

## Posters

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.

**Methods:** Descriptive and retrospective study of infants less than two months old admitted to hospital with the diagnosis of RSV infection from January-2004 to December-2010.

**Results:** 250 children below two months of age were admitted to hospital during the period of study with diagnosis of RSV infection. 38 of them were preterm (33.92 $\pm$ 1.98w).

The mean age at time of diagnosis was 32.69 $\pm$ 15.3d of age and 89,3% developed bronchiolitis.

The most common reason of inquiry were upper respiratory symptoms (97%). Apnoea was present in 6,3% of the patients.

The length of hospitalization was 5.37 $\pm$ 2.88d. Fever was present for 0.59 $\pm$ 1d and 46,4% of the patients required oxigenotherapy for 1.35 $\pm$ 2.26d.

53 of them required admission to the PICU (47% from emergency department and 53% from paediatric floor).

32% of the infants admitted to PICU presented apnoea, 49,1% required CPAP and 15% ventilatory support. Chest-X-ray was abnormal in 43.2%. Up to 30.8 $\pm$ 16.1% of infants required supplementary oxygen a mean of 3.85 $\pm$ 3.54d. The length of hospitalization was 4.11 $\pm$ 4.1d.

The children admitted to UCIP presented more frequently respiratory distress at the time of arrival to the emergency room (p0,03) and apnoea (p 0,02).

Preterm infants required admission to UCIP more frequently (p0,045) counting for 30,7% of the admitted to UCIP.

**Discussion:** RSV infection in infants less than two months old represent a high morbidity, frequently requiring PICU hospitalization, being preterm infants specially vulnerable.

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## DESCRIPTIVE STUDY OF RSV INFECTION IN PRETERM INFANTS

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**Objectives:** Description of RSV infection in preterm infants below two months of age.

**Methods:** Descriptive and retrospective study of infants less than two months old admitted to hospital with the diagnosis of RSV infection from January-2004 to December-2010. Comparison between preterm and non-preterm patients.

**Results:** 250 children below two months of age were admitted to hospital during the period of study with diagnosis of RSV infection. 38 of them were preterm (33.92 $\pm$ 1.98w).

The mean age at time of diagnosis was 32.69 $\pm$ 15.3d of age. 10% of the preterm infants presented apnoea and 89,5% developed bronchiolitis.

42% of the preterm patients required PICU admission which is a higher percentage compared to non term infants (p 0,045).

Compared to non preterm patients, preterm infants admitted to UCIP presented apnoea more frequently (31%) and needed more often respiratory assistance, either with CPAP (68,7%) or with mechanical ventilation support (31%). However, these differences were not significant (p0,08).

While in the paediatric floor, preterm patients needed supplementary oxygen more frequently and for longer periods than term infants.

No significant differences were found regarding the rest of the variables analysed.

**Discussion:** Preterm infants less than two months old with RSV infection suffer from a higher risk of admission to PICU and need treatment more frequently than non-preterm patients.