Abstracts

1823 THE EVALUATION OF ANTIBODY RESPONSES IN STEROID SENSITIVE CHILDREN WITH NEPHROTIC SYNDROME

doi:10.1136/archdischild-2012-302724.1823

Objective Immunisation is one of the most important weapons for protecting individuals and the community from serious diseases.

Method The survey method is applied to the mothers of children 12 months and over who hospitalized in our clinic between February and May 2010. Mothers of children who agreed to participate in the study and whose vaccine records can be reached are included in the study.

Findings The average age of the children was 4.5±2.5 years, of the mothers was 29.23±4.74 and of the fathers was 32.95±5.47. The most common answer given to the question “Why vaccinate?” was “for being healthy” (n=35). The most memorable vaccine was tuberculous vaccine (%55). In our study, we didn’t find any statistically significant difference between the immunization status of children and the mother’s education, mother’s profession, father’s profession, occupational distribution.

Background and Aims The objective of this study was to determine whether use of a longer (1 in.) rather than a standard (5/8 in.) needle used for macrosomic neonates (birthweight over 4000 g) may affect antibodytitters after immunization against hepatitis B virus (HBV).

Methods Fifty nine healthy infants were vaccinated at birth, 1, and 6 months of age with hepatitis B vaccine, with follow up to 7 months of age. Infants were randomized into two groups according to needlelength of first vaccine at birth. First group vaccinated with standard needle length and other group received vaccine by longer needle length.

Results Macrosomic infants who were immunized with a longer needle achieved significantly higher antibodytitters to hepatitis B virus (HBV).

Conclusions Macrosomic neonates benefit from longer needle length with higher levels of antibody titersafter HB vaccination.

1825 INACTIVATED-TRIVALENT INFLUENZA VACCINATION IN ASTHMATIC UNDER-5 CHILDREN: A RANDOMIZED DOUBLE-BLIND PLACEBO TRIAL

doi:10.1136/archdischild-2012-302724.1825

Objective In this trial we demonstrated that tolerability and efficacy of the trivalent inactivated influenza vaccine in under-5 children is still being discussed.

Background There are very little evidences that influenza vaccination reduced asthma exacerbation in under-5 children and the risk of vaccination is still being discussed.

Methods A balanced RCT with 140 asthmatic day-care children with stable situation (6 to 60 months yrs), which were vaccinated with either one-dose Inactivated-trivalent Influenza vaccine or placebo was performed. They participated for only one influenza season and were followed every two weeks. We recorded when symptom scores reached a predefined severity level.

Results Exacerbation rate among vaccinated and un-vaccinated were 13% and 53%, respectively (RR=0.24, 95%CI=0.01–0.34). 48.6% of vaccinated and 76% of placebo group reported cough (RR=0.61, 95%CI=0.04–0.35). The rate of wheezing report were 20% in vaccinated and 68.6% in unvaccinated group (RR=0.25, 95%CI=0.02–2.01). The RR for dispnea was 0.36 with 95%CI that equal 0.1 to 3.65.

Conclusions In this trial we demonstrated that tolerability and efficacy of the trivalent inactivated product in under-5 children. Then this results support annual influenza vaccination in children with asthma.

1826 SURVIVAL RATE OF DISSEMINATED BCGITIS IN CHILDREN WITH PRIMARY IMMUNODEFICIENCY - SINGLE CENTER EXPERIENCE

doi:10.1136/archdischild-2012-302724.1826

Background and Aims Overall prevalence of primary immunodeficiency (PID) is 1:2,000 live births. PID characterized by increased...