

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.