISON OF C-REACTIVE PROTEIN WITH LEUKOCYTES AND ESP FOR DIFFERENTIATION BETWEEN BACTERIAL AND VIRAL INFECTIONS

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Background There are several studies that show the usefulness of inflammatory markers for distinguishing between viral and bacterial infection at children.

Aim of the study To evaluate the usefulness of leukocytes, C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) as markers for differentiation of bacterial infection versus viral infections in children.

Methods Prospective study which evaluated 1482 patients divided into two groups: 1) group A with 777 patients having viral infections and 2) group B with bacterial infections comprised of 705 patients.

Results Mean values for leukocytes were significantly different at P<0.05 for viral infection 1063±453/μl for bacterial infection 822±321/μl. Mean CRP for viral infection was 8, 73±13.34 mg/dl versus 15.46±28.05 mg/dl (p<0.05) for bacterial one. We analyzed the degree in which inflammatory tests may distinguish between the two groups at 24 hours. Mean values for leukocytes was for viral infection 9506±534/μm³ versus 10794±862/μm³ (p<0.05) for bacterial one. Mean ESR for viral infection was 12, 97±1, 8 mm/ hr versus 28, 44±21 mm/hr for bacterial infections (p<0.05).

Conclusion This study suggests that CRP, ESR and leucocytes are good markers for differentiation between bacterial versus viral infections.

933 CLINICAL FINDINGS AND LONG-TERM OUTCOME IN INFANTS BORN TO MOTHERS WITH PREEXISTING IMMUNITY TO CYTOMEGALOVIRUS

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Background and Aims Cytomegalovirus (CMV) is the most common viral cause of congenital infection. Preexisting maternal immunity strongly reduce CMV transmission. To characterize newborn findings and long-term outcome in infants born to mothers with non-primary CMV infection.

Methods Prospective study of infants with congenital CMV infection born between 2005 and 2010. Clinical and neuroimaging findings at birth were recorded. Infants were enrolled in a long-term follow-up program including clinical, ophthalmological, audiological and neurodevelopmental examinations.

Results Of the 37 infants with congenital CMV infection identified during the study period, 31/37(84%) were born to mothers with primary CMV infections and 6/37(16%) were born to mothers with confirmed non-primary CMV infections in pregnancy. Three of 6 infants born to mothers with preexisting immunity had symptoms/signs at birth: microcephaly (3), petechiae (2), thrombocytopenia (2), hepatosplenomegaly (2), jaundice (1), chorioretinitis (1). These infants showed abnormal auditory brainstem evoked response at first evaluation and abnormal neuroimaging findings. At follow-up 2/3 infants developed severe neurological sequelae (cerebral palsy and epilepsy in 1 case), and 1/3 showed delayed psychomotor development requiring rehabilitation; 3/3 infants had bilateral sensorineural hearing loss. Symptomatic infants were treated with antiviral drugs. The remaining 3/6 infants were asymptomatic at birth and showed a good long-term neurologic outcome.

Conclusions Clinical findings and long-term outcome in infants born to mothers with preexisting CMV immunity are widely variable and may be severe. The presence of symptoms/signs consistent with CMV congenital infection should be closely evaluated even in infants born to mothers with CMV-IgG positivity prior to conception.

934 PREVALENT AND RISK FACTORS OF PEDICULAR ROTAVIRUS GASTROENTERITIS IN TUNISIA

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Background and Aims Group A rotaviruses are a major cause of severe acute gastroenteritis (AGE) in children under 5 years of age worldwide. The purpose of this study was to estimate the proportion of rotavirus gastroenteritis and identify its determinants among children admitted to Tunisian hospitals.

Methods We set up active rotavirus hospitalization surveillance in 10 Tunisian cities. From May 2009 through October 2010, we enrolled 550 children <5 years of age who were hospitalized with a...
diagnosis of AGE. Stool samples were obtained for rotavirus testing and genotype investigation using ELISA and multiplex RT-PCR.

Results The prevalence of rotavirus infection was 27.3% (95% CI 23.6–31). Infants < 2 years of age were most frequently affected (91.6%). The most dominant rotavirus genotype was G3P[8], which accounted for 40.4% of cases. On multivariate analysis, rotavirus was significantly associated with the episode occurring in the winter season (aOR 6.73; 95% CI 3.45–3.31), vomiting (aOR 3.05; 95% CI 1.37–6.75), fever (aOR 1.84; 95% CI 1.10–3.07) and dehydration (aOR 8.20; 95% CI 3.45–19.47).

Conclusion The determination of rotavirus infection prevalence and its risk factors will help us to better understand the epidemiology of the disease in our country in order to develop effective preventive measures, including vaccines.

Occasionally, atypical manifestations and serious complications might occur.

Objective Estimating the prevalence of the disease, the responsible infectious agents and of the typical and atypical manifestations in pediatric populations.

Material and Methods Within 12months, 700 serum samples were examined, from children 1–15 years old. Specimens’ laboratory investigation included: 1) indirect immunofluorescence, detecting IgG-IgM antibodies against EBV’s Viral Capsid Antigen (VCA), 2) Immuno Chemistry luminescence determination of CMV’s IgG-IgM antibodies, 3) EIA, identifying HSV’s IgG-IgM antibodies.

Results Typical clinical findings were: prolonged fever (89%), lymphadenopathy (82%), tonsillitis (57%), hepato-splenomegaly (40%), cough (20%) and skin erosion (10%). Atypical manifestations were: meningoencephalitis in 2 children, 22months and 7 years old (caused by EBV and HSV1 respectively), haemophagocytic lymphohistiocytosis in an 8 year old (by EBV), Gianotti-Crosti syndrome in an 18 months old (by EBV) and pneumonia in a 22months old (by EBV). In meningoencephalitis, viral DNA was detected using PCR in cerebrospinal fluid while in the remaining cases, positive IgM antibodies were found. Of the 700 children examined, 56 (8%) had positive serology for EBV, 29 (4.14%) for CMV and 1 for HSV1.

Conclusions IM5 is often amongst Greek children. 65% of the cases are attributed to EBV and 5% to CMV which is in accordance to the international literature.