Aims Data from the Public Health Agency (PHA) for 2009–10 identified 70 infants from the Belfast Trust who had been identified with a risk factor for Tuberculosis (TB) as not receiving the BCG vaccination prior to discharge-theoretically missing 16% of this population (total with risk factor 438).

Given the rise in TB, with figures in 2009 from the Health Protection Agency (HPA) identifying 9,040 cases in the UK, our aim was to review the data to clarify why these infants were being missed.

Methods We reviewed the neonatal notes for those infants who did not get the BCG vaccination despite a positive risk factor, categorising as per results section. We further reviewed the data for parental refusal to analyse documentation.

Results Unable to access 7% of charts.

Parental refusal 25%, received vaccination 17%, deferred for medical reason 17%, no identifiable risk factor in hospital 12%, medical decision not required 10%, missed 7%, transferred prior to discharge 4%, transcription error 3%.

Parental refusal group –50% clarified the risk factor, 29% documented risks vs benefits explained, 43% offered follow-up advice and 35% documented written info given.

Conclusions 1.1% were truly missed (5/438).

Parental refusal was the largest category for not receiving vaccination and had poor documentation to explain why. We identified a breakdown in how data is transported to PHA/or recorded in HPA.

We recommended education for staff, highlighting the need for proper documentation. We also recommended a review of how information was passed to the PHA.

Method In this study, the inoculum of live BCG organisms in vaccinated infants at birth was evaluated and the correlation between amount of CFU and PPD reaction were examined at 3 months of age. For this purpose, 854 newborn infants in health centers affiliated to Shahed Beheshti University of Medical Sciences were studied at the age of 3 months. Tuberculin skin tests were performed in the Pasteur Institute and other health centers. After 72 hours, PPD induration diameter was measured. The comparison of the results with chi-square test showed there is a significant correlation between the two variables (size of PPD reaction and live organisms of BCG vaccination).

Results After evaluating live organisms in BCG vaccination, it was concluded that the amount of live organisms in many vaccines is more than 3 million while others are less. The following have been obtained as a result of assessment of PPD reaction in vaccinated infants: those vaccinated by live organisms, more than 3 million 93.4% showed PPD positive reaction in vaccinated infants but less than 3 million 69.2% showed PPD positive reaction.

Conclusion Thus, the number of live organisms in vaccination can play an effective role in the size of tuberculin skin reaction.

Results and conclusions Building Member States’ capacity to profile and tailor responses to susceptible populations will result in higher vaccination coverage and accelerate progress towards eliminating measles in the European Region. The approach and tools will be piloted in two Member States in 2012. Further, they will be implemented by WHO in partnership with Ministries of Health from 2013 on.

In view of the importance of tuberculosis in some countries BCG vaccination is highly effective in preventing the development of tuberculosis immediately at birth. The aim of this study is evaluation of BCG by PPD.

Method In this study, the inoculum of live BCG organisms in vaccinated infants at birth was evaluated and the correlation between amount of CFU and PPD reaction were examined at 3 months of age. For this purpose, 854 newborn infants in health centers affiliated to Shahed Beheshti University of Medical Sciences were studied at the age of 3 months. Tuberculin skin tests were performed in the Pasteur Institute and other health centers. After 72 hours, PPD induration diameter was measured. The comparison of the results with chi-square test showed there is a significant correlation between the two variables (size of PPD reaction and live organisms of BCG vaccination).

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Conclusion Thus, the number of live organisms in vaccination can play an effective role in the size of tuberculin skin reaction.
A Retrospective Study of the Safety and Efficacy of Palivizumab in High Risk Infants

**Aim**
A four year retrospective review of safety and efficacy of Palivizumab in the prophylaxis of respiratory syncytial virus (RSV) in high risk infants.

**Background**
RSV is the leading viral pathogen responsible for hospitalization with lower respiratory tract infection in high risk infants. A previous study reported a 55% reduction in RSV related hospitalizations with passive immunoprophylaxis with Palivizumab.

**Methods**
A retrospective study of all high risk infants requiring Palivizumab between 2006 and 2010. Inclusion criteria included children under 2 years with chronic lung disease on home oxygen, those with congenital immunodeficiency and infants under 6 months with confirmed congenital heart disease. Children received intramuscular injections of Palivizumab every 28days during the RSV season (October-March). Data was collected on demographics, underlying diagnosis, side-effects and confirmed RSV infection. A cost analysis was also performed.

**Results**
Records on 61 patients were examined. 15 children did not meet the study criteria. Data on RSV infection was available for 52/61 patients. Of these children, none of those who received a complete course of prophylaxis developed RSV infection. Reported side-effects were mild with the exception of one child with a seizure disorder who had an increase in fit frequency. Having dedicated clinics for administering Palivizumab, allowed sharing of opened vials between patients and more effective utilization of clinic staff and resources.

**Conclusions**
RSV prophylaxis is safe and effective in preventing RSV infection in high risk infants. Further strategies have been used to reduce drug costs and improve cost-effectiveness.

EFFECT OF NEURONAL EXPRESSION OF HENT1 AND CAFFEINE ON CEREBRAL BLOOD FLOW AND CORTICAL STROKE IN MICE

**Background**
Adenosine has neuromodulator effects in animal stroke models. We previously showed that human equilibrative nucleoside transporter 1 (hENT1) over expression decreases extracellular adenosine action. Caffeine is adenosine receptor antagonist.

**Objective**
To compare the effect of ENT1 over expression on cerebral blood flow (CBF) and subsequent ischemic damage in hENT1 transgenic (Tg) and wild type (Wt) mice following intra-cortical injection of endothelin-1 (ET-1) and giving intraperitoneal (IP) caffeine prior to the ischemic stroke event.

**Design/methods**
8–10 week old CD1 and Tg mice were stratified as Group A (n = 25), received unilateral single cortical injection of ET-1 and Group B (n=20) received 25 mg/kg IP caffeine prior to ET-1 injection. CBF was measured at 4 hours and 48 hours and stroke size was measured at 48 hours by MRI.

**Results**
At 4 hours ipsilateral CBF decreased significantly (p<0.01), which was more prominent in Tg mice and was still evident at 48 hours. ET-1 produced greater infarct size in Tg (9±1.1 mm^3^) than Wt (5.4±0.8 mm^3^) mice without given caffeine. However, there was no difference in infarct size between Tg (6.2±1 mm^3^) and Wt (6.7±2 mm^3^) mice in caffeine injected group.

**Conclusions**
This study showed that hENT1 over expression is associated with increased cerebral infarct size. This genotype difference was not observed in mice received caffeine. These data are consistent with our previous findings that hENT1 Tg mice have reduced basal adenosine levels and reduced ischemia evoked increases in adenosine as compared to Wt mice.

OUTCOME OF EXTREME PREMATURITY: A REVIEW OF RECENT DATA

**Aim**
To review the most recent data on the outcome of very premature babies (22–25 weeks gestational age - GA).

**Material and Methods**
We performed a PubMed search using as key words the following “extremely preterm baby” and “outcome”. We did not utilise the studies where outcomes were not given in relationship with the exact gestational age at birth. We utilised the studies that reported either survival or health as the examined outcomes.

**Results**
We retrieved 33 papers, 6 of which fulfilled the search criteria. Survival for babies born at 22, 23, 24 and 25 weeks range 27–64, 7–64, 25–79 and 46–89 respectively. Other outcomes are more detailed: the outcomes improve with the GA, and varies according with the type of disability we analyzed. Discussion: several studies are based on few cases, and therefore they have limited value, but some have a huge population and the data they give are very useful and new.

**Conclusion**
With respect to previous data based on populations of babies born in the last century, the present data show an improvement in both survival and neurologic outcome, though both remain severe. Current guidelines on resuscitation should be reviewed accordingly.