

1451

VITAMIN K PROPHYLAXIS - EVIDENCE VERSUS PREFERENCE. A NATIONAL SURVEY

R.A. Khan, E. Gordon

Paediatrics and Neonatology, Our Lady of Lourdes Hospital, Drogheda, Ireland

Introduction: Newborns have precariously low vitamin K stores making it difficult to monitor the long-term effects of vitamin K administration. To date there are no national guidelines available in Ireland.

Aim: To evaluate the opinions of Consultant Paediatricians, Neonatologists and Paed. Haematologists regarding preferred dose and route of Vit K in term & Pre term infants. We asked them to provide information regarding their experience on Haemorrhagic disease of the newborn(HDN).

Methods: An anonymous questionnaire was posted with return envelope to health care providers regarding their practice of vitamin K prophylaxis regarding their preferred route and dose of vitamin K. The return questionnaire's data was entered into Microsoft Excel sheet and then to Stats Direct.

Results: The over all response rate was 66.6%. 38% of healthcare providers have 0-5 years experience in their specialities. 90% of all healthcare providers recommend prophylactic use. 92% prefer to give Vit K1 Konakion to term & pre term newborns. 86% of Units have guidelines for Vit K. 70% recommend 1.0mg dose. Majority of healthcare providers opted for intramuscular route. 62% recommend 0.5mg of vitamin K. 74% of all healthcare providers advised intramuscular route in preterm. Majority of healthcare providers have not come across a case of HDN over the last 5 to 10 years.

Conclusion: There is a wide range of opinion and preferences among healthcare providers regarding vit K prophylaxis but in majority of the cases the dosage schedules are in line with AAP and NICE guidelines. A National Guideline on Vitamin K dosage has been recommended.

1452

SEROCONVERSION RATES IN CELIAC DISEASE AFTER HBV VACCINATION

S. Pontari¹, G. Bedogni¹, M. Garotta¹,
L. Prampolini¹, E. Torresani², A. Boccazzi¹,
C. Agostoni¹

¹*Pediatrics, Department of Maternal and Pediatric Sciences, Fondazione IRCCS Cà Granda - Ospedale Maggiore Policlinico, University of Milan,*
²*Pediatrics, UO Laboratorio Analisi Chimico Cliniche e Microbiologia, Fondazione IRCCS Cà Granda - Ospedale Maggiore Policlinico, University of Milan, Milan, Italy*

Celiac disease (CD) is a condition potentially impairing seroconversion against hepatitis B virus (HBV). **Methods.** We studied retrospectively 81 consecutive CD patients (24 M and 57 F) with a median (interquartile range, IQR) age of 10 (7) yr (range 2-30 yr) and 50 controls (26 M and 24 F) with a median (IQR) age 7 (7) yr (range 1-26 yr) who received a standard anti-HBV vaccination schedule at 3, 5 and 11 months of age. Subjects affected by autoimmune and neoplastic diseases or immunosuppressive treatment were excluded from the study.

Results: The median (IQR) interval from the last dose of vaccine was higher in CD patients as compared to controls [10 (7), range 2-29 yr vs. 6 (7), range 1-26 yr, $p < 0.0001$]. The median (IQR) age of gluten introduction was comparable in the two groups [6 (1), range 4-12 mo vs. 6 (1), range 5-11 mo]. The median (IQR) duration of gluten intake in the CD group was 3.5 (4.8) yr (range 0.2-12.3 yr). A cut-point ≥ 10 mIU/ml for HbsAg titre was considered to indicate seroconversion for HBV vaccination. 33/81 CD patients did not seroconvert compared to 10/50 controls ($p < 0.05$). The Odds ratio of a protective HbsAg titre in CD subjects vs. controls was 0.36 (95% CI, 0.16-0.83, $p < 0.0001$) and was not associated with gender, the interval from the last administration of the vaccine nor with the duration of gluten intake in CD patients.