Intervention: One of three prescribing strategies-boiled black tea adds antibiotics ;(n=55), boiled water adds antibiotics ;(n=55), just antibiotics ;(controls=55)

Main outcome measures: Severity of symptoms on days 1, 3 and 7 during treatment, duration of symptoms and treatment efficacy, for eye infection

Results: At 3rd in boiled black tea 74/5 %(41) of infants were cured. In 25/5 %(14) of them severity were mild. In boiled water, mild conjunctivitis was as many as cured infants [18/2 %(10)]. Moderate and severe were: 49/1 %(27), 14/5 %(8) respectively. Mild severity of conjunctivitis were 9/1 %(5), moderate 47/2 %(26) severe 21/8 %(12) in just antibiotics.

These differences were significant. (P=0/001). At 7th days, in boiled black tea 100 %(55), boiled water 32/7 %(18) and just antibiotics 34/5 %(19) were cured. Mild severity were 58/2(32), in boiled water and 45/5 %(25) in just antibiotics. In boiled water 9/1 %(5), in just antibiotics 20 %(11) of infants had moderate severity of conjunctivitis.

Conclusion: The boiled black tea adds antibiotics are probably the most appropriate strategy for managing of acute conjunctivitis in infants. It reduces antibiotic use, duration of symptoms, reattendance and is cost effectiveness.

Key word: conjunctivitis, boiled black tea, boiled water, infants

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PHARMACOKINETIC ANALYSIS SUPPORTS A FIVE MONTHLY DOSE SCHEDULE FOR PALIVIZUMAB

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Aims: Palivizumab is a humanized, monoclonal antibody (IgG1) directed against the F protein of respiratory syncytial virus (RSV). Palivizumab is indicated for the prevention of serious lower respiratory tract disease requiring hospitalization caused by RSV in children at high risk for RSV disease. The recommended dose of palivizumab is 15 mg/kg IM to be given as monthly doses

throughout the RSV season. Based on the long half-life of palivizumab, it has been hypothesized that 3 monthly doses instead of the recommended 5 doses will provide adequate protection for the RSV season. The objective of this study is to describe the pharmacokinetics of palivizumab from a Phase III trial in children and predict the serum concentration profile that would be achieved with a 3 versus 5 monthly dose schedule.

Methods: Palivizumab serum concentrations from a healthy adult study and a phase 3 study in pediatric patients with BPD and a history of premature birth were characterized using nonlinear mixed effects modeling (NONMEM, Version 6). Serum concentration-time profiles were simulated using Clinical Trial Simulator.

Results: A two compartment model with first order absorption and first order elimination best described the pharmacokinetics of palivizumab. Clinical trial simulations demonstrated that the majority of subjects administered a 3 monthly dose schedule have serum concentrations lower than those observed in the Phase 3 clinical trial in which efficacy was demonstrated.

Conclusions: These data suggest that a 3 monthly dose schedule of palivizumab would not provide adequate prophylaxis for RSV for the full RSV season.

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MENINGOCOCCAL DISEASE: KNOWLEDGE, ATTITUDE AND PRACTICE AMONG PHYSICIANS WORKING AT PAEDIATRIC EMERGENCY SERVICES IN RECIFE, BRAZIL: A CROSS-SECTIONAL STUDY

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Background and aims: In meningococcal disease, early recognition and adequate initial management are essential to improve prognosis and reduce case-fatality. To

assess knowledge, attitude and practice on early management of meningococcal disease of physicians working at paediatric emergency rooms.