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.

Methods: Iranian CCHF probable children's sera were collected from 2000 to 2009. They were analyzed by specific IgM and IgG ELISA and RT-PCR (Gel-Based and Real-Time) assays.

Results: From 2000 to 2009, sera were collected of children with age range of 2 months to 14 years. The number of probable, confirmed, and death cases according to the year are respectively 2000 (10,1,0), 2001 (22,5,0), 2002 (18,5,0), 2003 (18,5,1), 2004 (7,1,0), 2005 (5,0,0), 2006(10, 2,0), 2007(8,3,0), 2008 (28, 9,2) and 2009 (24,2,1). Among the confirmed cases, 21 were boy and 12 were girl. This study demonstrated that the most infected province was Sistan-va-Balouchestan with 34.7% of confirmed cases.

Conclusions: Because of neighboring to Pakistan and Afghanistan, Sistan-va-Baluchistan is the most infected province of Iran. Therefore, the children resident in the infected provinces are in high risk to CCHF. Also, we observed that their main ways of contamination were contact with tissue or blood of infected livestock, so informing children and their parents about routs of transmission will be useful for control of CCHF in the infected regions.

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ROUTE OF TRANSMISSION OF CRIMEAN-CONGO HEMORRHAGIC FEVER (CCHF) DISEASE TO IRANIAN CHILDREN

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Aims: Crimean-Congo Hemorrhagic Fever (CCHF) is a zoonosis and a viral tick-born disease which caused by CCHF virus, belonging to *Nairovirus* genus and *Bunyaviridae* family, and is transmitted to humans by infected tick bite, handling of infected blood or tissue of infected livestock or nosocomially. In this survey we studied the rout of contamination of Iranian children Patients to this virus.

Methods: Between Iranian children (2month-14years) who are contaminated in recent years to CCHF in different province we did investigations for finding rout of transmission of disease to these children.

Result: In studied children we found that rout of transmission of CCHF in 97% were contact with infected blood and/or exudates of infected livestock and only 3% were infected by tick bite and no nosocomial infection has been observed among them.

Conclusions: In contaminated area and provinces in IRAN such as neighborhood and near area to Pakistan and Afghanistan (Endemic area) we observed more children cases. As we mentioned in our results the main rout of transmission of CCHF in Iranian children is through out handling with contaminated blood and or tissue of infected livestock. So for control of this disease in Iranian children it seems that awareness and teaching program for children and their parent regarding rout of transmission of CCHF and prevention programs is very helpful and important for public health and also for children in endemic area.

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CESAREAN SECTION "GOLDEN RULE "FOR OBSTETRICIAN BUT NOT FOR NEWBORN

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Aim: The aim of the study is to compare parameters as neonatal ophtalmia, hypothermia, breastfeeding problems and early neonatal deaths between newborns delivered vaginally and by section cesarean.

Materials and methods: In the study has been analyzed 1047 newborn delivery facting sheet for period of time January July 2006. The data have been analyzed by statistical methods as percentage and Hi quadrant test.

Results: The results of our study shows that for the newborn that have a chance to be delivered vaginally, delivering via Cesarean Section (SC) is not a good choice. They are more in risk to have problems with breastfeeding and hypothermia. The percentage of hypothermia, breastfeeding problems and neonatal ophthalmia and early neonatal deaths is 11.8%, 20.9% and 19.2 %,12.2 in newborns delivered by SC vica 7.7%, 16.6% and 6.15 % ,3.69 in newborns delivered vaginally. Results processed with HI quadrant test shows that there is a significance difference $p < 0.05$,for hypothermia , and breastfeeding problems but there is no significant difference for neonatal ophtalmia $p > 0.05$.