

Methods: a cross-sectional study was carried out from March to August 2008. All physicians working at public paediatric emergency services in Recife, Brazil, were approached for consent. A knowledge, attitude and practice questionnaire, with closed questions and short statements was applied. Answers were considered adequate according to national and international guidelines.

Results: 219 physicians (median age 44 years, 86% female) took part in the study and 201 had been involved in the care of a suspected case. Physicians who worked at a referral hospital or had graduated in the last 10 years performed better on knowledge, attitude and practice ($p < 0.01$); those who had completed residency performed better on knowledge and attitude ($p < 0.01$), but not on practice. Failure to undress an acutely febrile child for examination, not giving penicillin soon after suspicion and not recognizing haemodynamic instability as a contra-indication for lumbar puncture were observed in 13, 12 and 38% of answers, respectively.

Conclusions: Physicians working in paediatric emergency rooms are likely to be often involved in the initial management of suspected cases in settings where severe cases of meningococcal disease co-exist with sub-optimal conditions of care. The identification of gaps in knowledge, attitude and practice is useful to inform policymakers and to propose further audit and research questions.

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ASSOCIATION OF SERUM CYTOKINES & ALBUMIN IN VISCERAL LEISHMANIASIS

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Background and aims: Investigating the cause of hypoalbuminemia in the Visceral leishmaniasis (kala azar), this study was designed to measure the levels of these cytokines in kala azar patients and to assess any correlation between their levels with serum albumin.

Methods: From March 2007 to May 2008, thirty kala azar patients were enrolled in the study. The diagnosis was documented by the presence of related clinical signs and symptoms plus at least one positive laboratory test (one or more of these three: Indirect fluorescent antibody (IFA) equal to or more than 1/128, k39 strip test, and bone

marrow aspiration). We measured the serum levels of albumin, and cytokines at the pre-treatment state and also one week after treatment and in a control group consisting of 38 healthy children.

Results: Albumin was decreased and IL-6 and TNF were increased significantly in the pre-treatment state. IL-1 was not statistically decreased in the pre-treatment.

There was a negative association between serum albumin and IL-6 levels in both the pre- and post-treatment states. ($r = -0.43$ and $r = -0.35$ respectively). In the post-treatment state serum albumin increased and IL-6 levels decreased. This increment wasn't statistically significant, that could be explained by the low number of patients.

Conclusion: Serum levels of IL-6 and TNF are increased significantly in the active phase of kala azar. Also, there is a negative association between serum levels of IL-6 and albumin in the active and convalescent states of the visceral leishmaniasis.

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SENSITIVITY AND SPECIFICITY OF THE RAPID INFLUENZA ANTIGEN TEST CLEARVIEW® EXACT INFLUENZA A AND B FOR PANDEMIC INFLUENZA A/H1N1 (2009)

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Reverse-transcriptase polymerase chain reaction (RT-PCR) is considered to be the reference test for diagnosis of influenza, because of its high sensitivity and specificity. Rapid Influenza Antigen Test (RIAT) is, however, useful because of its fast response time. Various kinds of RIAT have shown excellent specificity for the diagnosis of pandemic influenza A/H1N1 in adult patients, but their sensitivity was low (30 to 50%). Not many studies have been performed in a paediatric population which is known to have higher viral loads. Therefore, our aim was to compare RIAT Clearview® Exact Influenza A and B to specific RT-PCR in children seen in our

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Paediatric Emergency Department (PED) for suspected Influenza A H1N1 (2009).

Between 1/09 and 1/12/2009, 78 children had nasal swabs sent to a reference Virology Laboratory for Influenza A/H1N1 testing by RT-PCR, while RIAT was simultaneously performed in the PED.

The performance of the RIAT Clearview® Exact Influenza A and B was as follows

- RIAT+/RT-PCR A/H1N1+ =25
- RIAT+/RT-PCR A/H1N1- = 1
- RIAT-/RT-PCR A/H1N1+ =16
- RIAT-/RT-PCR A/H1N1- =36

The overall sensitivity and specificity of the RIAT Clearview® Exact Influenza A and B were 61% and 97%, respectively.

Our results confirm the excellent specificity of the RIAT for the pandemic influenza A/H1N1 (2009). Sensitivity seems even higher than reported in previous studies using other kinds of RIAT in adults. A positive RIAT allows a rapid and adequate treatment including isolation measures, whereas a negative test does not rule out pandemic influenza.

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MULTIPLE RESPIRATORY PATHOGENS IN CHILDREN YOUNGER THAN FIVE YEARS OLD WITH ACUTE LOWER RESPIRATORY TRACT INFECTION IN RECIFE, BRAZIL

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H1N1 VIRUS-ASSOCIATED RHABDOMYOLYSIS IN TAIWANESE CHILDREN

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Object: H1N1-associated rhabdomyolysis is an infrequent and little-known complication of H1N1

virus infection in children. Diagnosis is made based on clinical presentation, the presence of laboratory data, and detection of virus. The aim of this study was to describe the clinical and laboratory manifestations, complications, and outcomes of H1N1 virus-associated rhabdomyolysis in Taiwanese children.

Methods: A retrospective analysis was conducted of patients aged < 17 years who had been diagnosed with H1N1 virus-associated rhabdomyolysis at a university children's hospital in North Taiwan during 2009. All children enrolled in the study had presented with rhabdomyolysis associated with laboratory-confirmed H1N1 virus infections. Demographic data, clinical manifestations, complications, and outcomes were included in the analysis.

Results: Overall, 4 H1N1 virus-associated rhabdomyolysis cases were analyzed. It occurred in young aged children with a 3:1 male: female ratio. The mean age was 3.2±1.9 yr. The median interval between the onset of H1N1 virus infection and onset of rhabdomyolysis was 3.4 days (range, 1-6). Laboratory tests indicated a mean initial blood creatine kinase (CK) of 7458 U/L. The median time to clinical recovery was 16 days (range 8-24). All patients had renal failure initially, and they all improved later and survived after dialysis.

Conclusion: H1N1 virus-associated rhabdomyolysis tends to occur mainly in young children. This virus can induce some complications including death. So early detection and careful medical treatment with Tamiflu are necessary. **Conclusion:** The results of this study indicate that outcomes of H1N1 virus-associated rhabdomyolysis are good with proper medical care.

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DESCRIPTIVE STUDY OF RSV INFECTION IN INFANTS LESS THAN TWO MONTHS OLD

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Objectives: Description of RSV infection in infantes below two months old.