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**NEWBORN SCREENING FOR CONGENITAL TOXOPLASMOSIS (CT) IN THE REPUBLIC OF IRELAND**

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**Background:** Early detection of Congenital Toxoplasmosis (CT) may improve neurological outcome and reduce chorioretinitis.

**Aim:** To assess feasibility of newborn CT screening & determine CT incidence.

**Methods:** Beginning 7/05, a 2 year pilot screening programme of consented testing was added to the national newborn screening programme using dried heel blood spots obtained 72 -120 hours after birth. A quantitative toxoplasma IgM assay was 1<sup>st</sup> performed, if > predetermined value, an ISAGA IgM was performed. Screen positive cases were confirmed with paired mother/infant serology. Confirmed CT infants underwent detailed evaluation and received 1 year anti-protozoals. Screening failure rate will be determined by cases referred to the paediatric infectious diseases service.

**Results:** From 7/05-7/07, 144 564 infants were screened, 363 (0.25%) opted out. 34 required confirmatory serology. CT was confirmed in 15/34 infants; 13 asymptomatic, 2 symptomatic (1 unilateral absence of central vision and fixation, & 1 congenital hydrocephalus). 4/13 asymptomatic cases had CT related abnormalities: 2 unilateral retinitis (1 with subsequent ocular reactivation), 2 bilateral retinitis & intracranial calcification. 14/15 confirmed cases commenced treatment. 1 infant with equivocal early serology, negative by Western Blot at 3 months, had CT confirmed at 1 year with persistent IgA and increasing dye test. 15/19 false positive results were attributed to prior maternal infection and confounding maternal antibody. 4/19 had no serologic evidence of maternal infection.

**Conclusion:** 15 infants had CT; 1 in 10 000, 2 (13%) were symptomatic. CT screening can be successfully added to existing newborn screening programmes. No screen failure case was identified.

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**RESPIRATORY SYNCYTIAL VIRUS HOSPITALIZATION IN INFANTS WITH CHRONIC LUNG DISEASE: AN 8-YEAR RETROSPECTIVE NATIONAL HOSPITAL SURVEY**

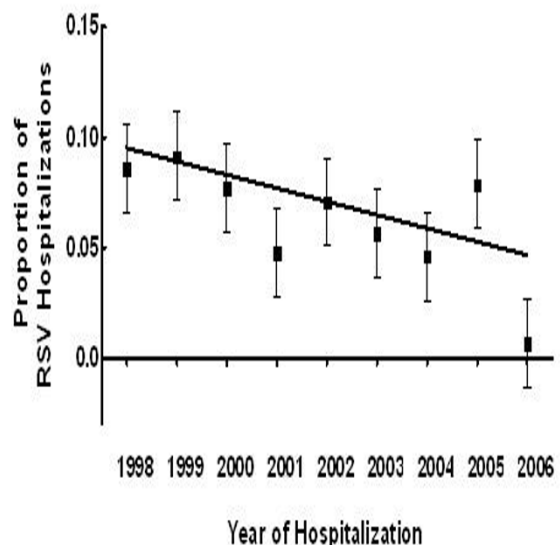
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**Aims:** To determine trends in proportions of respiratory syncytial virus hospitalization (RSVH) over an 8-year time period beginning in 1998 when palivizumab was licensed in the United States using a retrospective cohort study of all hospitalized children < 2 years of age with chronic lung disease (CLD).

**Methods:** Data from the United States National Hospital Discharge Survey (NHDS) were collected over an 8-year period (1998-2006). NHDS, a multistage systematic survey sample of US hospitals, provides yearly national estimates of inpatient hospital utilization. We defined RSVH using International Classification of Diseases, Ninth Edition (ICD9) codes of 079.6 (RSV), 466.11 (acute bronchiolitis due to RSV), and 480.1 (pneumonia due to RSV). Yearly proportions of RSVH assessed for children with CLD (defined by ICD9 code 770.7) were calculated between 1998 and 2006. Trends were described using linear regression.

**Results:** There were 140,463 hospitalizations due to CLD identified between 1998 and 2006. The proportion of CLD RSVH is shown in the graph. A statistically significant ( $P=0.030$ ) average decrease of 0.6% RSV hospitalizations per year among infants hospitalized with CLD was observed.



[Groothuis Graph]