

children with asthma, wheezing and bronchiolitis symptoms.

Methods: Nasal pharyngeal swabs obtained from 155 children aged 1-60 months, hospitalized between February 2009 - March 2010, (this infection occurred predominantly from February to July). Collected samples were tested for the hMPV by RT-PCR with specific designed primer and evaluated with the gel electrophoresis.

Findings: In this study the result of amplified specific regions determined hMPV in 22 (14.2 %) of 155 patients suffering from respiratory symptoms.

Conclusion: Comparison of the results in this study and other studies it has been concluded although over the 70% of the respiratory disease could be result of common respiratory viruses like RSV, rhinovirus, Parainfluenza virus, adenovirus and influenza viruses but some viruses like metapneumovirus can be either important in disease of children with upper and lower respiratory symptoms and must be consider and determine it's etiologic role in lung disorders like the other alternatives.

Key Words: Metapneumovirus, Iran, pediatrics

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EVALUATION OF THE EVIDENCE BASED APPROACH TO MANAGEMENT OF BRONCHIOLITIS: A PROSPECTIVE STUDY AT ST JOHN'S HOSPITAL, UK

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Background and aims: To review current practice in management of bronchiolitis and assess compliance with evidence based national guidelines.

Methods:

1. Prospective study
2. Period: October to December 2008
3. DGH in Essex, UK
4. Included :All patients with suspected Bronchiolitis.
5. Excluded :Any child with chronic and congenital problems

6. Clinical practice was reviewed and assessed based on the SIGN guidelines.

Results: Total: 75 patients. There were 39 males & 26 females . Of these 42 were < 6 months and 33 were >6 months.

All our patients had SaO₂ measured on admission. Blood gas was done only in 6 /75 (8 %) due to worsening respiratory distress and increase in oxygen requirements. CXR was done in 12 /75 for atypical chest sign or worsening respiratory distress.

NPA was done for inpatients 25 /33 of which 13 were positive.

None received Ribavarine. 7 /75 (9.3%) received Antibiotics- These children were unwell or had worsening respiratory signs, high temperature or non Blanching spots. Salbutamol was given in 9/75 (12%). Nebulised ipratropium was given in 6/75 (8%). 2 patients required CPAP support. 1 patient with severe distress & recurrent apnoea was transferred to a tertiary PICU.

On discharge all patients had saturations above 94% and oral intake more than 75% of normal.

Conclusions: A very safe and evidence based practice is being followed that ensures that children who are seriously unwell are picked up and receive specialist care immediately. Reduction of unnecessary investigations and inappropriate treatment has ensured appropriate use of resources.

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SITUATION OF CRIMEAN-CONGO HEMORRHAGIC FEVER (CCHF) IN IRANIAN CHILDREN FROM 2000 TO 2009

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Aims: Crimean-Congo Hemorrhagic Fever (CCHF) is a viral tick-born disease which caused by CCHF virus. The virus belongs to *Nairovirus* genus and *Bunyaviridae* family, and is transmitted to humans by infected tick bite, handling of infected blood or tissues or nosocomially. In this survey, the probable sera were analyzed by serological and molecular techniques.