HIGH RISK GROUPS		Vaccines recommended *
Children having a chronic (ongoing) lung disease.	Cystic fibrosis	54%
	Chronic lung disease	69%
	Previously admitted with a lower respiratory tract disease	9%
	Asthmatics requiring regular use of inhaled or systemic steroids	41%
	Previously admitted because of asthma	9%
Respiratory conditions caused by or predisposing to aspiration. Chronic heart disease e.g. requiring regular medication	Neuromuscular disease (eg CP)	59%
	Congenital heart disease	63%
	Chronic heart failure.	54%
	Nephrotic syndrome	57%
	Chronic renal failure	48.5%
Chronic kidney disease such as	Post renal transplant	37%
Chronic liver disease such as	Biliary atresia, Chronic hepatitis	38%
Immunocompromised patients	Cirrhosis	28%
	Asplenia or severe splenic dysfunction (eg. sickle cell anaemia or Coeliac disease).	71%
	HIV/AIDS	43%
	On chemotherapy or steroid treatment	38%
Diabetes mellitus.		41%
Children with cochlear implants		44%
Patients with CSF shunts		31%
Children under the age of 5 who have previously had invasive pneumococcal disease		65%

[Table1]

The least correctly identified high-risk groups were children previously admitted for asthma or a lower respiratory tract disease (9% each), cirrhosis (28%), patients with CSF shunts (31%), following renal transplant (37%), on chemotherapy or steroids (38%) and chronic liver diseases (38%).

Conclusion: Most paediatricians were aware of the CMO's recommendations on pneumococcal vaccines for high-risk children. This knowledge however was poorly translated into correct advice given to patients. The introduction of PV into the universal immunisation schedule would enable all the high-risk children to be optimally protected and not subjected to the unreliable knowledge of their busy paediatricians and "postcode lottery" effect.

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CHARACTERIZATION OF RECOMBINANT SABIN POLIOVIRUS ISOLATED FROM CHILDREN WITH ACUTE FLACCID PARALYSIS

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Background and aims: Oral poliovirus vaccine (OPV) proved to be very effective vaccine for interrupting wild poliovirus transmission. However, due to its genetic instability OPV is the potential source of vaccine derived polio virus (VDPVs). Therefore, we studied to detect recombination in

Sabin poliovirus (SPV) isolated from children with acute flaccid paralysis (AFP).

Methods: Virus isolation was carried out from 800 consecutively collected stool samples from 400 patients with AFP enrolled during August-December 2009 in northern India. RT-PCR and sequencing was performed to detect recombination and characterization of SPV. Reproductive capacity temperature assay was done to study the phenotypic characteristics of recombinant Sabin PV.

Results: Of 80 SPV, 5 (6.25%) were confirmed as recombinant SPV. Three strains (3.75%) were found to be bi-recombinant (Sabin3/Sabin2); two strains (2.50%) were characterized as multirecombinant (Sabin3/Sabin2/Sabin1). There was a common recombination junction in the 2C genomic region for three isolates and in 3D genomic region for two isolates. Four recombinant strains (80.0%) have lost temperature sensitivity and clinically behaved as wild on 60 days follow up of the patients.

Conclusions: Our study underlines the role of specific positions and motifs of the poliovirus genomic sequences involved in recombination process. In the last stage of poliovirus eradication there is a need of careful monitoring and characterization of Sabin poliovirus to achieve the goal of poliomyelitis eradication world wide.

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DEVELOPMENT, EVALUATION AND APPLICATION OF A WEB-BASED IMMUNIZATION REGISTRY SYSTEM

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Vaccination decreases children mortality and its' application, especially in the developing world, is a means towards the achievement of the United Nations Millennium Development Goals.

Objects: We sought to develop, apply and, evaluate a web-based immunization registry system that logs and calculates the vaccination timetable based on the age, gender, and previously administered vaccine doses.

Method: We designed and created a computational system based on the Greek National Immunization Program. The system was used by pediatricians and parents for a period of 4 months (01/09/2009-