treatment for 24-hours daily from admission until discharge.

Results: From 2006-2008, 360 children were randomized to receive either day-care or hospital-care, 189 (53%) of whom were hypoxaemic with mean (SD) oxygen saturation of 93 (4)%, which increased to 99 (1)% after oxygen therapy. The mean (SD) duration of day-care and hospital-care were 7.1 (2.3) and 6.5 (2.8) days. Successful management was possible in 156/180 day-care children [87.7% (95% CI 80.9% to 90.9%)] and 173/180 hospital-care children [96.1% (95% CI 92.2% to 98.1%)] (p=0.001). Twenty-three day-care children [12.8% (95% CI 8.7% to 18.4%) and four hospital-care children [2.2% (95% CI 0.9% to 5.6%) required referral to hospitals (p< 0.001). During follow-up, 22 day-care [14.1% (95% CI 9.5% to 20.4%)] and 11 hospital-care children [6.4% (95% CI 3.6% to 11%)] required re-admission to hospitals (p=0.01). The estimated cost per child treated successfully at clinic and hospital were US$ 114 and 178.

Conclusion: Severe childhood pneumonia without severe malnutrition can be successfully managed at day-care clinics, less expensively but as effectively as hospital-care.

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A RANDOMIZED CONTROLLED TRIAL OF RSV PROPHYLAXIS WITH MOTAVIZUMAB VS PALIVIZUMAB IN YOUNG CHILDREN WITH HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE

T. Feltes[1], H.M. Sondheimer[2], R.M.R. Tulloh[3], B.S. Harris[4], K.M. Jensen[4], G.A. Losonsky[4], P. Griffin[4], The Motavizumab Cardiac Study Group

[1]Pediatric Cardiology, Nationwide Children's Hospital, Columbus, OH, [2]American Association of Medical Colleges, Washington, DC, USA, [3]Bristol Royal Hospital for Children, Bristol, UK, [4]MedImmune, LLC, Gaithersburg, MD, USA

Aims: To describe the safety and tolerability of motavizumab vs palivizumab for prophylaxis of serious respiratory syncytial virus (RSV) disease in children with hemodynamically significant congenital heart disease (hs-CHD).

Methods: This randomized, double-blind, palivizumab-controlled multinational study was designed as a safety study (primary endpoint) and was not powered for efficacy. Secondary endpoints included the incidence of RSV hospitalization (2 seasons) and RSV outpatient medically attended lower respiratory infection (MALRI, 1 season). Patients aged ≤24 months with hs-CHD (N=1236) were enrolled and stratified by study site and cyanotic status. Five monthly doses of palivizumab or motavizumab were administered during RSV season. Nasal secretions obtained following cardiac/respiratory hospitalizations and outpatient LRIs were tested for RSV by real-time RT-PCR.

Results: Mortality was low (< 2%) and similar between groups. Motavizumab-treated cyanotic patients showed no tendency for increased mortality/morbidity compared with palivizumab. Adverse events (AEs) and serious AEs were similar with the exception of ~3 percentage point increase in skin and subcutaneous tissue AEs in motavizumab recipients compared with palivizumab. Generally, skin AEs were transient and did not recur after subsequent doses. Rates of RSV hospitalization and RSV outpatient MALRI were similar between treatment groups (relative risk [RR]: 0.746; 95% CI=0.344-1.586 and RR: 0.495; 95% CI=0.101-1.989, respectively, P=NS for both).

Conclusions: Motavizumab and palivizumab had similar safety profiles in children ≤24 months with hemodynamically significantly CHD; however, skin events were increased in motavizumab recipients. Safety and efficacy were consistent with another study comparing motavizumab with palivizumab in premature infants without CHD.

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FACTORS INFLUENCING THE RATE OF H1N1 VACCINE UPTAKE BY FRONTLINE HEALTHCARE STAFF IN A UK CHILDREN'S HOSPITAL

S.C. Chen[1], N. Patel[2]

[1]General Paediatrics, [2]Neonatology, Royal Hospital for Sick Children, Glasgow, UK

Background: During the recent H1N1 pandemic all front-line healthcare staff in the UK were offered vaccination as part of a nationwide programme.

Aims: To assess factors influencing uptake of the H1N1 vaccine in a large Children's Hospital.

Setting: Acute medical wards, Accident and Emergency Department (A&E), Neonatal (NICU),