

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 routes 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 $p > 0.05$.