treatment for 24-hours daily from admission until discharge.

Results: From 2006-2008, 360 children were randomized to receive either day-care or hospital-care, 189 (53%) of whom were hypoxaemic with mean (SD) oxygen saturation of 93 (4)%, which increased to 99 (1)% after oxygen therapy. The mean (SD) duration of day-care and hospital-care were 7.1 (2.3) and 6.5 (2.8) days. Successful management was possible in 156/180 day-care children [87.7% (95% CI 80.9% to 90.9%)] and 173/180 hospital-care children [96.1% (95% CI 92.2% to 98.1%)] (p=0.001). Twenty-three day-care children [12.8% (95% CI 8.7% to 18.4%) and four hospital-care children [2.2% (95% CI 0.9% to 5.6%) required referral to hospitals (p< 0.001). During follow-up, 22 day-care [14.1% (95% CI 9.5% to 20.4%)] and 11 hospital-care children [6.4% (95% CI 3.6% to 11%)] required re-admission to hospitals (p=0.01). The estimated cost per child treated successfully at clinic and hospital were US$ 114 and 178.

Conclusion: Severe childhood pneumonia without severe malnutrition can be successfully managed at day-care clinics, less expensively but as effectively as hospital-care.

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A RANDOMIZED CONTROLLED TRIAL OF RSV PROPHYLAXIS WITH MOTAVIZUMAB VS PALIVIZUMAB IN YOUNG CHILDREN WITH HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE

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Aims: To describe the safety and tolerability of motavizumab vs palivizumab for prophylaxis of serious respiratory syncytial virus (RSV) disease in children with hemodynamically significant congenital heart disease (hs-CHD).

Methods: This randomized, double-blind, palivizumab-controlled multinational study was designed as a safety study (primary endpoint) and was not powered for efficacy. Secondary endpoints included the incidence of RSV hospitalization (2 seasons) and RSV outpatient medically attended lower respiratory infection (MALRI, 1 season). Patients aged ≤24 months with hs-CHD (N=1236) were enrolled and stratified by study site and cyanotic status. Five monthly doses of palivizumab or motavizumab were administered during RSV season. Nasal secretions obtained following cardiac/respiratory hospitalizations and outpatient LRIs were tested for RSV by real-time RT-PCR.

Results: Mortality was low (< 2%) and similar between groups. Motavizumab-treated cyanotic patients showed no tendency for increased mortality/morbidity compared with palivizumab. Adverse events (AEs) and serious AEs were similar with the exception of ~3 percentage point increase in skin and subcutaneous tissue AEs in motavizumab recipients compared with palivizumab. Generally, skin AEs were transient and did not recur after subsequent doses. Rates of RSV hospitalization and RSV outpatient MALRI were similar between treatment groups (relative risk [RR]: 0.746; 95% CI=0.344-1.586 and RR: 0.495; 95% CI=0.101-1.989, respectively, P=NS for both).

Conclusions: Motavizumab and palivizumab had similar safety profiles in children ≤24 months with hemodynamically significantly CHD; however, skin events were increased in motavizumab recipients. Safety and efficacy were consistent with another study comparing motavizumab with palivizumab in premature infants without CHD.

Sponsored by MedImmune.

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FACTORS INFLUENCING THE RATE OF H1N1 VACCINE UPTAKE BY FRONTLINE HEALTHCARE STAFF IN A UK CHILDREN'S HOSPITAL

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Background: During the recent H1N1 pandemic all front-line healthcare staff in the UK were offered vaccination as part of a nationwide programme.

Aims: To assess factors influencing uptake of the H1N1 vaccine in a large Children's Hospital.

Setting: Acute medical wards, Accident and Emergency Department (A&E), Neonatal (NICU),

and Paediatric (PICU) Intensive Care Units of the Royal Hospital for Sick Children, Glasgow.

Methods: Anonymised, cross-sectional, self-administered questionnaire of all frontline staff in designated clinical areas. Survey conducted between January and March 2010, after commencement of the staff vaccination programme.

Results: There were 260 respondents (>40% of frontline staff). 129 (50%) were vaccinated (70%). 67% of medical staff, 40% of nursing staff, and 100% of administrative staff were vaccinated. Uptake was highest in A&E (62%) and lowest in NICU (39%). Commonest reasons for accepting vaccination were responsibility to protect patients and perceived individual high risk of contact with H1N1. After vaccination 70% experienced a localized reaction, and 29% a systemic flu-like illness.

37% of non-vaccinated staff stated willingness to accept the vaccine. Commonest reasons for non-vaccination were uncertainty about safety of the vaccine (47%), concern about side-effects (33%), inability to attend for vaccination (22%) and lack of vaccine availability (12%).

Conclusions: Despite a high-profile nationwide programme, only 50% of frontline healthcare staff were vaccinated against H1N1. Future vaccination programmes should address staff education, convenience and vaccine availability, in all clinical areas, to improve uptake.

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INFLUENZA A H1N1V VACCINATION IN PEDIATRICS: REASONS FOR NON-VACCINATION

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Introduction: The immunization campaign for influenza H1N1v began in October 2009. Alarmist warnings were spread amongst the population, creating insecurity and doubt. In Portugal, the vaccination rate was lower than in other European countries.

Objective: To evaluate the reasons for non-vaccination influenza H1N1v in a portuguese pediatric population.

Methods: Cross sectional aleatorized descriptive study. A survey was applied to the parents from January to March 2010. Statistical analysis was performed using SPSS®v17.0.

Results: We analyzed 495 surveys; 403 (81.4%) children were not vaccinated. They showed reduced rates of chronic diseases as asthma (5.7%vs17.4%,p< 0.001) or diabetes (1%vs3.3%,p=0.096). No children with overweight were vaccinated. Parent's education degree (basic education 22.8%vs7.6%) and mother's vaccination (3.2%vs17.4%,p< 0.001) was lower in these group. "Fear of the vaccine" (24.2%), "still not well tested" (26.7%) and "absence of a firm and convincing advice of medical assistants" (26.4%) were factors for non-vaccination. Most (62.3%) of these parents reported the media as the primary source of information. 31.5% of parents think it contains a lived virus, 51.9% believe that vaccine caused deaths and 38.3% feared more complications than other vaccines. Despite the non-vaccination rate 68% think virus is more dangerous than the vaccine.

Conclusions: A new vaccine tends to be received with fear and media should be an important ally of health organizations. The decision to vaccinate is influenced by the presence of chronic disease, parent's academic degree and their own need for vaccination. The results highlight the need to modify strategies for information regarding health, disease and vaccination.

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TESTING FOR RESPIRATORY SYNCYTIAL VIRUS DURING BRONCHIOLITIS CARE EPISODES IN AN INTEGRATED HEALTH CARE DELIVERY SYSTEM

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Background: A prospective study estimated that 64% of children with bronchiolitis tested positive for respiratory syncytial virus (RSV), however, no studies have examined frequency or predictors of RSV testing.